history playing and relaxing in Marabastad

Family relationships, social networks and neighborhood recreation were important defence strategies. If you did not live in the Cape Location (for that matter Marabastad), you would not have been able to for the urban poor. For some, economic survival was dependent on informal activities and were often reconstruct the spirit and ambiance of its community. Life was not superficial, but lively- a feeling not related to leisure time activities such as beer drinking, dance parties and tea meetings ('timiti'). Rugby, experienced anywhere else. football, cricket and tennis were practiced during daytime.

social recreational form cantered around drinking and "wild dancing". A café owner Galom Hassain was ten persons) and overcrowding put their health at risk. renowned for holding tea meetings or dances every night of the week. According to some scholars the so called "marabi" culture associated with the slum yards of Johannesburg, originated in Marabastad.

and the ruling classes. Makeshift shebeens where liquor was sold and dancing occurred were commonplace. From the 1910s Chinese residents of the Asiatic Bazaar also began to supply "hopan" (an role in educating the young, teaching them to respect themselves and other people. intoxicating brew) to local residents. Policeman earning small wages also took part in the illicit trade.

Marabastad boasted three bioscopes, the Empire, the Orient and the Royal where Western and Indian movies were screened.

LIFE IN THE CAPE LOCATION

The colored people lived in harsh social conditions. Some parts were practically slums with no proper In the late 19th century the tea meeting was a church organized communal meeting often sponsored housing. It consisted of houses constructed of inferior materials. The outbuildings, constructed of rusted by members of the church women's group. By the end of the 19th century it had expanded into more steel plates, were even worse. There were no proper water supply and sanitation (one outside toilet for

Despite these conditions, the Cape Location was a safe place to live in. You could walk around the location and even to the city centre (Pretoria) at all hours of the day and no one would bother you. There Beer drinking and beer brewing became visible symbols of the struggle between the dominating classes were no house or car burglaries in those days. The community was a group of cheerful, friendly, caring, sharing and helpful people. They all lived in harmony, young and old. The elderly played an important

WORKING IN MARABASTAD

Marabastad used to be cosmopolitan in character and consisted of an urban mixture of shops and dwellings. Home and workplace were walking distance from one another.

There were general dealers, cafes, butchers, tailors, bicycle shops, barbers, shoe repairers, furniture dealers, dry cleaners, dairies, jewellers and other businesses, who were owned by Marabastad residents and provided employment to other residents.

With the promulgation of the Group Areas Act 36 of 1966] the last of the blacks were moved to Atteridgeville, Coloreds to Eersterus and Indians to Laudium. Marabastad became a commercial node for Indian people.

The area had been transformed for a residential suburb to a business district. Many former residents still owned and managed their shops and other businesses in the area.

The legislation was intended to accommodate Indian shops that were removed from central Pretoria in terms of apartheid legislation.



history

confluence of the Apies River and Steenhoven Spruit to the northwest of town. Here Dr. F C A Grünberger from the Berlin moved to the mixed-race freehold area Lady Selborne, and Eersterus. Marabastad itself, which in the 1930's, was a eastern bank of the spruit, was an accumulation of some eighty small structures arranged in six rows, parallel to the spruit.

Across the spruit from Schoolplaats lay the kraal of the Chief of the Mashashane section of the Ndebele group inhabiting the The Natives (Urban Areas) Consolidation Act of 1945 with its various amendments provided the basic framework for Black Apies River valley. Blacks who had found their way into Pretoria as servants had to find shelter at nightfall at Maraba's kraal, township control. After the National Party came to power in 1948 this act, with other measures passed by previous and a larger settlement developed almost unnoticed on the banks of the Apies River and against the slope of the ridge to the administrations, was rigorously enforced, and by 1953 the last of Marabastad's Black residents, as well as those from west of the Apies River/Steenhoven Spruit junction. It became known as Marabastad.

Lack of land for the Black population in the Transvaal Republic caused friction, and to complicate matters Britain annexed The Group Areas Act of 1950, administered by the Group Areas Board, was targeted primarily at Indian and Colored the Transvaal in 1877. This led to the First Boer War, which was concluded with the 1881 Pretoria Convention after a Boer victory. One outcome of the convention was the provision for appointment of a "location commission" in order to allocate aimed at eventual self-rule of Blacks in areas removed from white concentrations. To this effect the Natives Resettlement Act adequate land to Blacks.

In the 1880's additional sites for Marabastad were made available to the south of the river in the area today occupied by the Daspoort Sewage Works. Notwithstanding the general improvements in other parts of Pretoria, Marabastad developed without any proper infrastructure or supervision.

As the population of the old Marabastad increased, a new township to its south was proclaimed, the so-called New Marabastad. In 1905, by virtue of Notice 151 of 1905 of the Government Gazette (dated 01 December 1905), the boundaries of Schoolplaats and Marabastad were described with reference to the area as "an area set apart as the location for the exclusive occupation of natives not living on the premises of their employers".

1912 saw the first resettlement out of the Marabastad area, when the Pretoria Town Council started to move the residents of Old Marabastad to a township initially called New Location, but later in 1925 formally proclaimed as a location under the Some Black squatters have moved into the Marabastad area over the past years of legislative indecision, and some hawkers name Bantule, situated to the northwest of Marabastad on the grounds now occupied by the Technikon Pretoria campus. The last of the dwellings of Old Marabastad were demolished in 1918, following the 1913 Natives Land Act of the Transvaal.

However, still no proper planning or services were provided for the area. Houses were built of inferior materials, there was named "Belle Ombre", which means "beautiful shadow". Source: (Marabastad Integrated Urban Design Framework, 1998) no recognized structure to the township, no water supply and a lack of hygienic standards. The lack of land and growth of the community led to a worsening situation with the passage of time. The area was characterized by poverty, squalor and promiscuity. But notwithstanding the physical, social and economic problems of old Marabastad, the area was home to a vibrant community.

In a further move to curb Black urbanization, the Slums Act of 1934 was applied for demolition of certain dilapidated

inner-city suburbs, and formed the basis of relocation of numerous black communities from inner city areas. Due to During 1867, in the newly established town of Pretoria an area was set aside for the housing of the Black community at the overpopulation Schoolplaats was de proclaimed in 1930, and its population was partly resettled in Marabastad, the rest being Missionary Society established his Evangelical Lutheran Mission in the 1870's. The area, known as "Schoolplaats" is on the fine-grained, dense urban environment, was however soon also seen as a slum. In 1940 the process of clearing the Black suburb began, as residents were moved to new remote townships such as Atteridgeville, established in 1939

Bantule had been resettled.

groupings, while Dr Verwoerd's Department of Native Affairs retained control over the Black population, following an agenda of 1954 was introduced, which opened the way for the most notorious forced removals of Blacks from urban areas, during which entire suburbs, such as Sophiatown in Johannesburg, were eradicated.

Marabastad was by then already lost to the Black people, though it lingers in their memory. In a recent critique of a Jazz performance by Abdullah Ibrahim, for instance, Mail and Guardian critic Meshack Mabogoane enthuses over the "tunes that resonated with the earthy gaiety of District Six, Marabastad and Sophiatown".

Much of the resulting commuter traffic feeds directly into Marabastad. The new Belle Ombre Railway station with associated bus-and taxi ranks was first proposed in 1965 in the Asiatic Bazaar was completed in 1981. The Mabopane-Belle Ombre Metrorail service is a major link between the city centre and the Black urban areas to the north, transporting more the 40 000 commuters daily.

and micro-enterprises conduct their business there, but apart from that Marabastad has today become to the Black population a thoroughfare in the form of a major public transportation node to and from outlying regions. It is a cruel irony that the railway station, straddling a Steenhoven Spruit forced underground, lies on the original Marabastad site and has been



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The history of traditional healing history

History of Traditional Healing

In attempting to understand, analyse health and illness in a society, individual's behaviors, interactions and social structures must be placed within a cultural context (Loustaunau 1997:10)

Culture affects our perceptions and experiences of health and illness in many ways. In addition, these each with a specific significance to human life, Amathambo, which they use for divination. The Sangoma perceptions and experience change with the dynamics of culture (Loustaunau 1997:17)

Sangomas are the traditional healers in the Zulu, Swazi, Xhosa, and Sotho, Tswana, Venda and Tsongo/ Shangaan traditions in southern Africa. They perform a holistic and symbolic form of healing. They have many different social and political roles in the community: divination, healing, directing rituals, protecting Where as in fact the role of African Traditional Healers was to diagnose illness, prescribe and prepare warriors, counteracting negative spells, and narrating the history, cosmology, and myths of their tradition. They are highly revered and respected in their society.

ancestral purification into the many rites of passage to become a Sangoma. In this instance the person patients illness. The treatment of a patient involves: receives a powerful spiritual calling from the ancestors, that is not easy to resist and can have physical complications if they do resist (Schuster & Campbell, 1998:79). With a strict code of conduct, they are Ukuhlola Ngomoya (Reading the Psyche or Energy) generally referred to as Sangoma's or Inyanga's and are believed to have the highest spiritual ethic.

The second category, trains for and studies Traditional Healing and medicines out of interest and are often referred to as Herbalists (Schuster & Campbell, 1998:80). They are students that merely learn about herbs and treatments and apply this knowledge. Without psychic abilities, their knowledge based on years of experience in assisting a Sangoma or experienced herbalist. Herbalists are big contributors to Primary HealthCare.

These healers are able to access advice and guidance from the ancestors for their patients in many ways: channeling; dream interpretation, divination and psychic analysis to name a few. In possession states, the Sangoma works herself into a trance, through drumming, dancing, invokations and chanting.

Some Sangomas may speak in tongues, or foreign languages according to the specific ancestor they have activated to speak.

The Sangoma may possesses a collection of bones and other small objects like seeds, sea shells etc, or the patient throws the bones and interprets them in relation to the patient's life. In the same way Sangomas will interpret the metaphors present in either dreams, their own or patients'.

herbal medicines, provide counseling and other spiritual support (Schuster & Campbell, 1998:7) Traditional African medicine and treatments address the healing of both the body and spirit and can be a catalyst for subtle yet profound changes within a society. The treatment used by Traditional Healers There are two types of healers in South Africa, the first being the "ukuthwasa" an initiation by spirit and and/or Sangoma's varies greatly and depends on the healers own knowledge and skills as well as the

This type of reading and diagnosis is common to most Sangomas After prayer and invocation, the psychosomatic re-integration of the patient into society. Sangoma narrates visions and messages from ancestors, which relate to the patient's issue or problem From this, the Sangoma gleans history of the patient often. This type of reading is by skilled clairvoyant Mainstream Sangomas use nothing more sinister than roots and leaves to produce their cures. But Sangomas. It is similar to dreaming awake or Trans visioning someone's story or the patient's history.

Amathambo (Bones)

Amathambo are bones. Primarily Nyangas use bone divination while most Sangomas use clairvoyance, water and Ukubhula (consultation) for divination. Bones are like numbered or pre identified objects. they

fall and form patterns which in the eyes of a skilled practitioner can tell accurate history or story of the

Bio Scan

Using the same faculty as above, the Sangoma reads the biosphere and body of the patient looking for areas where the ancestors (DNA) patterns are blocked causing illness in the physical body. Patterns that a Sangoma sees in the body give an impression of where Imimoya (Energy) may be blocked or where Idlozi (Life force) is ill. The purpose of a body scan is primarily to view the spirit pathways and their clearness to ensure that ancestors are able to communicate clearly with the patient (particularly an initiate) through intuition or dreamtime. Sometimes and often, the Sangoma will come across illness in the body where tissue or organs have been distracted by improper flow of energy or ancestral

Muti or traditional medicine plays an important role in the lives of many South Africans. They rely on its 15 practitioners – called either 'sangomas' or 'inyangas' - for herbal remedies to overcome sickness and avoid bad luck.

Satisfactory healing does not only involve restoration from physical symptoms but social and

there is a dark side to Muti. Some practitioners – a minority – insist on using human body parts to add power to their craft. will give their patients medications of plant and animal origin imbued with spiritual significance, often with powerful symbolism - There are medicines for everything from physical and mental illness, social disharmony and spiritual difficulties to potions for love and luck. Medicines can be



Sangomas function as the social workers and psychologists in their community. The formal health sector has shown continued interest in the role of Sangomas and the efficacy of their herbal remedies. Western-style scientists continue to study the ingredients of traditional medicines in use by Sangomas. Public health specialists are now enlisting Sangomas in the fight against the spread of HIV/AIDS. In the past decade, the role of all types of traditional healers have become important in the fighting the impact of the virus and treating people infected with the virus before they advance to a point where they require (or can obtain) anti-retroviral drugs.

Traditional healers have been practicing in Africa for about 4500 years, before there was any knowledge of the Western medial system. Prior to European colonization in South Africa, traditional healers exerted great political influence in private and public affairs. Under missionary influence as well as imperial trends traditional healers and their practices were, shunned demonized and in some instances prohibited (Adler 1995:45). Sangomas far outnumber western-style doctors in Southern Africa, and are consulted first (or exclusively) by approximately 80% of the indigenous population. Whilst for many they provide the healing needed.

http://www.sangoma.ca/sangoma/?PHPSESSID=ff036bc6184b38b9694f1327c09dd7a3

Traditional Healing	Western Medicine
Focus is on the individual client and their whole family	Focus is usually on the individual client with an option for family involvement.
Main tool is divining bones, and the incorporation of rituals that can include music and dance.	The main tools are the psycho therapeutic interview, assessment and specific therapeutic counseling strategies

