PLAYING AND RELAXING IN MARABASTAD

Family relationships, social networks and neighborhood recreation were important defence strategies for the urban poor. For some, economic survival was dependent on informal activities and were often related to leisure time activities such as beer drinking, dance parties and tea meetings (‘timiti’). Rugby, football, cricket and tennis were played during daytime.

In the late 19th century the tea meeting was a church organized communal meeting often sponsored by members of the church congregation. By the end of the 19th century it had expanded into more social recreational form centered around drinking and ‘wild dancing’. A café owner Ghalom Hassain was sponsored for trading 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.

Beer drinking and beer brewing became visible symbols of the struggle between the dominating classes so called “marabi” culture associated with the slum yards of Johannesburg, originated in Marabastad.

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**history**

During 1867, in the newly established town of Pretoria an area was set aside for the housing of the Black community at the north side of the river. The colonial Magistrate, John Collett, did not hesitate to mark out a hundred acres for the housing of the Black community. The newly established town of Pretoria was to the northwest of the Apies River valley. Blacks who had found their way into Pretoria as servants had to find shelter at nightfall at Maraba's kraal, east of the Apies River valley. The Transvaal in 1877. This led to the First Boer War, which was concluded with the 1881 Pretoria Convention after a Boer victory over the British.

In the 1880's additional sites for Marabastad were made available to the south of the river in the area today occupied by the Technikon Pretoria campus and the University of Pretoria. The Marabastad suburb began, as residents were moved to new remote townships such as Atteridgeville, established in 1939.

In the 1930's, the Natives Act was introduced, which opened the way for the most notorious forced removals of Blacks from urban areas, during which entire suburbs, such as Bophelong in Soweto, were completely cleared.

In 1899, in a further move to curb Black urbanization, the Slums Act of 1934 was applied for demolition of certain dilapidated buildings. However, still no proper planning or services were provided for the area. Houses were built of inferior materials, there was inadequate land to Blacks.

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The history of traditional healing

History of Traditional Healing

In attempting to understand, appreciate health and illness in society, individual's behaviors, interactions and social structures must be placed within a cultural context (Loubser 1997:10). Culture affects our perceptions and experiences of health and illness in many ways. In addition, these perceptions and experiences change with the dynamic of culture (Loubser 1997:10). Sangomas are the traditional healers in the Zulu, Swazi, Xhosa, and Sotho, Tswana, Venda and Tsonga Shona, and various other African tribes and perform their special functions and bring about desired remedies. They have intimate knowledge of diseases, counting, communicating, and negative spells, and narrating the history, cosmology, and myths of their society. They are acknowledged as the most learned and respected in their societies.

There are two types of healers in South Africa, the first being the “ukuthwasa” an initiation by spirit and ancestral purification into the many roles of passage to become a Sangoma. In the instance the person receives a powerful spiritual animal totem, 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 generally referred to as Sangomas 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 referred to as Herbalists (Schuster & Campbell, 1998:80). They are students that merely learn about herbs and treatments and address the healing of both the body and spirit and can be a catalyst for subtle yet profound changes within a society. They use the treatment used by Traditional Healers and/or Sangomas very greatly and depends on the healers own knowledge and skills as well as the patients illness. The treatment of a patient involves:

- Sati- cellpadding:2279x683
- Primary HealthCare.
- Using the same faculty as above, the Sangoma reads the biosphere and body of the patient looking for a catalyst for subtle yet profound changes within a society. The treatment used by Traditional Healers and/or Sangomas very greatly and depends on the healers own knowledge and skills as well as the patients illness. The treatment of a patient involves:

- The type of healing and diagnosis is common to most Sangomas After prayer and invocation, the Sangoma translates the messages from ancestors, which can be cryptic or difficult to understand. From this, the Sangoma gains an idea of the patient's illness. The type of healing is usually called ukuthwasa or “Life force” (Schuster & Campbell, 1998:15). The Sangoma reads the biosphere and body of the patient looking for subtle changes: tinctures and medicines for everything from physical and mental illness, social disharmony and spiritual difficulties to potions for love and luck. Medicines can be

- The Sangoma may possess a collection of bones and other small objects like seeds, seashells etc. with a specific significance to their life. Amathuntsi, which they use for diagnosis. The Sangoma 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'.

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drunk, smoked, inhaled, used for washing, smeared on the body, given as enemas, or directly injected into the blood stream.

Sanogomas function as the social workers and psychologists in their community. The formal health sector has shown continued interest in the role of Sanogomas and the efficacy of their herbal remedies. Western-style scientists continue to study the ingredients of traditional medicines used by Sanogomas. Public health specialties are now enlisting Sanogomas 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 fight against the spread of HIV/AIDS. For many they provide the healing needed.

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Sanogomas far outnumber western-style doctors in Southern Africa, and are 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.

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