



## **BACKGROUND**

The 1994 emergence of a South African democratic parliament has resulted in its attention to many pressing social justice and human rights issues. Conditions facing urban township black South African youth are greatly impacted by extreme socio-economic inequity, perpetual unemployment, family and community instability, and post apartheid institutional reconfigurations. National parliamentary and provincial reforms have enacted legislation and corresponding social policies to improve educational, social, residential and economic conditions for young people at-risk of continued societal disadvantage.

One of the most important national youth focus reforms that has been established is the 2008 Child Justice Act. Its nation wide implementation went into effect in 2010 creating a new juvenile justice system. Its purpose is to more effectively respond to high risk youth and offending youth processed through the channels of youth welfare services and juvenile courts. New approaches for protecting the rights of juveniles, applying restorative justice as a process for juvenile offender mediation, and preventing youth crime are major goals that drive systematic change. These changes offer great potential for these innovations to reduce the pandemic problem of youth violence in urban core South African communities. Because of my interest in youth violence as an ongoing threat to the stability and quality of life in high youth crime neighborhoods in Kansas City, Missouri, questions of youth township violence in Cape Town were central to my completed while at the University of Western Cape.

Because of my past research experience with African traditional healers in North West Province of Cameroon, I also investigated the impact of the 2004 South African Traditional Practitioner Act. This parliamentary legislation s and establishes a national registry for practicing healers that includes practicing herbalists, faith healers, birth attendants, traditional surgeons and *sangomas*. This latter group is generally comprised of Zulu practitioners that utilize divination techniques in patient/client care.

In preparation for my work at UWC, I engaged in extensive reading on these topics. I became somewhat familiar with the growing body of social science research addressing youth violence prevention programming. I obtained youth program descriptions from several non-governmental organizations operating in the townships to address youth violence prevention services. Subsequently, the focus of my UWC exploratory study involved gathering information from practicing traditional healers regarding their perceptions of youth violence impact on families. I anticipated the possibility that township sangoma might offer a unique cultural perspective on youth violence.

## **PROJECT ORGANIZATIONAL STRUCTURE**

Any University of Missouri faculty member first proposing a cooperative project with UWC colleagues may face unique challenges and opportunities. It is important to identify an interest area matching that of a UWC counterpart. I benefitted greatly from such an early affiliation.

Dr. Gail Hughes, Director of the UWC South African Herbal Science and Medicine Institute (SAHSMI), both a public health expert and investigator of traditional healers and their medicinal herbal products, agreed to serve as my collaborating host. Before my departure for Cape Town Dr. Hughes and I were able to meet twice at MU where she was providing professional consultation on the Columbia campus. Thus we were able to arrange office space at SAHSMI, estimate the time and financial resources that needed for translation assistance and interview coordination and organize my limited time to participate as an observer in graduate student field research project in Eastern Cape Province. In addition, Dr. Hughes was able to make initial contact with Dr. Thozamile Qubuda, both a social scientist affiliated with SAHSMI and practicing traditional healer.

Many of the most highly regarded Cape Town sangomas were born in and trained in Eastern Cape Province. A significant number of practicing sangomas located elsewhere maintain close ties to that area. Linkage to Eastern Cape Province is considered vital due to its position as the historical and cultural center of South African cosmology. This influence helps define and sanction the rural landscape and urban township milieu. In both environments, the majority of sangomas are female as are their clientele. These practitioners sought to help to resolve the serious and threatening problems impacting on the well-being of families.

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provided by the interviewed sangomas. He writes, "guardians of tradition, and as traditions teach that ancestors are very particular about their descendants observing rules and rituals correctly, the mingling of traditions and the forgetting of rules and prohibitions in urban life has undermined the sense of ancestral efficacy. This theme was clearly articulated in all of the interviews."

The sangomas consistently agreed that mothers or other females assuming that role are the ones that most often seek counsel from sangomas. This action was taken only after other modes of childhood intervention had been utilized and failed. Prior assistance had been pursued through such resources as a child guidance counselor or specialized educator. Sangomas understand that they are often the last resort of help. Mothers often express to the consulting sangoma that this is their last chance at a positive resolution.

The specific intervention steps and methods/approaches applied by these sangomas in such cases are as follows:

Older women family members, those most likely to exert household authority (uth)fd 8okssh8>0 Tdij7.6M.39