A Case of Witchcraft:

Safeguarding the Human Rights of Elderly Women in AmaZizi Nation

Nanette de Jong, Professor, Newcastle University (UK)
Jongisilo Pokwana ka Menziwa, Chief, Dlamini tribe kwaZangashe (South Africa)

The Background

This project builds on previous research into the role of cultural practices in the fight against HIV and gender-based violence (GBV) in Eastern Cape by focusing on the AmaZizi chiefdom (located within the AbaThembu Kingdom, Eastern Cape). A focus group from AmaZizi, comprising some 30 traditional healers, youth activists, elder sisters and male leaders, and led by Chief Jongisilo, revealed that the elderly women in the region are at particular risk, due largely to accusations of witchcraft. What became clear during the focus group and subsequent interviews is that witchcraft is a silent predator within the AmaZizi, and its impact is rarely discussed in public fora. The women showed considerable levels of shame and guilt, even embarrassment and self-blame, while speaking on the topic. Witchcraft, the focus group and interviews showed, has emerged a fall-back explanation for any host of misfortunes that befall the AmaZizi people of kwaZangashe, including HIV. As one of the elderly women clarified, “AIDS might be how someone died, but witchcraft explains why” (interview 2019).

It is witchcraft, we learn, that keeps the elderly women from accessing healthcare. The nearest medical clinic involves a walk of some 10 kilometres (most do not have access to an automobile), which takes them toward the River Cwecweni. This River is surrounded by thick shrubs and bush, and it is where the women complain that the younger villagers hide with machetes, armed to maim—or even kill—so-called witches. Rather than take the risk of falling victim to such a witch hunt, the elderly women often choose to visit nearby traditional diviners and healers to treat their illnesses, or they stay home. “Those of us who are epileptic opt for sangomas [traditional healers],” explains one woman (interview 2019). Sangomas live nearby, she further clarifies, making it a convenient and safe alternative. Yet, “those who know some traditional medicine normally choose to self-medicate, using roots we dig up around the village hillsides” (ibid.).
Not only does witchcraft impact the elderly women’s access to healthcare, it has had an unexpected knock-on effect on the education of AmaZizi children. Traditionally, extended families have taken care of the elderly members in the community. But that has now changed: as a result of the HIV epidemic, many elderly women of AmaZizi have outlived their own children, and they are now the primary caretakers of their orphaned grandchildren. The grammar schools are located near the medical centre, which is a long (and dangerous) walk that requires children to be accompanied by an adult for safekeeping. Because it involves crossing the River Cweeweni, many of the women in kwaZangashe village of AmaZizi have had to make the difficult choice of staying home should rumours stir that they are being targeted in a witch hunt.

**Problem Statement**

Witchcraft-related violence is on the rise across South Africa, and in the AmaZizi nation, as in many other rural regions, the elderly women are most susceptible to these accusations. This project seeks to provide insight into the concept of witchcraft in rural Eastern Cape by exploring its implications for the elderly women of AmaZizi. Defining the mechanisms by which witchcraft prevents these women from accessing healthcare can facilitate the development of targeted interventions to not only reduce health disparities in rural South Africa but also promote strategies for safeguarding the elderly more generally. By concentrating on the elderly, this project also makes visible an otherwise invisible community. Older adults compose the most rapidly growing subset of South Africa, yet they remain underrepresented in research, particularly in regards to HIV. By giving voice to the lives and stories of a community of people rendered invisible in the wider public sphere, this paper introduces accounts on witchcraft and healthcare that might otherwise have gone unarticulated.

**Logical Framework**

In South Africa, witchcraft is based around a doctrine that ancestral spirits are either good or evil, capable of providing support to the living world, or inflicting harm (Motshekga 1988: 150). Through rituals of remembrance, deceased ancestors can assume the role of protector (Mutwa 2001: 61-62). However, should a family not provide the necessary rituals of remembrance, the family is left unprotected. Left angered and forgotten, the ancestors are believed to enter bodies of family members to create harm and havoc upon the entire community (Minnaar, Wentzel and Payze 2013: 180). Some people are believed capable of harnessing the evil power of spirits—these are the so-called witches, believed to have acquired
their powers either through inheritance (usually from the mother) or from learning the skill from another witch (Gelfand 1965: 34-35). They supposedly use magic formulas, spells or medicines to ‘bewitch’ others, and are proficient at killing or disabling by magical means.

In kwaZangashe, as with other rural communities across South Africa, it is primarily the older women who have been branded and victimised as witches. Like many of the elderly living across the globe, they have come to personify a sterile, non-productive world; perceived as a burden to society, an obstacle to the wellbeing of other villagers, a drain on already meagre resources (Sigasana 2017). In kwaZangashe, the elderly women who seem more susceptible to accusations of witchcraft are those with particular physical features common to ageing, including wrinkled skin, drooping breasts, yellowing of the eyes, missing teeth, or hunched posturing. Those women who exhibit anti-social, difficult or odd behaviour—such as those that may accompany dementia—are at particular risk of being targeted as a witch.

It is witchcraft-related violence that now guides these women’s options in healthcare. Finding the walk to the nearest medical centre too dangerous, many instead use local traditional healers within their own villages. These women have fallen into a treatment gap when it comes to managing illness; and, if HIV-positive, that means they are unable to access ART and capitalise on its primary and secondary prevention benefits. With research indicating that the HIV prevalence in South African patients aged 50 and over will nearly double in the next 30 years, while the fraction of HIV-infected South African patients aged over 50 is estimated to triple in the same period (Hontelez et all: 2001), we must recognise HIV as an increasing ageing epidemic in South Africa. “While the number of infections among young people [in South Africa] will continue to decline, the number of HIV infections in the elderly can be expected to increase” (ibid.). This means, for the younger women of kwaZangashe village, who will inevitably find themselves a member of the elderly community, they too can expect to face comparable accusations of witchcraft in their lifetimes, and may be forced to forgo Western medical treatment if it means crossing the feared River Cwecweni. It makes it all the more urgent to unpack effective methods for dealing with witchcraft accusations and related crimes in kwaZangashe village.

Historically, patterns of violence encountered by South African women are concealed or hidden, first under colonial rule, then under apartheid, and today under accusations of witchcraft. The more routine the violence has become through the decades, the more hidden
and invisible the women have become, as well as subsequent accusations of witchcraft. This has had the impact of legitimising both GBV and claims of witchcraft within AmaZizi.

GBV and gender inequality are increasingly cited as primary factors of women’s HIV risk. South Africa has one of the world’s highest rates of violence against women, with the Eastern Cape province again ranked at the top (Jewkes and Abrahams 2002). In villages like kwaZangashe (near Dutywa), inhabited by the AmaZizi tribe, where there exists high unemployment and poverty, GBV is particularly high, which places women in this area at even higher risk for HIV.

South Africa stands as the epicentre of the HIV pandemic, with 20 percent of all people living with HIV globally being from South Africa (Allinder and Fleischman 2019). According to a recent report published by the Centre for Strategic and International Studies, throughout 2019 nearly 4,500 new cases of HIV occur each week in the country, and these are only those who agree to testing (due to low-number testing rates, the actual number of new cases is believed to be substantially higher) (ibid.). Take, for example, Eastern Cape: over 40 percent remain untested in this province, living unaware of their HIV status (Moya 2018).

The introduction of antiretroviral therapy (ART) has managed to transform diagnoses of HIV from inevitable death to controllable condition. Yet, the number of South Africans accessing ART remains low, despite South Africa accommodating the largest anti-retroviral medication programme in the world (Blomfield 2018; Allinder and Fleischman 2019). Accompanying this drop has been a rise in misinformation about HIV, including (according to the most recent national survey from 2017) what treatments are available and, despite decades long education programmes, how the virus is contracted (Allinder and Fleischman). The statistics are even more staggering for Eastern Cape, which is the regional home to many rural areas like AmaZizi. Eastern Cape legislature indicated in 2019 a rise in HIV, GBV and pregnancy in girls and young women aged 15 to 24. Those at surprising risk for pregnancy are pupils in grades 3, 4 and 5. The situation in Eastern Cape, indicated in a report released at the 2013 South African AIDS Conference and reiterated at the 2019 South African AIDS Conference, is ‘catastrophic’; ‘urgent action is required’ (as qtd by Nicolson 2013). This project is organised as an initial attempt toward addressing that call.
**Research Methodology**

This project approaches materials collected during fieldwork conducted in the AmaZizi chiefdom over a three-month period (1 May to 30 July 2019). It was carried out in collaboration with Global Challenges Strategic Research Initiative of the University of Newcastle, which aims to contribute to society with research that addresses the Sustainable Development Goals. A core objective of this project is to identify the development of witchcraft in AmaZizi and to pinpoint its implications for the elderly women. To appreciate the wide-ranging impact of witchcraft in the region demands a careful study into the country’s customary and State-sanctioned legal systems, including an analysis of how they have handled (and continue to handle) manifestations of witchcraft and related violence. The complexity of uncovering these connections has taken us into the legal archives to examine court papers and pleadings from the Constitutional Court and the High Court and Supreme Court of Appeal.

We also pursued extensive on-site fieldwork in AmaZizi, which began with a focus group that met to broadly discuss challenges facing the women of AmaZizi and the cultural practices in place to support those challenges. The early discussions focused on gender-based violence (GBV) and HIV, but eventually moved to witchcraft, with young and old, men and women, sharing stories of how witchcraft has impacted their lives directly or indirectly. Semi-structured interviews with individual focus group members followed, their responses organised into pertinent themes, including how witchcraft and witches are identified in AmaZizi and how accusations are dealt with in the community. These themes were followed up through structured and semi-structured interviews with Dutywa law enforcement, members of the Eastern Cape AIDS council, the Department of Social Development, and kwaZangashe medical staff. Interviews were conducted in English and Xhosa.

30 home visits were conducted by a local AmaZizi research team, which was trained by the authors and made use of questionnaires (see attached). All participants of the home visits were explained the project and provided authors with written and oral consent.

Considerations of ethical and confidentiality factors remained central, both as ends in themselves and in service of reliable and maximal data collection. An informed consent form was provided to reassure interviewees of anonymity and facilitate full and safe disclosure. Confidentiality and privacy of participants is maintained: names have been changed in this publication. Assurances that authors would use pseudonyms were discussed with participants.
and their families prior to the interviews and home visits and at the start of focus group discussions. The University of Newcastle approved the study protocol, including ethics.

**Research Findings / Results**

Analysis of the data identified key themes, including underlying motivations that shape participants’ attitudes towards witchcraft and witchcraft-related violence, the persistent challenge of protecting AmaZizi women while preserving local customs and traditional practices, and the clash of customary and State-sanctioned legal systems in the fight against witchcraft violence.

*Introducing the Elderly Women of AmaZizi*

Traditionally the term ‘elderly’ is defined as a chronological age of 65 years old or older. Those aged from 65 to 74 are often referred to as ‘early elderly,’ while those over 75 are ‘late elderly.’ The women attending the focus group at the Chief’s home represent ‘early elderly’, however, this study has since also included ‘late elderly’ as well. Core to this study include: Mabiyashe (born 1939), Yadzina (born 1942), Mamjwarha (born 1951), Noone (born 1950), MaDlamini (born 1940), MaMbhele (born 1941) and Mamthembu (born 1947). Collectively, these older AmaZizi women reveal lives plagued with accusations of witchcraft, placing kwaZangashe alongside the many other rural communities of South Africa that battle with witchcraft, which, over the past several decades, has been on a steady rise. In kwaZangashe, as with other rural communities across South Africa, it is primarily the older women who have been branded and victimised as witches.

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inevitably find themselves a member of the elderly community, they too can expect to face comparable accusations of witchcraft in their lifetimes, and may be forced to forgo Western medical treatment if it means crossing the feared River Cwecweni. It makes it all the more urgent to unpack effective methods for dealing with witchcraft accusations and related crimes in kwaZangashe village.

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Some of the elderly women in AmaZizi confess that they are silent about witchcraft assaults to “protect my family from harm” (interview 2019). However noble their refusal to speak up may be, it leaves them under a cloud of ‘shameful silence’ that can further marginalise and isolate (Richie 1996: 152). Throughout colonialism and apartheid, these women faced social exclusion and inequality: they were omitted from positions of power and education opportunities, which has made them further vulnerable as targets of witchcraft, and, in turn, further fuelled an environment where witchcraft-related crimes could go unnoticed. To borrow from Beth Richie, “This is how they were set up; left with no good, safe way to avoid” accusations of witchcraft. “I call this set-up—this extreme situation—gender entrapment” (Richie 1996: 3).

The taboo against the women in AmaZizi from speaking up about their own victimisation by violence goes even more deeply. South Africa’s colonial and apartheid history was dominated by racialised violence and brutality, and The Truth and Reconciliation Commission hearings from 1996 showcased these stories of abuse. Included by the Commission were three all-women hearings, where South African women shared their own stories of human rights violations. Their experiences of being assaulted at the hands of white men combined with experiences shared by the black African men, whose abuse also was at the hands of whites. A narrative of victimisation thereby emerged in AmaZizi (as elsewhere in South Africa) that was framed around white violence against blacks. This has made the women of AmaZizi
understandably reluctant to speak up; implicating black men (who are the dominant aggressors in witchcraft assaults) challenges a historically-based narrative.

Further adding to the victimisation of the AmaZizi women, our research reminds, were the all-male hostels constructed in the townships and on the outskirts of urban areas during apartheid. Overcrowded and poorly-equipped, these hostels housed the rural men who provided labour to the white-controlled economy. Specific to the themes of this paper, these hostels separated men from families: women and children were banned from the hostels, and the male labourers were barred from leaving the hostels outside a possible once a year, over Christmas. This “created separate spheres of living, where the different social, physical, and cultural worlds inhabited by the couple were incompatible or even threatening to each other,” write Victoria Hosegood, Nuala McGrath and Tom Moultrie (2009). With male partners no longer at home, the women were pulled into family positions of provider and decision-maker—roles previously held by the men (Bazzoli 1991). This unsettled patriarchal gender hierarchies to the extent that the men, upon their formal return from the hostels, found it difficult to re-enter family life (Hosegood, McGrath and Moultrie 2009; Grant and Tancred 1992; Connell 1995), many fearful they would be unable to reclaim their place of authority in the household (Hosegood, McGrath and Moultrie 2009). The end-result has been a “crisis of masculinity” (Walker 2005: 161) that made violence as signifier of manliness, a necessary method for regaining status within the family and society. GBV, in response, became understood in some communities as “benign, necessary, justifiable, below the thresholds of criminality, or not recognised as violence at all” (Collins 2013: 30).

Definitions of masculinity were challenged in the hostels, and physical and sexual violence were common. These hostels became “notorious sites for same-sex relationships” (Donham 1998: 10), with stories of the older male workers raping younger, newly-recruited labourers who were thence relegated to the title of ‘wife’. “In these relationships, it was age and wealth, not sex, that organised and defined male-male sexual relationships,” writes Donald Donham. “As the boys matured and gained their own resources, they in turn would take ‘wives’” (ibid.). With men-on-men rape often connected to homosexuality (Graham 2006: 192; Sivakumaran 2005:1298), and because homosexuality is taboo in many patriarchal societies—including rural South Africa, many male victims of the sexual violence experienced in the male hostels remain quiet or in denial, entrenching a “historical silence” (Blum 2012: 16) that undercuts the
health and welfare of both men and women in contemporary South Africa (Ratele 2008, Ratele, Suffla, Lazarus and Van Niekerk 2010).

A gentleman from AmaZizi reveals yet another issue often overlooked in regards to how these hostels undermined the psychological wellbeing of the migrant labourers. It frequently occurred, he explains, that family members died and were buried without the men in the hostel ever knowing. Only when they returned from the mines or the white-owned farms for infrequent furloughs would they discover the truth. Unsurprisingly, the men reacted with anger and frustration, the AmaZizi man recalls. “Upon integrating temporarily with their families back here in the village every December, these people would drown themselves in excessive alcohol drinking and their behaviour is distinct for liking to fight amongst themselves, sometimes stabbing and killing each other” (interview 2019).

“The impact of this labour system on Black families, and the sexual economies it promoted, are immeasurable,” write Belinda Beresford, Helen Schneider and Robert Sember (2010: 203). Yet, it is rarely discussed in AmaZizi, the men in particular unwilling or unable to speak about their experiences of physical and/or sexual violence at these hostels. Until that past finds resolution, Chief Jongisilo argues, violence in the region will continue to gain momentum. Only by “healing these men” can the Chiefdom “finally eliminate violence against women, including accusations of witchcraft against the elderly” (interview 2019).

**Defining Witchcraft**

In South Africa, witchcraft is based around a doctrine that ancestral spirits are either good or evil, capable of providing support to the living world, or inflicting harm (Motshekga 1988: 150). Through rituals of remembrance, deceased ancestors can assume the role of protector (Mutwa 2001: 61-62). However, should a family not provide the necessary rituals of remembrance, the family is left unprotected. Left angered and forgotten, the ancestors are believed to enter bodies of family members to create harm and havoc upon the entire community (Minnaar, Wentzel and Payze 2013: 180). Some people are believed capable of harnessing the evil power of spirits—these are the so-called witches, believed to have acquired their powers either through inheritance (usually from the mother) or from learning the skill from another witch (Gelfand 1965: 34-35). They supposedly use magic formulas, spells or medicines to ‘bewitch’ others, and are proficient at killing or disabling by magical means.
Throughout kwaZangashe, ailments such as infertility in women, the destruction of crops and property, accidents, sickness and even death can be attributed to acts of witchcraft.

The Chief shares a story from his aunt, who was nearly killed by her eldest son, because of accusations of witchcraft. The son and his wife were having difficulties with conceiving a child, and, as often happened, witchcraft was identified as the cause. “She ran all the way from her village to my home for safety,” the Chief explains. She stayed with the Chief for several days, until the elders intervened, guaranteeing her safety. “This occurrence was so painful to us because it was now real; we see it from of our eyes and it was not just a story being told from a distance. It’s over 20 years now but this memory lives fresh in my mind. He, my cousin, was convinced that his mother was a witch and he was prepared to kill her with a machete” (Chief Jongisilo interview 2019).

Some of the common notions in kwaZangashe are that witches work mostly at night, clandestinely travelling to isolated sites where they greet other witches for purposes of targeting unaware relatives, imposing physical and/or psychological injury. eGwadana, is one such secret location. It is situated some 50 kilometres away from kwaZangashe, in an area named after the village nearby. While the village of eGwadana has no particular reputation for witchcraft, close by is a small but dense bush, which to believers is considered to be a physical meeting point for AmaZizi witches.

Although witchcraft is still believed to be widespread in AmaZizi, it is shrouded in secrecy. The elderly women are not apt to discuss it either in private or in public, which makes the discussions shared at the home in Chief Jongisilo’s home evermore impressive. To pull out reasons for the women’s silence we must view these women’s relationships to violence more closely. “Witchcraft is a rather muted topic,” one woman clarifies at the meeting, and to speak up against witchcraft “poses [a risk] for us as women [that] is unsurmountable” (interview 2019). She shares a story from 1993, a Saturday, when her village prepared for a funeral.

A bus full of young men and women from Johannesburg arrived. On the eve of the funeral, a man in his 30s had been shot and killed in Johannesburg for political activism, killed by the South African police. That same evening these young men [from Johannesburg] shot a 16-year-old girl by mistake but they then said the shooting was an indicator that her mother had played a role in the killing of the dead man. The
following day, as the funeral procession was about to leave for the graveyard, the men and women from Johannesburg took out guns and instructed all the women [from AmaZizzi] to go back into the round huts and tent, and men were freely left by the kraal and we heard the men saying ‘babulaleni zisozeka abanye,’ which loosely means ‘kill those women; we will marry new ones’. This is the heightened scale of how things can get, our fears of not freely discussing things are informed by these kinds of stories (interview 2019).

*Witchcraft: A Legal Paradox*

Another factor that has made controlling witchcraft assaults difficult in kwaZangashe include the current tensions that exist between customary (traditional) law and State-sanctioned law. In the new era of democracy, South Africa and its Constitution have formally recognised customary law as a legal system that should run alongside and in parity with the government-run common law legal system. Yet, in reality, the two legal systems exist not in tandem, but at odds.

As historical context, South Africa’s colonialists and the successive white governments acknowledged customary law early on, but not for the new democracy-led reasons of accepting cultural difference. Rather, their recognition of customary law was to maintain their own power: they introduced customary law as a privilege to the indigenous population, which, because it could be taken away by colonialists, could be used to control indigenous behaviour (Conflicts of Law, South African Legal Communication Discussion Paper 1998: 76, 1.3.2). Even so, the application of customary law was limited to regions of South Africa considered “of marginal significance to the colonial regime, namely, marriage, succession, delict and land tenure” (Conflicts of Law, South African Legal Communication Discussion Paper 1998: 13, 1.3.10). When the territories of South Africa united in 1910, the white government continued to acknowledge customary law—and even increased a perceived acceptance of traditional leadership authority. However, again, these actions were executed only as vehicles for controlling possible threats from the indigenous population (Ludsin 2003: 66). In 1927, South Africa passed the Native Administration Act, which eventually became the Black Administration Act 38 of 1927. Under the guise of safeguarding African tradition, this Act established segregation throughout society, while also consolidating colonial laws within the territories (Diwan 2004: 355). The Law of Evidence Amendment Act 45 of 1988 further saw
the white government assume jurisdiction over customary law matters, securing customary law’s subordinate position in the country.

Although the Constitution of the Republic of South Africa Act 108 of 1996 finally recognised customary law on a more formal scale, it interpreted customary law through Western belief systems. Understandably, this has led to yet further complications. Customary law was meant to maintain social order and harmony in the community, with traditional leaders expected to mediate conflicts. To assume usefulness, customary law was necessarily “dynamic, flexible and practical,” able to change and evolve with the needs of the community. Because the 1996 Act removed this inherent flexibility, it took away the very strengths that enabled customary law to serve the community most effectively. A casualty of this biased interpretation of customary law has been witchcraft, which, caught between customary and State-sanctioned law, has been allowed to thrive across all provinces in South Africa.

Traditionally, it has been the traditional healer or diviner in the village who would help people deal with the misfortunes of witchcraft. Under a strict division of services, diviners determine the cause of the disease or misfortune, determining more specifically if the misfortune resulted from the anger of the ancestors or from the evils of witchcraft. Traditional healers, on the other hand, were sought to treat any medical problems resulting from the ancestors or witchcraft (Gelfand 1965: 34). If a diviner determines witchcraft was involved, that diviner would bring the matter to the traditional leader, whose court, under customary law, would set the punishment. Should the traditional leader determine the dispute was not related to witchcraft, that Chief or King would then mediate with all parties to find a solution.

Whereas the Western world may perceive such this belief system as peculiar and supernatural, traditional cultures consider connections with the ancestral and spirit worlds to be part of their natural, everyday world (Mutwa 2001: 62)—and herein lies a major complexity: how to coordinate a dualist legal system when the two systems in question represent such different forms of social ordering within society. After colonisation, when “the foreign law became the general law” (Banda 2005: 110), witchcraft became a particular point of controversy. The Western government viewed witchcraft as being inconsistent with European values, and therefore deemed it ‘invalid’ and ‘intolerable’ (Quarmyne 2010: 486). In rewriting customary law (through the Act of 1996), the Western government eliminated witchcraft from all documents. Unfortunately, simply removing the word from formal documents could not
eliminate witchcraft as a belief system. Ironically, because witchcraft continued to flourish—now underground and more covert and subversive—across South Africa, the Act of 1996 actually had the knock-on effect of removing any procedural protection for accused witches. Although customary law had its flaws, it did ascribe certain procedural mechanisms meant to protect against witch hunts and possible abuse. “Without the support and structure for handling witchcraft accusations” in customary law, writes Hallie Ludsin (2004: 88), “community members [have] resorted to informal trials” as well as witch killings. Within the AmaZizi tribe, at the heart of this conflict are the elderly women, who today live in persistent fear and anxiety of falling victim to witchcraft-related violence.

Interventions

One such intervention that should be explored is international law. In the past, treatment of citizens globally was considered a domestic affair. This is not the case today. The field of international human rights has developed as such that States have increasingly come to believe that it is their obligation, and that of the entire international community, to protect the civil, political, economic, social and cultural rights of all people. From that standpoint, the norms found in international human rights law could be more effectively employed within AmaZizi people to protect the elderly women against human rights violations, like being accused of witchcraft. Toward that end, we suggest closer contact with international human rights officers, which could help transform perspectives on witchcraft assaults. The human rights law organisation that works in Eastern Cape is the Legal Resource Centre, located in Makhanda (formerly known as Grahamstown), a four-hour drive from kwaZangashe. Working with officers from the Legal Resource Centre the authors will use our research to submit a statement to the UN’s Human Rights Council for purposes of urging the Government of South Africa to better ensure effective protection of elderly people to save them from witchcraft killings and assaults.

Another intervention suggested involves closer work with law enforcement. On the domestic level, the rights of women in kwaZangashe village can be protected, first and foremost, through the use of local laws. Witchcraft accusations and their devastating effect on the older women within AmaZizi tribe would certainly seem to fall under such domestic protection. Although there are constitutional provisions and laws for the protection of women in kwaZangashe village, these are not being fully utilised at present, largely because police stations are located a far distance away and, more generally, because, since apartheid, police officers across South
Africa have struggled to gain community trust (Onishi 2016). To answer both claims, the building of a community centre in kwaZangashe is suggested, which would house shared offices for both traditional representatives as well as law enforcement. The best answer for protecting the elderly women of kwaZangashe against accusations of witchcraft is through joint enforcement mechanisms by government and traditional authority (Naa-Adjetey 1995: 1353, 1372). Joint offices at the community centre would enable stronger cooperation between the two legislative branches, while also guaranteeing stronger communication between law enforcement and the villagers. This would help to develop regional capacity related to witchcraft-related crimes.

According to the research of Nelson Tebbe, stronger sentences handed down to those accused of witch killings could curb witchcraft (2007: 217-218). Chief Jongisilo plans to enquire into establishing legal teams committed to enforcing such sentences, the news of which will be shared widely throughout kwaZangashe through public service announcements recorded for local radio (including Umhlobo Wenene Radio, which, broadcasting from Port Elizabeth in Eastern Cape, is particularly popular across the AmaZizi nation and has a listening base that extends beyond 5 million) as well as social media (to include Facebook and Twitter platforms). The mandate of the AmaZizi peer education programme, currently used to share knowledge about HIV to youths across the villages, also will be amended by Chief Jongisilo so to include this information. By pushing witchcraft-related crimes into the public eye and by confirming their serious repercussions, it is hoped acts taken against so-called witches will decline.

Another key intervention centres around the elderly women themselves. In part because of their social circumstances and lack of education, many of these elderly women are not assertive, and, as a result, are less likely to invoke the legal protections of customary law or state legal systems—even if doing so could legally protect them from victimisation. Building the confidence of these women becomes paramount. Suggested are collaborations with non-profit organisations in the region to set aside public service and educational resources to find ways to encourage these women to “step out of their prescribed social roles” and feel more confident enough to assert their rights (Davis 2009: 220). The establishment of a Women’s Forum is recommended, to be held monthly in the planned community centre, where the elderly women could engage socially, organise voluntary work in the community as well as update their skills and knowledge. A facilitator, trained in community activism, would be appointed.
to guide the women, with professional staff hired as necessary to speak to specific issues and needs.

A men’s forum is yet another intervention suggested. Research confirms the critical importance of intervening with men to reduce GBV and reduce HIV risks for women (Graaff and Heinecken 2017; Tolman, Walsh and Nieves 2017; Lwambo 2013). Several pilot projects outlining successes in working with men to stop violence against their partners are suggested as reference, including Slegh, Barker, Kimonyo, Ndolimana and Bannerman (2013); Hoang, Quach and Tran (2013); Mitchell (2013); Scott, Averbach, Modest, Hacker, Cornish, Spencer, Murphy and Parmar (2013). With a focus on prevention and protection, as well as specialist support for the migrant labourers, these men’s forum should provide information on GBV and referrals for counselling. A facilitator trained in the field of male sexual violence would be required (the training for this position could occur through SPW South Africa Trust peer education programme or SafeSpaces, both of which have offices in Eastern Cape and offer instruction in facilitating men’s groups on violence).

A final suggested intervention has to with educating the community with respect to the fallacy of witchcraft accusations and the harmful effects such accusations have on the women in the community. Aggressive television and newspaper public service campaigns will be organised, broadcast and written in the local languages of the area. They are cost-effective, are noted to be effective in reducing GBV (Paluck, Ball, Poynton and Sieloff 2010) and do not demand the same coordination efforts as some of the other interventions suggested in this paper.

Conclusions
This paper has identified some of the social and cultural forces that have enabled the belief in witchcraft to flourish in kwaZangashe. It has also recognised the urgency of dealing with the challenge of witchcraft-related crimes. In efforts to invoke immediate solutions this paper indicates several interventions, which will be carried out with Chief Jongisilo at the lead. With the right implementation, it is believed these interventions can finally protect the elderly women in kwaZangashe from the harms suffered following allegations of witchcraft.
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