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## AIDS: An Inescapable Reality in KwaZulu-Natal

BY SHARON F. GRIFFIN

DURBAN, South Africa

May 1995

KwaZulu-Natal is the province with the highest rate of reported HIV infection in South Africa. The National Department of Health reports that 14.35 percent of the sexually active population here has the Human Immunodeficiency Virus — twice the national average of 7.57 percent. The University of Natal's Department of Virology estimates that as many as one in five people, or 20 percent, has the virus that causes AIDS.

At least 3,000 new HIV cases are reported in KwaZulu-Natal each month, with infection most common among young, sexually-active heterosexuals between 15 and 30. The epidemic is not confined to any one racial group, but the majority of infected people are black South Africans. What's more, the number of infected women is almost twice that of men.

I became aware of the rapid spread of the disease while visiting friends in the black township of LaMontville on May 1, which is Worker's Day here, a public holiday. I slouched in a lounge chair doing nothing in particular when the grandmother of the house tapped me on the shoulder and motioned for me to move from the living room to the dining room, where a talk was set to begin.

In the dining room, five girls ranging in age from 14 to 19 gathered around a table. The girls all live in the neighborhood and are friends of Thulile, the teen-age girl who lives in the house with her grandmother. The only other adult in the room besides myself was Doris Hull, "Auntie Doris" to the girls.

"Auntie Doris" is an AIDS educator for the Durban metropolitan area and a public health professional with more than 20 years of experience. The city did not dispatch her to LaMontville. She lives there. She is a personal friend and neighbor to mothers and grandmothers in the community; they requested that she talk to their teen-age daughters. The grandmother in whose home the discussion took place explained their motives. "We do this because we love them," she said. "What kind of grandmother would I be if I did not love my child enough to make sure she has the right information to make proper choices in life?"

The grandmothers and mothers sat in the kitchen sipping tea and eating cup-cakes, while "Auntie Doris" gave the girls a thorough and professional presentation laced with love and concern. She taped big sheets of paper ripped from a flip chart onto a wall and used a green magic marker to write in big letters HIV and AIDS. She explained how the insidious disease is contracted and how to protect against it. Throughout the presentation, the girls raised their hands and asked

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questions, however timidly. At the end of the presentation, "Auntie Doris" asked the girls to talk to their friends and arrange another time when a larger group could meet. She also encouraged them to feel free to come to her with questions. "Any questions," she repeated several times. "It's better to ask than to take risks. I'm here for you."

Poverty, rapid urbanization, a high incidence of rape, a thriving prostitution business linked to major trucking routes and ports; political violence and its related effects, such as the displacement of an estimated 500,000 people; and the cultural and sexual subordination of women all contribute to the rapid spread of HIV in KwaZulu-Natal.

More people live in KwaZulu-Natal than in any other province — 8.5 million or 21 percent out of a total South African population of 40.7 million. Durban is reportedly the second fastest growing city in the world, second to Mexico City. The growth of shacklands on the outskirts of the city is seen as one of the factors linked to the spread of AIDS. Informal settlements have poor and, more often than not, no sanitation facilities, leading some to describe the areas as "septic fringes."

The supply of jobs in this region in no way meets the demand for employment. The official unemployment rate for KwaZulu Natal is 32.2 percent (881,347); most of these unemployed people live in rural areas. Many displaced and disadvantaged women and children sell sex for survival, contributing to the spread of the HIV virus.

Long distance truck drivers are among the most infected of all, and two of South Africa's major ports, namely Durban and Richards Bay, are located on the KwaZulu-Natal coastline. Truck drivers carry cargo to these ports from South Africa's interior, Zimbabwe, Zambia and from as far away as central Africa.

The migrant labor system is another link. Infection rates among South African migrant workers are about twice the national average. Men will have wives/girlfriends in both the rural and urban areas, not to mention prostitutes as partners. One calculation suggests that someone who lives in KwaZulu-Natal and who has had five sexual relationships, each with a different partner, has a 41 percent chance of being HIV positive.<sup>1</sup>

Zulu men are not generally circumcised and this reality is cited as another reason for the high incidence of HIV infection here. While circumcision is the

accepted norm in places such as the Eastern Cape, for example, it is mostly absent in KwaZulu-Natal.<sup>2</sup> A growing body of evidence demonstrates that non-circumcision is an important factor in HIV transmission.

Rape is yet another factor. One million South African women are raped each year — more than 2,000 a day, more than 100 an hour, one every 34 seconds. In KwaZulu-Natal, human rights monitors report a high incidence of rape associated with political violence, which declined following the April 1994 elections but is escalating as local elections approach in November. The first rape reporting center in the province opened earlier this year. The center is a joint police and community effort. It's located south of Durban in the township of Chesterville, where residents claimed as many as four girls were being raped daily, most between the ages of 14 and 18. Some speculated that the rapists targeted young women to avoid HIV infection.

**"As I attempted to squeeze by one of the officers to take the empty window seat, the man put his hands on my hips to 'help' me sit down. Then he noticed a ring on one of my fingers and began touching it."**

Rape is not the only means by which women are rendered powerless. Custom and tradition also dictate the low status of women. Sexism, sexual harassment and sexual subordination are life in South Africa, for women in general and black women in particular.

Here's a personal story to strengthen my claim. One Friday, about a half an hour before sunset, I hopped on a Mynah — a mini-bus that shuttles between the city and beach front areas. All seats on the bus were taken, except for one in the back, where eight or so men dressed in what looked like military uniforms sat.

As I attempted to squeeze by one of the officers to take the empty window seat, the man put his hands on my hips to "help" me sit down. Then he noticed a ring on one of my fingers and began touching it. Next he asked for my home address and telephone number.

During these few minutes, I was perplexed as to what to do, since all the men were armed, loud and unruly. Had I been in the U.S. I would have cursed him out and felt reasonably confident that I could file a complaint with some governing body, which would have investigated the matter. I have no such confidence here, though a friend in the South African Defense Force insisted that swift and just action would have been taken had I been able to give a detailed description of the offender. In any case, after about three minutes, I got off the bus. Later I asked a black psychologist friend what in his opinion might have happened had I protested. "It's hard to know,"

he said. "It might have made matters worse...men here are not used to women who stand up for themselves in such situations."

This is just one of several incidents of male intimidation I've experienced since arriving in Durban. So when AIDS educators talk to me about the "culture of male domination" and how it inhibits women's ability to negotiate, for example, the use of condoms, I understand completely.

The government purchased 100 million condoms for free distribution at health clinics this year. However, the distribution of condoms is not in and of itself the answer, Debbie Mathew of the KwaZulu-Natal AIDS Foundation believes. She told me that women are often powerless to insist that men wear condoms. Those with the courage to ask their men to wear condoms are often subjected to beatings. The men want "flesh-to-flesh" intercourse, say the women.

"The low status of women in Africa generally and in KwaZulu Natal plays an important role in the spread of AIDS as they have no power to protect themselves," Alan Whiteside of the University of Natal's Economic Research Unit said in a July 13, 1994 article which appeared in *The Daily News*.

Whiteside also stated that within certain sectors of KwaZulu-Natal there is a belief in dry sex. Apparently, some Zulu men and women believe that if a woman has a wet or lubricated vagina it means they are promiscuous. Many women use agents such as newspaper, antiseptics and toothpaste to dry their vaginas. This results in the lining of the vagina tearing and braiding during intercourse, which in turn increases the likelihood of the transmission of the AIDS virus, said Whiteside. He is currently directing a research project funded by the European Union into the impact of HIV on the social and economic development of developing countries.

Even in the absence of "dry sex," women are particularly susceptible to sexually-transmitted diseases, including HIV. That's because of differences in body structures between the sexes. Semen tends to be retained in the vagina for several hours post coitus, whereas vaginal fluids are left primarily on the outside of the penis and soon dry off.<sup>3</sup> Routine tests at King Edward VIII Hospital in Durban show that 21.6 percent of pregnant women are HIV-positive and will almost certainly pass on the infection to their babies.<sup>4</sup>

...

Job opportunities, improved housing and social

stability are essential to breaking the grip of HIV infection in KwaZulu Natal. So is education in schools. Indeed, if there is one group that needs targeting it is youth. HIV and AIDS are having a devastating effect on young people. In many countries in the developing world, up to two-thirds of all new HIV infections are among people aged 15 to 24.<sup>5</sup> That's close to the reality here in KwaZulu-Natal, where the highest level of HIV infection is among those 20 to 29 — an age group whose members South Africa can ill afford to lose financially or otherwise, as it reconstructs itself from the ashes of apartheid. To lose large numbers of people in the productive years of their lives will surely halt or reverse social and economic gains within this region and the country.

Because of the link between sexually-transmitted diseases and HIV, the prevention of STDs needs to be strengthened here as well. On top of everything else, KwaZulu-Natal is one of the few areas in the world where Donovanosis, a STD that causes mutilating ulcers and lesions, is endemic. Durban STD clinics treated more than 1,000 cases in the past year.<sup>6</sup>

**"Low literacy and education levels make it difficult for people to comprehend the real threat of the epidemic, or to find accurate and reliable information for themselves."**

Free condoms for sexually at-risk people are definitely needed. The drugstore around the corner from where I live sells condoms in packets of three for 6 to 9 rand. In US dollars that's not much — \$1.72 to \$2.50. But it's more than most black people here can pay, which leads me to wonder how the

government will supply reliable condoms to people on a regular basis, especially in the deepest regions of KwaZulu-Natal.

Increasing literacy levels is also recognized as necessary to curb to the spread of AIDS. Low literacy and education levels make it difficult for people to comprehend the real threat of the epidemic, or to find accurate and reliable information for themselves.

The government of South Africa has a national AIDS plan and, starting next month, hundreds of billboards will deliver HIV/AIDS messages. Target areas include airports, taxi ranks, border posts, shopping complexes and rural areas. Also, 30-second TV and radio spots featuring well-known personalities will air. More than a third of the R3,097 billion health budget for the province of KwaZulu-Natal has been allocated to community services, of which R7,730,000 has been set aside for AIDS treatment and prevention.<sup>7</sup>

In some quarters, the AIDS scare has prompted a revival of old Zulu customs and traditions. In a staff elevator in the Memorial Tower building at the University of Natal, Durban, the message "Say No to

AIDS. Say Yes to Ukusoma" is scratched in the panel beneath elevator buttons. Ukusoma is not the Zulu translation for condoms, as I quickly learned when I startled a group of friends by dropping the word like a bomb during a lunch conversation. It refers to external sexual intercourse or, put another way, non-penetrative sex between the thighs. The centuries-old custom of ukusoma, or ukuhlobonga, was universally practiced in Zululand among unmarried girls and boys, except in the days of the Zulu king, Shaka.

Virginity testing has been revived in the midland and South Coast areas of KwaZulu-Natal, and ukusoma is recommended for virgins who want to become intimate with their boyfriends. The primary reason for the ukuhlolwa (virginity test) and, by extension, ukusoma (non-penetrative sex) is to encourage abstinence until marriage. It's also meant to minimize unwanted pregnancies and to reduce sexually-transmitted diseases. How widespread this "safe sex" practice is, no one seems to know.

The government, churches, nongovernmental agencies, businesses, health professionals, life insurers and media outlets all seem ready to deal with the inescapable reality of AIDS. The local Diakonia Council of Churches held a major AIDS conference for its leaders in March, for example. The church, collectively speaking, considers itself in a unique position to teach about the AIDS epidemic and to prepare people to take care of those suffering from the epidemic, mainly because of its sheer size and its outreach to every part of the community.

Traditional healers also have an important role to play. Eighty-two percent of people in this region go to traditional healers for treatment of illness, and so it makes sense that the government recently began a campaign to recruit and train healers. That's good news for Patience Koloko, a traditional healer in Hammarsdale who since 1992 has taught more than 2,000 healers how to treat the symptoms of AIDS, as well as how to protect themselves from infection. For example, she said she encourages healers to wear rubber gloves and teaches them not to give their clients enemas, a typical treatment for a stomach ache.

Koloko, who attended the 1993 World AIDS Conference in Germany, said she believes traditional healers provide a critical information link to the public, particularly people in rural areas. However, she is cautious toward government promises to include traditional healers in the fight against AIDS. Patience, like numbers of traditional healers, does not know how to write a grant proposal, which in the past has prevented her from receiving government money

slated for AIDS education or prevention. Before the private, non-political KwaZulu-Natal AIDS Foundation took on the task of developing business plans and grant proposals for healers, Koloko said she looked to "God and my ancestors to help me help my people."

Interestingly enough, in the middle of finding out about the situation here in KwaZulu-Natal, one morning I received a 6 o'clock call from an African-American friend who told me that his older brother is dying of AIDS. This is a hometown friend; I've known him for years.

My friend said he attended a party recently and no one there asked about his brother. That's when he realized that everyone knew about his brother's condition. He arrived at that conclusion because in our hometown, in our relatively small black community, we retain certain customs and traditions. One is that you ask about an individual's family: How is your father? Mother? Older brother? Baby brother?

Grandmother? Grandfather? Aunt? Uncle? The checklist can go on for minutes. This is our way. It is a recognition that you do not stand alone but are connected to others, regardless of whether their presence is immediately evident. Here that principle is embodied in the Zulu expression *Umntu Ngumuntu Ngabantu*, which means "a person is a person by virtue of other people."

My friend said he mustered the strength to tell party goers that his brother is dying of AIDS. He also told me that he and his brother reconciled their differences. They held hands and made peace with one another.

That part of the conversation is not what lingered in my mind after hanging up the telephone, however. It was my friend's parting words that stayed with me. He said he believes that AIDS is a man-made disease manufactured in a laboratory to kill blacks. I'm not surprised that my friend takes this view. Lots of African-Americans share his suspicion, though not all are willing to say so publicly. They point to the "Tuskegee experiment" as proof.

Starting in 1932, the U.S. Public Health Service tracked the lives of 399 black men in Alabama for 40 years without telling them they had syphilis. Repeatedly, the Public Health Service lied to the men so they would not get effective treatment.<sup>8</sup> The Tuskegee experiment plus slavery plus Jim Crow add up to the belief in a genocide conspiracy.

Here in South Africa a recent study at the Univer-

**"Eighty-two percent of people in this region go to traditional healers for treatment of illness, and so it makes sense that the government recently began a campaign to recruit and train healers."**





**DOING THE SANGOMA HUSTLE:** Health Minister Nkosazana Zuma, guest at an AIDS Awareness Through Traditional Healers Day, sways to the sounds of the Inanda Sweet Pearls Choir

Picture: SHERELEE CLARKE

## Sangomas included in the fight against AIDS

**KAREN JACKMAN**  
SATURDAY REPORTER

SINGING, dancing, clapping and plenty of off-beat humour marked the launch yesterday of the first high-profile public attempt to include traditional healers in the KwaZulu Natal campaign against Aids.

Sangomas, health care workers, school and community groups packed the marquee set up for the the Aids Awareness Through Traditional Healers programme at Ohlange High School in Inanda, outside Durban.

The programme is intended to promote Aids aware-

ness among rural people. Part of the programme will include the distribution of condoms and booklets.

National Health Minister Nkosazana Zuma, a strong advocate of Aids awareness, was guest speaker. "The coming together of the community, the health services and

traditional healers is a promising start in our attempt to curb the spread of Aids," she said.

According to the latest National Health Department figures, 14% of the sexually active population in KwaZulu Natal have the Aids virus, twice the national average.

This article appeared in *Natal* on Saturday, May 27, 1995. p.6

sity of Natal showed that even among students there, many are extremely suspicious of AIDS educators, thinking that their real agenda is to keep down the size of the black population or some other hidden motive. Apartheid and its Group Areas Act, Populations Registration Act, Separate Amenities and Mixed Marriages Act added to the continued existence of a deeply-embedded distrust of government.

For five years I served on the advisory board of an AIDS education project that aimed to train public servants — health professionals, fire fighters, police officers, social workers — to effectively communicate AIDS prevention -messages to black and Latino communities. While I'm not up on the latest statistics, I recall that women with AIDS numbered about 15,000 in 1991. Of these, 72 percent were African-American or Latina. In 1990, AIDS was the leading killer of young black women in the New York-New Jersey metropolitan area.

What's striking to me is that the conditions that allow the HIV infection to flourish here are very similar to conditions that allow it to thrive among America's low income blacks and Latinos. Job opportunities, improved housing, social stability in one's family and community life are needed here and in America to stop the spread of the disease. Clearly, there is a strong link between poverty, social insecurity and AIDS. And distrust of government dissipates not when leaders say they're going to do something, but when something actually happens.

The single largest cause of disease and death among the South African poor is bad water and sanitation. More than 11 percent of those living in KwaZulu-Natal have no access to sanitation of any kind, and 69 percent of rural people have no access to tap water. Lindi Dlamini, the new bride I wrote about in my April newsletter, teaches at a rural school without running water or toilets. When I asked how she manages during the day, she said she has trained herself to hold her urine, only using a toilet before and after work. I mention all this to say that it is extremely difficult for people to absorb AIDS prevention messages when their minds are focused on something as basic as water and surviving from one day to the next.

## THE TOKOLOSHE STRIKES AGAIN

A chunk of welfare money disappeared recently from a safe in a police station in KwaZulu-Natal and the prime suspect is none other than the tokoloshe — an animal-like being that reputedly does the work of witches. That's the word from Prince Gideon Zulu, minister of Social Welfare and Population Develop-

ment in KwaZulu-Natal, as reported in a local daily. The tokoloshe is bad news, and he boggles my mind. Why? Because he's not real; at least, he's not real to me. Yet he shows up regularly in newspaper articles. He gets blamed for scaring school children. He sneaks into women's bedrooms at night and rapes them. Their only defense is to prop up beds with bricks. That's because the tokoloshe is short and the little runt can't reach them if the beds are high. Lawyers even use him as a defense, "a mitigating factor."

"What do you mean there's no tokoloshe?" a lawyer friend shouted when I broached the subject. "Of course there's a tokoloshe. He's a demon, just like the devil. If you believe in the devil, then you believe in the tokoloshe. And don't you go telling me that you guys over there in America don't have a tokoloshe...he's there all right."

Some acquaintances here believe that I am obsessed with the tokoloshe. They warn that I'd better let up or he'll come after me next. It's true that I search history

"Some acquaintances here believe that I am obsessed with the tokoloshe. They warn that I'd better let up or he'll come after me next."

books trying to figure out when the tokoloshe began to figure prominently in the lives of numbers of Zulu people here. But if I am obsessed, it is only because I've failed to find more than one person to unequivocally deny the existence of the tokoloshe. Instead of denial, I get a demonstration of the way the tokoloshe supposedly mutters or I hear a description of how the tokoloshe sexually

abused a friend's elderly grandmother.

Axel-Ivar Berglund is the author of *Zulu Thought-Patterns and Symbolism*. He dedicated a section of the book to the tokoloshe, which he defines as follows:

"Tikoloshe (his spelling)...is described as having an exceedingly large male member which, due to its size, has to be carried over the shoulders and around the neck. He is hairy like a pig, of short stature, and, after treatment by the witch who has caught him, has a split tongue. He fathers future witches who are brought up by the witch and then becomes the lover of his own children. Because of the very frequent intercourse in which Tikoloshe indulges, his right hip and buttock are said to have been worn away.

"In many ways, Tikoloshe resembles humans! He is [said], hence, not to favor killing people although he will beat them very thoroughly. He is, in particular, the enemy of men and finds considerable joy in harming them. Traditionally, Tikoloshe was a harmless but mischievous character who constantly played tricks on people. Tikoloshe becomes harmful when he is caught by a witch. Certainly Tikoloshe plays a very important role in the minds of people,

# Panic at Woodlands school after pupils see 'tokoloshe'

by ELAINE ANDERSON

PANDEMONIUM broke out at the Woodlands Primary on Wednesday as word spread that there was a "tokoloshe" at the school.

A six-year-old described the apparition as being "like a ghost ... an evil spirit, you know. It was a short thing with a hat on its big head and was wearing a red sweater."

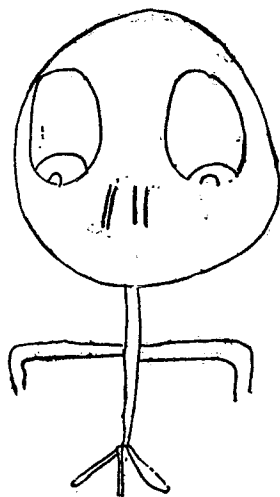
As the rumour of the sighting spread, pupils ran out of their classrooms screaming. A standard five girl said the pupils were "uncontrollable". "I saw children running to the fence near the stadium. A boy came back with a bleeding hand. He got cut on the fence."

"Everyone in our class started running out. When we came back there was blood outside our class and three finger prints on the window. I have never been so scared," she said.

A teacher advised the children that if they saw the "tokoloshe" they should shout "Jesus" and they would come to no harm.

Not all the children were frightened of the apparition. "I don't believe in such things. I felt nothing," said one pupil.

The headmaster, Lawrence Stevens, was also not convinced. He was at a workshop in Durban at the time but is adamant that the sighting stems from very vivid imaginations. "There are lots of different



The Woodlands Primary 'tokoloshe' as drawn by one of the children.

descriptions," he said. "Some boys said it was dressed in a red jacket on Wednesday. When asked on Thursday what they saw, they said that it was covered in hair."

"If this was an evil spirit would it not have harmed some children," he said.

"My fear is that this will be sensationalised. Children will start staying away from school and then how do we handle this," he said

## 'Tokoloshe scare' at city school

LESSONS at Ashdown Primary School resumed yesterday after a "tokoloshe scare" brought classes to a halt on Monday morning.

The principal, W.T. Maguthshwa, said yesterday that on Monday morning a standard three class reported that they had seen a "tokoloshe" in their classroom. They described it as being a short man with a beard.

Apparently the tokoloshe entered the class through a hole in the ceiling and spat at one of the children. It then went out through a window, Maguthshwa was told. "We don't know if it's true," he added.

There was no teacher in the class at the time and no adult is reported to have seen the tokoloshe.

"Some of the pupils were scared and three fainted," Maguthshwa said, adding that no damage was done to school property.

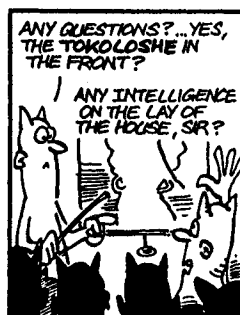
The police were called in to investigate. — Witness Reporter.

*The Natal Witness*  
March 23, 1995

*The Natal Witness*  
February 11, 1995. P.1

## Madam and Eve

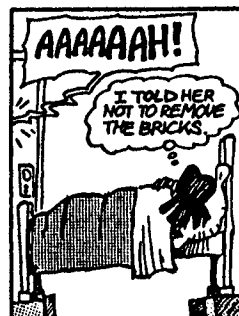
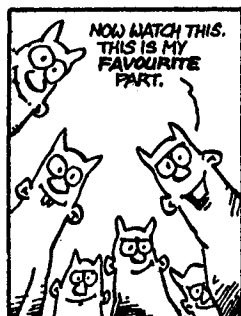
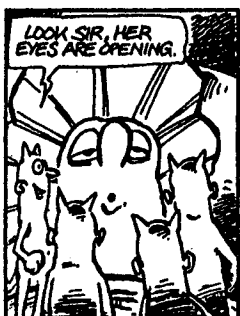
by S. Francis, H. Dugmore & Rico



Madam & Eve is a popular comic strip that features a white middle-class woman, Madam, and her black maid, Eve. The "tokoloshe series" appeared in the *Natal Witness* in March.

## Madam and Eve

by S. Francis, H. Dugmore & Rico





more so among townsmen and urbanized people than rural folk."

*The Weekly Mail & Guardian* carried a lengthy feature on the "malevolent tokoloshe" and his shenanigans in the Eastern Transvaal. The story detailed the account of a 60-year-old man who claimed that the Zion Christian Church says he has a tokoloshe in him and, as a result, rapes women. "I receive no pleasure from it," the man said in the article. "...I have visited five inyangas in the past for health reasons and I think one of them gave me the tokoloshe that is doing these things."<sup>9</sup>

Meanwhile, four women in the man's village claim to have been raped by the tokoloshe. They described how the tokoloshe usually appears after 10 p.m. and takes the physical form of the man. The women's husbands are either asleep or are thrown to the ground and made immobile.

The question "why not have the man jailed?" is raised in the story. The answer: "Because the tokoloshe would simply escape and come back in another form," said a civic leader who got the Zion Christian Church to conduct a cleansing ceremony to exorcise the tokoloshe from the man.

Besides the *Weekly Mail* story, I've read plenty of others on the tokoloshe. Truth told, I keep a file on him and it's thick. I mentioned the demon to my father, who proceeded to tell me that police in Nashville nabbed a "tokoloshe." "We got a guy like that here," he said. "Same m.o. (modus operandi), except this tokoloshe telephoned women before showing up at their homes and raping them. It made all the papers."

I believe that I have become accustomed to, and rather adept at, dealing with ideas and concepts that are strangely new to me. Just last week, for example, two women friends who are Zulu stopped by my flat for tea and biscuits (cookies). I listened for more than two hours while one told me how great things are between her and her man friend since a sangoma prescribed some powerful muthi. (The definition of sangoma is diviner; some sangomas are also inyangas, traditional healers. Umuthi means tree and since traditional healers rely on tree roots, bark and leaves for their healing properties, umuthi also refers to medicine. Colloquially, people use muthi to describe "fixes" for all sorts of things, including bad relationships. Supposedly, there's even muthi to protect against bullet wounds.)

My visitors talked and talked until finally one looked at me and asked: "Is there muthi in America?"

I told her, "well, not really. "(I couldn't give her a flat-out "no" since an aunt once crossed the line to South Carolina to buy some "juju dust" to ward off a troublesome neighbor.) My friends perked up at the news that America is an open market for muthi dealers. "Hey, I could start a business there," one said, intrigued by the possibility. I nodded and said, "sure you can, and California is the place to go. The market is receptive and wide open there."

Berglund is a soft-spoken, portly cleric who grew up in Zululand and speaks the language fluently. Today, he lives in Norway but he gave a talk at the University of Natal in April. Following the presentation, he entertained questions and answers. Not surprisingly, the tokoloshe came up. Berglund said "there are as many tokoloshes as there are communities. "The tokoloshe in KwaMashu is different from ones in other townships. "There is no clear-cut definition," he said.

Berglund mentioned, for example, a region where the tokoloshe gets mischievous with cattle. He said he has seen with his own eyes a cow with six legs. In yet another village, the tokoloshe is abnormally conscious of women's breasts. If a woman is unable to nurse her baby, she can say "I have nothing to feed my baby because of the tokoloshe," Berglund said.

When asked whether he believes in the tokoloshe, Berglund gave a vague answer. In effect, he said it is a question of one's reality. "Everybody needs to have some kind of explanation (for that which is not possible to explain) and, lacking a scientific explanation, one explains things in this way."

After Berglund's talk, I made peace, so to speak, with the tokoloshe. I decided that Berglund is right; people need a means by which to explain or blame the chaos in their lives. After all, I believe the Catholic Church sanctions exorcisms every now and then. What's more, all around my Southern California neighborhood were crystal dealers, tarot card readers, astrologers, and channelers who made big money helping people balance their lives and stay clear of negative energy.

As I've said, my head was clear — no more cognitive dissonance — that is until I read about the missing welfare money. Here's the lowdown, as reported in a brief in the *Daily News*:

"Cash due to be paid out in social welfare grants mysteriously disappeared from a locked safe at the police station. The case of the missing money was

"Everybody needs to have some kind of explanation (for that which is not possible to explain) and, lacking a scientific explanation, one explains things in this way."

raised in the KwaZulu-Natal legislature by the Minister of Social Welfare, Prince Gideon Zulu. He told the House the money was put into the safe at Esikhaweni Police State for overnight storage. The safe was locked. The next day the safe was still locked. But when it was opened, it was discovered the money had vanished. 'I have heard stories of the tokoloshe,' said Prince Zulu. 'I don't know whether a tokoloshe was involved in this case.' The case remained unsolved."

I want to believe that Prince Zulu was teasing, and

that the reporter simply failed to add a qualifier to indicate the minister's jovial tone. On second thought, however, there's nothing comical about someone cracking a police safe and ripping off thousands of rand in welfare grants. Whichever way you look at it the situation stinks, and the heist sounds like it may have been an inside job. But what do I know? After all, friends tell me that the tokoloshe and Superman have at least one thing in common: Both characters walk through walls. And who's to say that one man's hero is not another man's demon? □

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#### SOURCES:

1. St. Leger, Cas. "Survey Shows Shock Rise in AIDS Cases." *The Sunday Times*, (Johannesburg) 23 April 1995: 9.
2. Webb, Douglas. "The Geographical Progression of HIV in South Africa, 1990-93." *AIDS Analysis Africa* (Southern Africa Edition), Aug/Sept 94: 1.
3. Banda-Beer, Irene. "Women & AIDS in the African Context." *Positive Outlook*, Summer 1994/1995: 18-19.
4. "Frightening Figures." Editorial. *The Daily News*, 24 May 1995: 12.
5. Mihill, Chris. "Public Enemy Number One." *Weekly Mail & Guardian*, 5-11 May 1995: 19.
6. "Breakthrough on Sexual Disease Endemic to KwaZulu-Natal." *D+C* (Development and Cooperation) March/April 1995: 16.
7. Jackman, Karen. "AIDS May Hit Health Program." *The Daily News*, 23 May 1995: 12.
8. Whitman, David. "AIDS Crusade: Working Magic in the Inner City." *U.S. News & World Report*, 18 Nov. 1991: 84-84.
9. Koch, Eddie, and Edwin Ritchken and Vusi Khoza. "The Malevolent Tokoloshe and the Snake that Drinks Blood." *Weekly Mail & Guardian*, Jan. 27 to Feb. 2 1995:10.

## Current Fellows & Their Activities

**Bacete Bwogo.** A Sudanese from the Shilluk tribe of southern Sudan, Bacete is a physician spending two and one-half years studying health-delivery systems in Costa Rica, Cuba, Kerala State (India) and the Bronx, U.S.A. Bacete did his undergraduate work at the University of Juba and received his M.D. from the University of Alexandria in Egypt. He served as a public-health officer in Port Sudan until 1990, when he moved to England to take advantage of scholarships at the London School of Economics and Oxford University. [THE AMERICAS]

**Cheng Li.** An Assistant Professor of Government at Hamilton College in Clinton, NY, Cheng Li is studying the growth of technocracy and its impact on the economy of the southeastern coast of China. He began his academic life by winning the equivalent of an M.D. at Jing An Medical School in Shanghai, but then did graduate work in Asian Studies and Political Science, with an M.A. from Berkeley in 1987 and a Ph.D. from Princeton in 1992. [EAST ASIA]

**Adam Albion.** A former research associate at the Institute for EastWest Studies at Prague in the Czech Republic, Adam is spending two years studying and writing about Turkey's regional role and growing importance as an actor in the Balkans, the Middle East and the former Soviet bloc. A Harvard graduate (1988; History), Adam has completed the first year of a two-year M. Litt. degree in Russian/East European history and languages at Oxford University. [EUROPE/RUSSIA]

**Cynthia Caron.** With a Masters degree in Forest Science from the Yale School of Forestry and Environment, Cynthia is spending two years in South Asia as ICWA's first John Miller Musser Memorial Forest & Society Fellow. She is studying and writing about the impact of forest-preservation projects on the lives (and land-tenure) of indigenous peoples and local farmers who live on their fringes. Her fellowship includes stays in Bhutan, India and Sri Lanka. [SOUTH ASIA/Forest & Society]

**Hisham Ahmed.** Born blind in the Palestinian Dheisheh Refugee Camp near Bethlehem, Hisham finished his A-levels with the fifth highest score out of 13,000 students throughout Israel. He received a B.A. in political science on a scholarship from Illinois State University and his M.A. and Ph.D. from the University of California in Santa Barbara. Back in East Jerusalem and still blind, Hisham plans to gather oral histories from a broad selection of Palestinians to produce a "Portrait of Palestine" at this crucial point in Middle Eastern history. [MIDEAST/N. AFRICA]

**Sharon Griffin.** A feature writer and contributing columnist on African affairs at the *San Diego Union-Tribune*, Sharon is spending two years in southern Africa studying Zulu and the KwaZulu kingdom and writing about the role of nongovernmental organizations as fulfillment centers for national needs in developing countries where governments are still feeling their way toward effective administration. She plans to travel and live in Namibia and Zimbabwe as well as South Africa. [sub-SAHARA]

**Pramila Jayapal.** Born in India, Pramila left when she was four and went through primary and secondary education in Indonesia. She graduated from Georgetown University in 1986 and won an M.B.A. from the Kellogg School of Management in Evanston, Illinois in 1990. She has worked as a corporate analyst for PaineWebber and an accounts manager for the world's leading producer of cardiac defibrillators, but most recently managed a \$7 million developing-country revolving-loan fund for the Program for Appropriate Technology in Health (PATH) in Seattle. Pramila is spending two years in India tracing her roots and studying social issues involving religion, the status of women, population and AIDS. [SOUTH ASIA]

**William F. Foote.** Formerly a financial analyst with Lehman Brothers' Emerging Markets Group, Willy Foote is examining the economic substructure of Mexico and the impact of free-market reforms on Mexico's people, society and politics. Willy holds a Bachelor's degree from Yale University (history), a Master's from the London School of Economics (Development Economics; Latin America) and studied Basque history in San Sebastian, Spain. He carried out intensive Spanish-language studies in Guatemala in 1990 and then worked as a copy editor and Reporter for the Buenos Aires Herald from 1990 to 1992. [THE AMERICAS]

**Teresa C. Yates.** A former member of the American Civil Liberties Union's national task force on the workplace, Teresa is spending two years in South Africa observing and reporting on the efforts of the Mandela government to reform the national land-tenure system. A Vassar graduate with a *juris doctor* from the University of Cincinnati College of Law, Teresa had an internship at the Centre for Applied Legal Studies in Johannesburg in 1991 and 1992, studying the feasibility of including social and economic rights in the new South African constitution. While with the ACLU, she also conducted a Seminar on Women in the Law at Fordham Law School in New York. [sub-SAHARA]

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