THE DEVELOPMENT OF NURSING AND NURSING EDUCATION IN VENDA
FROM 1911 TO 1990

BY

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I declare that THE DEVELOPMENT OF NURSING AND NURSING EDUCATION IN VENDA is my own work and that all the sources that I have quoted have been indicated and acknowledged by means of references.

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SUMMARY

The development of Nursing and Nursing Education in Venda is intimately related to the work of the early missionaries, Western education and medical developments.

The growth of nursing and health services had a reciprocal relationship. One was not possible without the other, viz the history of missionary education, hospitals, health services, sociocultural and political development. Each stage of these developments was an important step in laying the foundation of modern professional nursing and nursing education.

Before contact with Western medicine, health and midwifery services were provided by traditional healers, nurses and midwives. Divination was used to:
- diagnose disease, identify the witch
- determine medicines to cure the disease

Western nursing developed through stages of:
- lay nursing
- hospital certificated
- auxiliary nurses and midwives
- registered nurses and midwives
- comprehensive general nurse and midwife

The history of Nursing and Nursing Education is thus part and parcel of the social developments of the country it serves.
KEY TERMS OF THE STUDY

1. Development of nursing
2. Traditional health and midwifery
3. Auxiliary nurse and midwife
4. Nursing assistant
5. Registered nurse and midwife
6. Comprehensive community health services
7. Nursing education at the tertiary level
8. Autonomy of the nursing college
9. Association of the nursing college with a University
10. Post registration nurse training
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I am indebted to the innumerable past and present professionals and non-professionals without whose contributions this study would not have been possible. I also thank the missionaries for allowing me to use their records, staff, artefacts, buildings, relics and above all, their time.

Many thanks to my children, Khathutshelo and Thivhusiwi, who provided typing and Mrs A Szhwerdtfeger for editorial assistance.
DEDICATION

This work is dedicated to my parents, Mr Ramudzuli and Mrs Setekana Nemukongwe, my husband Muvhango and my children Khathutshelo, Thivhusiwi, Vhuhwavho and Ndateni for their support, encouragement and patience.
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1 INTRODUCTION TO THE STUDY OF THE DEVELOPMENT OF NURSING AND NURSING EDUCATION IN VENDA.

1.1 BACKGROUND OF THE STUDY

The historical sources documenting the development of nursing and nursing education in South Africa are rich, comprehensive and diverse. Yet to date very little has been published on the development of nursing in Venda. Nursing history has indeed been a neglected area of historiography in most of the developing countries including Venda.

During many personal contacts with Professor Searle, a prominent nurse leader in South Africa, she indicated to the researcher that Venda needs nurse writers and historians. These could collect and record events as they occur because no civilized country could afford to have its past to go by unnoticed, unheard and unrecorded. (Sampson 1978:47-55) in her review of nursing education among Black nurses in Southern Africa advocated for the need rigorous documentation of events to fill up knowledge gaps.

There is also a wealth of information from people who have been involved in nursing developments in Venda. The researcher has been particularly involved over the past three decades, where she has witnessed and has been a part of the changes, i.e, traditional nursing and midwifery care, nursing under the mission hospitals, the state under the auspices of Bantu Administration as well as in the post-independent Venda era. Landmarks such as buildings and photographs have
also provided valuable sources of information in this documentation.

Although the history of nursing and nursing education in Venda is not long, there have been some remarkable developments during the past fifty years. Their significance is noted, hence the need for a systematic documentation thereof.

1.2 SIGNIFICANCE AND PURPOSE OF THE STUDY

Munhall et al (1986) see the significance of a historical study in:
- exposing past events and social experiences of culture, ideas, religion, education and socio-economic setup of a country which are of significance to the development of nursing and nursing education;
- enabling the present nurses to compare and grasp their relationships with past nursing experiences;
- identifying possible trends, personalities, and forces in the community that were instrumental to the development of nursing;

The specific purposes of this study are to reconstruct and describe the development of nursing and nursing education in Venda from 1911 to 1990. The year 1911 is significant in this study because it marks the first contact of the Venda community north of the Levubu River with a trained nurse, whereas 1990 marked the introduction of a bridging programme for enrolled nurses. To achieve the purposes of the study, it became necessary to obtain knowledge of aspects that are included in the study such as:

- the inspiration and urge to narrate and relate in chronological order the events in nursing and nursing education in order to provide historical data on the progress, achievements,
failures, and challenges that faced the nursing profession;

- knowledge of the traditional health care system of the Venda people, which most of Venda people still practice. It is important for contemporary nursing and nursing education to understand and appreciate the customs, culture, and rituals related to illness and health of patients;

- information on different bodies that provided the socio-economic as well as the legal foundation of the nursing profession. These were: church groups, the South African Nursing Council, and the governments of Venda and South Africa;

- the introduction of western medicine which marked the transition from traditional health practices on a large scale. This was facilitated by the cooperation that existed between the missionaries, traditional political leaders and the Venda community.

1.2.1. Research design

Historical method of research and historiography are methods used in the study as it deals with the happenings of the past. Since it critically examines and analyses records of the past, it is the imaginative reconstruction of the past from the data derived from this process (Brink 1988: 78-79).

1.3 OBJECTIVES OF THE STUDY

The objectives of this study are to:

1.3.1 chronologically describe the development of nursing and nursing education in Venda from
1.3.2 describe the traditional health care systems of the Venda people before and after contact with Western medicine;

1.3.3 describe and analyze the roles of the different bodies/establishments that shaped/influenced this development;

1.3.4 describe the health situation in Venda as reported by the missionaries, the first doctors, and the Governments of Venda and South Africa.

1.4 ASSUMPTIONS UNDERLYING THE STUDY

Contemporary and future nursing and nursing education is understood, planned for and implemented through an investigation of nursing practice and health issues of the past.

1.5 DATA COLLECTION

The data collection methods used in this study included written records, unwritten records, observation by the researcher, oral history traditions and personal unstructured interviews.

1.5.1 Written records

1.5.1.1 Primary records

These are original documents such as minutes, records, and correspondences of statutory and private bodies such as management boards, the South African Nursing Council, the employing
governments and health establishments of Venda and South Africa, the University of Venda, missionary bodies, diaries, letters, certificates, and Acts of Parliaments.

1.5.1.2 Secondary records

These are textbooks, biographies, reference books, newspaper reports, periodicals and annual reports.

1.5.2 Unwritten sources

These are artifacts, relics, buildings, photographic materials, and visits to places of historical significance such as hospitals, clinics, and mission stations.

1.5.3 Observation by the researcher

The researcher was part of nursing developments in Venda between 1959 and 1990 as a pupil nurse, staff nurse, midwife, professional nurse, tutor, hospital nurse administrator, and nursing college principal. She served on the board/council of the nursing college, hospital management, Venda Nursing Association, advisory board of the Health Department and the committee on nursing of the University of Venda.

1.5.4 Oral history traditions and unstructured personal interviews

These were conducted with retired nurses, nurses still in the service, retired and present
superintendents, hospital secretaries, retired and present missionaries, and community members.

1.5.5 Data Collection Activities

1.5.5.1 Interviews with Donald Fraser Hospital Staff

The retired staff members that were interviewed included Mrs E Nkolele (trained between 1934 and 1937), the first nurse trainee of the hospital. The other retirees included Mrs C Ravhuanzwo (trained between 1937 and 1940), Mrs P Muavha (trained between 1940 and 1942), Mrs M Muthivhi (trained between 1941 and 1943) Mrs S Madzivhandila (trained between 1955 and 1958), who were part of the later groups of nurse trainees of the hospital. These nurses worked until their respective retirements in 1986.

Interviews were also conducted with nursing and administrative staff members who are still in the service. These are: Mrs J J Makhubele and Mrs L Maumela, the hospital nurse administrators, Mrs M J Netshilindi, a tutor in charge of nurses' training, and Mr N Ramugondo, the hospital administrator.

1.5.5.2 Data Collection from Siloam Hospital

The retired staff members that were interviewed included Mrs Tshidzumba (trained between 1943 and 1948), Mrs D Moshapo, a nurse's aid in 1948, Mrs J Ramovha (trained between 1933 and 1936 at Elim hospital), Mrs F Phaswana (trained between 1954 and 1962), doctor E M van der Walt (Superintendent from 1954 to 1960). Doctor E Helms, who worked from 1961 to 1991, and
has since left Siloam hospital.

These retired staff members worked within the hospital, at community clinics and were involved with training of nurses. Mrs S Netshifhefhe, and Mrs R M Ramabulana are the present hospital nurse administrators that were interviewed for the study.

1.5.5.3 Data Collection From William Eadie Maternity Hospital

Mrs O Mabaso, a nursing assistant at William Eadie maternity home from 1948 to 1992, was interviewed for this study.

1.5.5.4 Data collection from Tshilidzini Hospital

The following were interviewed: Mrs E Cilliers a hospital nurse administrator (1962 to 1992), Mrs P Mugivhi, one of the first professional nurses at the hospital (1959 to 1994), Mrs W Mukhuba, the first nurse assistant at the hospital (1956-1994), Ms J du Plooy, and, the present hospital nurse administrator, Mrs E Radali, a tutor in charge of nurse training at the hospital; she also gave information about her late mother-in-law who worked as the first nurse at Khalavha clinic.

1.5.5.5 Data Collection at Hayani Haven

A hospital nurse administrator, Mrs S Shandukani (1988), and Mr P Masindi, a male nurse from 1956 to the present.
1.5.5.6 Data Collection at the Department of Health and Welfare in Venda

Those interviewed were: Dr J P McCutcheon, the director general of this department (1991-1995), who provided information regarding the negotiation between the Venda government and the University of South Africa on the establishment of the "Comprehensive Diploma", Mrs C Muthige (1957 to 1980), the first clinic supervisor and nursing organizer of the new department of health in Venda, Mrs D E M Mphephu (1963 to 1990), a second nursing organizer, Mrs E M Ramabulana (1950 to 1994), the third nursing organizer (she provided information on staff development and nurse training), and Mrs Khwaimane (1950-1993), from the department of Health and Welfare in Gazankulu, who provided information on Elim Hospital.

1.5.5.7 Data Collection from Missionaries

Those interviewed were: Professor van Rooy who worked at Siloam mission (1957-1963), and facilitated contacts with people who provided information on the work of the Reverend and Mrs du Plessis, other missionaries at this station (1928-1949). Interviews were also conducted with Ms du Plooy who worked at Tshilidzini mission station (she gave information on the establishment of the hospital and nurse training), and other missionaries, Reverend Mugeri(1995) and Evangelist J Machaba (1995) of the Reformed church.

1.5.5.8 Data Collection from community members

Those interviewed were: Mr Harry Makoale, the son of the late Evangelist (Lucas Makoale), who worked as an interpreter for doctors Lamont and Aitken, Mr I Ramaliba, an orderly who helped
doctor Aitken with the care of patients, and Mr F Mamphiswana who gave information on the establishment of Siloam clinic and the hospital.

Group interviews were conducted on two occasions; the purpose was to help the informants in the recollection of information, and because one of them did not know the researcher. Those involved were Mrs A Mugwena, Mrs H Tshannemune, and Mrs A Matlakala. All of them worked at Siloam Hospital (1928 to 1990).

Another group interview was conducted in 1990 at Georgenholtz mission station with Mr H Nemukongwe, the researcher's father, Mrs E Nengudza and Mrs E Sididzha. Mrs Nengudza and Mr Nemukongwe had lived with the Reverend Westphal of the Lutheran Church between 1920 and 1930.

1.5.5.9 Data Collection from Statutory bodies

The bodies consulted were: The South African Nursing Council which provided information on nurse training in Venda, the research section of the South African Nursing Association, the Transvaal Provincial Library in Pretoria, the state museum in Venda for its collection of artifacts, the Venda herbarium in Thohoyandou for a collection of traditional medicinal herbs.

1.6 THE ADVANTAGES OF PERSONAL VISITS AND INTERVIEWS

- information could be obtained from those informants who could not read or write;
- the non-verbal communication related to the content as well as verbal communication was
readily accessible and could be clarified;
- the informants were encouraged to talk through focused probing;
- due to the trust that resulted, informants shared personal documents such as diaries, photographs, certificates, notes and obituaries of their late colleagues and friends.

1.7 TESTING THE VALIDITY AND RELIABILITY OF THE DATA

Two types of evaluation were used to test the reliability and the validity of the data, namely external and internal criticisms.

1.7.1 External Criticism

This had to do with the authenticity and genuineness of the data. The authenticity was established by triangulating the information with other documents relating to other developments that were taking place in the other areas of social life at that time. The dates, personalities and the stories that were told correlated with other information from the developments in education and the Christian religion in Venda. This validates the competence of the authors, buildings, etc in terms of their authenticity and genuineness.

First-hand oral and written accounts were accepted as valid.

1.7.2 Internal Criticism

This had to do with the meaning and the trustworthiness of the statements, facts, words, and
phrases that were in the documents or as reported by the subjects. It entailed the evaluation of the worth of the evidence and its uniqueness to the time period at which the event occurred. In order to ensure reliability of the data, facts were interpreted as they were presented in order to avoid bias. Data was analyzed within the time period that it happened, judgements were not made based on presently available knowledge. In cases where the respondents were interviewed in groups, the discussion of the events acted as checks and balances for the validity of the data, particularly in situations of memory lapses with the elderly. Personal experiences by the respondents was triangulated with other documents and what the other informants said.

The respondents were given a follow-up visit where they helped to validate the information.

1.8 ORGANISATION OF THE REPORT

The study is divided into six chapters.

Chapter one describes the introductory orientation, purpose, objectives, assumptions and methodology of the study. Chapter two describes the land Venda and its people, the traditional health care system of the Venda community, and the introduction of Western medicine by the missionaries.

In chapter three the introduction of nursing services in the first clinics by nurses and a doctor is discussed. Chapter four describes the establishment of the first two hospitals, a further seven clinics, training of nurses, and district nursing services. Chapter five discusses the training of nurses under the South African Nursing Council, the establishment of an additional two hospitals,
nationalisation of the hospitals and establishment of the Department of Health in Venda. Chapter six describes the establishment of the Venda Nursing College, and the introduction of nursing courses at the University of Venda. Chapter seven is the conclusion of the study which describes how the objectives of the study were met. The annexures comprising of photographs of individuals and buildings as well as the certificates were included to complement the content and to expose the reality of the events.

1.9 CONCLUSION

The chapter described the introductory orientation to the study, the purpose, objectives, assumptions, methodology and the organisation of the study. In the next chapter we will focus on Venda and its people.
CHAPTER TWO

VENDA - THE LAND AND ITS PEOPLE

2. INTRODUCTION

The development of modern nursing in Venda is closely tied up with the settlement of the missionaries in the country and the introduction of a Western health care system to the country. Nursing however, does not develop in isolation, but is intimately interwoven with the life of the community. Its history is markedly influenced by developments in the community it serves. Hence, the development of nursing in Venda can only be understood within the context of the land and its people, its traditions, customs, beliefs, disease patterns, health care, and its contact with Western ideas and medicine, and throughout the period under review.

2.1 SETTING

Venda is situated in the northern region of the Republic of South Africa. A small strip of land in the north separate it from Zimbabwe. It is bounded in the south-east by the Levubu river, the western boundary is formed by farms adjoining Sinthumule and Kutama areas. The southern boundary is formed by Lebowa and Gazankulu.

2.1.1 Physical Characteristics

Venda lies between 29° 50 and 31° 30 longitude and 22° 5 and 23° 40 south latitude and covers
an area of approximately 642 thousand hectares. Venda is mountainous with a tropical climate, high temperatures in summer and temperate frost-free winters. The Zoutpansberg divides the country into three regions, namely:
- the fertile foothills of the mountains in the south-east,
- the mountain region and dry Malonga flats, and
- the Limpopo valley in the north.

The rainfall is varied, with subtropical vegetation and many streams flowing from the mountains (Benso 1979:7, Stayt 1968:12). This tropical climate is characterised by heavy rains, which although good for food production, also provide many health risks. Such risks include: breeding places for malaria mosquitoes, contamination of drinking water by washing faecal material downstream (leading to typhoid, diarrhoea and dysenteries), and snails which host bilharzia parasites.

2.1.2 Family Organization

The most important social grouping in Venda was the extended family which consisted of the husband/father, the wives/mothers, his parents, sisters, uncles, cousins and children. The lineage was patriarchal and included the father, his brothers and sisters, his children, his brothers' children and their children. Descent, succession and inheritance were patrilineal. The sisters and daughters of the lineage married within a patriarchal group which acted as a unit in social religious affairs (Benso 1979:30; Stayt 1968:185).

Extended families provided support during times of illness; they however, also posed a danger of spreading infectious diseases during epidemics, such as smallpox and tuberculosis.
2.1.3 Economic Life

The traditional Venda life was a combination of pastoralism and agriculture. Land was communally owned. Maize was and still is the staple food. Other agricultural products were pumpkins, beans, peanuts, sweet potatoes, and tropical fruit. Tea and coffee are produced on a small scale, vegetables, fruit, pine trees and bluegums are produced for the market. Industrial projects manufacture and sell household utensils and food, and provide employment for many people, while many Venda men work in South African cities as migrant labourers. The country has a reliable infrastructure in the form of telephones, roads, electricity, pure water supply and transport.

The availability of an infrastructure improved the health status of the people by keeping them in close contact with health facilities.

2.1.4 Political and Legal Organization

Venda was divided into twenty seven tribal areas with twenty five chiefs (who are each responsible for people within the same geographical area) and two independent headmen. The chief's territory was divided into districts (muvhundu) with the headmen as the leaders. Each district was divided into subdistricts (zwisi), under the leadership of petty headman. The chief possessed the highest legislative, executive, and judicial powers (Benso 1979:25). The rural societies of Venda still maintain their political and legal structures through the territorial authorities of the chiefs, headmen and petty headmen. The more complicated legal cases were referred to the magistrate's courts and the supreme court in Thohoyandou. Political and legal
leaders of Venda allowed for the establishment of missionary and health services in their areas, to this end, traditional leaders were members of hospital and clinic advisory boards. They also encouraged their subjects to make use of the new health services that were provided by the missionaries and doctors.

2.2 THE RELIGIOUS LIFE

Traditionally, the Venda people believed and prayed to the ancestral gods. The prayer was called "u phasa". A special person (mufara thungu) in the family circle, mostly the aunt, was chosen through divination to be the mediator between the family lineage and the gods. Family members were expected to behave accordingly so as not to offend the gods who would otherwise get angry and bring misfortune to the family (Nemukongwe 1992: Personal interview).

2.2.1 The influence of the missionary penetration on the religious life of the Venda people

From the last quarter of the nineteenth century to the sixth decade of the twentieth century several religious groups arrived in Venda to convert the Venda people to Christianity. Important among these groups were:
<table>
<thead>
<tr>
<th>Church group</th>
<th>Missionary</th>
<th>Mission Station</th>
<th>Year of establishment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lutheran</td>
<td>C Beuster</td>
<td>Beuster</td>
<td>1872</td>
</tr>
<tr>
<td></td>
<td>E Schwellnus</td>
<td>Tshakhuma</td>
<td>1874</td>
</tr>
<tr>
<td></td>
<td>R Khuhn</td>
<td>Mavhola</td>
<td>1877</td>
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<tr>
<td></td>
<td>E Gottslng</td>
<td>Getrusburg</td>
<td>1899</td>
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<tr>
<td></td>
<td>L Giesekke</td>
<td>Georgenholtz</td>
<td>1907</td>
</tr>
<tr>
<td></td>
<td>G Westphal</td>
<td>Khalavha</td>
<td>1912</td>
</tr>
<tr>
<td>Presbyterian</td>
<td>D A MacDonald</td>
<td>Gooldville</td>
<td>1905</td>
</tr>
<tr>
<td>Reformed</td>
<td>P Bos</td>
<td>Uniondale</td>
<td>1910</td>
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<tr>
<td></td>
<td></td>
<td>Hamatshisevhe</td>
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<tr>
<td></td>
<td>H du Plessis</td>
<td>Siloam</td>
<td>1928</td>
</tr>
<tr>
<td></td>
<td>P Erasmus</td>
<td>De Hoop</td>
<td>1946</td>
</tr>
<tr>
<td>Salvation Army</td>
<td>Major Buttersby</td>
<td>William Eadie</td>
<td>1929</td>
</tr>
<tr>
<td>Pentecostal</td>
<td>D D Freeman</td>
<td>Dopeni</td>
<td>1946</td>
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<tr>
<td>Holiness</td>
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<td></td>
<td></td>
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<tr>
<td>Dutch Reformed</td>
<td>N Smith</td>
<td>Tshilidzini</td>
<td>1956</td>
</tr>
<tr>
<td></td>
<td>W Louw</td>
<td>Nthume</td>
<td>1969</td>
</tr>
<tr>
<td>Roman Catholic</td>
<td>Father McCarthy</td>
<td>St Scholastic</td>
<td>1963</td>
</tr>
</tbody>
</table>
Although the main aim of the missionary penetration in Venda was to preach the Gospel and to convert the Venda people to Christianity, the missionaries also introduced education and Western healing practices. The development of nursing as we know it particularly in Venda is intimately related to the work of the early missionaries, Western education and medical development. The growth of nursing and health services had a reciprocal relationship. One was not possible without the other, viz the history of missionary education, hospital and health service development. Each stage of missionary education and health services development was another brick in the foundation of modern professional nursing.

2.3 THE DEVELOPMENT OF EDUCATION

To become a professional nurse a Western education was necessary. Before the arrival of the missionaries an indigenous education system prevailed.

2.3.1 Indigenous education

The aim of this education was to teach the culture, norms and values from an early age. The first education took place within the family through story telling and riddles by grandparents. Parents and community members acted as role models for the young children. Learning also took place when children attended social gatherings and ceremonies. The folklore contained proverbs and figures of speech which summarised people's behaviour and life experiences.

Adolescent children attended initiation schools that were organised along gender lines. The purpose of this education was to prepare adolescent children for adulthood and to ensure
responsible citizenry. Girls attended "vhusha" and boys attended "vhutuka" and circumcision. Python (domba) dance was attended by both boys and girls (Mathivha 1988:21-31).

Throughout the ensuing years, Vendas upheld their educational practices, particularly in the rural areas outside the mission stations.

2.3.2 Formal Western education

An overview of the development of general education in Venda indicates that formal Western education was initiated by the missionaries:

- In 1863 the Reverend Mackidd of the Dutch Reformed Church established the first school in Venda at his mission station, Goedgedacht in the Zoutpansberg area;
- The Lutheran missionaries established schools at Beuster, Tshakhuma, Georgenholtz, Getrusburg and Khalavha mission stations.

These missionaries developed Luvenda into a written language, they made the first translation of the Christian Bible, wrote a Luvenda hymn book, catechism and reading books for primary schools (Benso 1979:34, Mathivha 1985:88-89). The Reverend Bos of the Reformed Church established his school at Uniondale in 1910 (Louw [sa]:1).

In 1902 when Venda became part of the Transvaal colony it fitted into the pattern of organisation of education that had a division which dealt with the Native and Coloured education:

- Up to 1909 classes went up to standard one
- Between 1907 and 1922 the school enrolment increased to 474 females and 338 males.

The curriculum consisted of reading, writing, counting and handwork. The aim of the
### Map of Venda as in 1935 showing Mission Stations that developed into Clinics and Hospitals

<table>
<thead>
<tr>
<th>Mission Station</th>
<th>Year Established</th>
<th>Name of Clinic/Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Lutheran</td>
<td></td>
<td>Beuster Clinic</td>
</tr>
<tr>
<td>1.1. Beuster</td>
<td>1872</td>
<td>Beuster Clinic</td>
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<tr>
<td>1.2. Tabshahuma</td>
<td>1874</td>
<td>Tabshahuma Clinic</td>
</tr>
<tr>
<td>1.3. Georgenbolz</td>
<td>1877</td>
<td>Georgenbolz Clinic</td>
</tr>
<tr>
<td>1.4. Gertrudsburg</td>
<td>1897</td>
<td>Gertrudsburg Clinic</td>
</tr>
<tr>
<td>1.5. Bhalasha</td>
<td>1912</td>
<td>Bhalasha Clinic</td>
</tr>
<tr>
<td>2. Presbyterian</td>
<td></td>
<td>Donald Fraser Hospital</td>
</tr>
<tr>
<td>2.1. Goooldville</td>
<td>1905</td>
<td>Donald Fraser Hospital</td>
</tr>
<tr>
<td>3. Reformed Church</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1. Hamatshebe (Uniondale)</td>
<td>1910</td>
<td></td>
</tr>
<tr>
<td>3.2. Siloam</td>
<td>1910</td>
<td></td>
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<tr>
<td>3.3. Madlala</td>
<td>1910</td>
<td></td>
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<tr>
<td>3.4. Masia</td>
<td>1910</td>
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<tr>
<td>4. Salvation Army</td>
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<tr>
<td>4.1. Donald Fraser Hospital</td>
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<tr>
<td>4.2. Siloam Hospital</td>
<td>1910</td>
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<tr>
<td>5. Pente Costal Holiness Church</td>
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<tr>
<td>5.1. Donald Fraser Hospital</td>
<td>1910</td>
<td></td>
</tr>
<tr>
<td>5.2. Siloam Hospital</td>
<td>1910</td>
<td></td>
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<tr>
<td>6. Roman Catholic Church</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.1. Donald Fraser Hospital</td>
<td>1910</td>
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</tr>
<tr>
<td>6.2. Siloam Hospital</td>
<td>1910</td>
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<tr>
<td>7. Dutch Reformed</td>
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</tr>
<tr>
<td>7.1. Tabshahuma</td>
<td>1910</td>
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<tr>
<td>7.2. Mthimani</td>
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<tr>
<td>8. Donation from Graham's family</td>
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<td>8.1. Donald Fraser Hospital</td>
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<td>8.2. Siloam Hospital</td>
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<td>9. Salvation Army</td>
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<td>9.1. Donald Fraser Hospital</td>
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<tr>
<td>9.2. Siloam Hospital</td>
<td>1910</td>
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</tbody>
</table>
education then was to prepare pupils to read the Bible.

In 1919 the highest class was standard five. The Reverend L Giesekke introduced compulsory education at Tshakhuma in 1926 and the enrolment rose from 132 in 1926 to 419 in 1937. In 1929 the standard six class was introduced (Nemudzivhadi 1986:3-5).

This class gave admission to nurse training in 1934.

2.4 HEALTH CARE SYSTEMS

To provide comprehensive health care to the community, nurses worked within the multidisciplinary team which comprised of health personnel, traditional leaders, traditional healers, and members of justice and law enforcement personnel. Much has already been accomplished through education by the health team members to discourage witchcraft and superstition.

Up to 1863 the Venda people were served by a traditional health system which consisted of a complex and comprehensive health system of medico magicians and their set of divination dice. These took care of the psychological, social, physical and spiritual beliefs, and superstitions related to health and disease. The health care system was based on prevention of death, misfortune, acts of witches, health promotion, harmonising the relationships between the dead and the living, and curing disease. This traditional form of health care operated parallel with the Western health care system from early missionaries and doctors. The present health care system is also characterised by this dual perspective.

According to the Venda people, the causes of disease were bound with superstitions. To them,
disease, death and misfortune were a manifestation of supernatural powers and interventions of witches.

Witches were human beings in the community who were believed to cast evil spells into the bodies of victims using their magical powers, or agents such as polecats, hyenas, snakes, and owls. Witches were identified through the throwing of the divination dice. Witches were killed or banished to far away countries.

Misfortunes were all occurrences that deviated from the normal way of life, such as birth defects, epidemics, and other natural disasters.

Superstitions were cultural beliefs in the customs, rites and rituals. The Venda people strongly believed in the set of divination dice and what it revealed as interpreted by the medico magicians (Stayt 1968:268).

Some superstitions which were common but which have since been eradicated by the assimilation of Western culture were:
- the killing of one of the twins at birth;
- babies born with teeth and those whose upper teeth erupted before the lower teeth were killed, as it was believed that they will bring death to the family.

2.4.1 The medico magicians

Health care was rendered by the medico magicians who used a set of divinatory dice.
Throwing of the divinatory dice, and supplementary bones has been practised and is still being used to:
- determine the causes and the course of illness;
- assist the medico practitioner to diagnose the disease and to determine the suitable medicines to cure disease;
- identify the cause of death and to determine the identity of the witch.

Divination is still practised today; medico magicians are presently licensed to carry out their practices and are issued with certificates by the South African Council of Traditional Healers. Recently medico magicians have been incorporated into the health care team. Some of the patients who visit the clinics and hospitals do so after they have consulted the medico magicians. Some patients would even sneak traditional medicine into the hospital (Maswime, Nemukongwe 1992: Personal interview; Sikhitha: own experience).

Traditional nursing (u onga) was provided by women within the immediate family who had proved themselves to be free from witchcraft.

2.4.2 Some common diseases and their treatment

The medico magicians treated and managed many diseases, some of which occurred in the form of epidemics. Most tree species and animals provided medicines. The common routes of administration of medicines were:
- by mouth - where herbs and animal tissue were boiled or soaked in water;
- through inhalation - animal tissue and herbs were boiled in a closed pot or burnt, the steam
or fumes were inhaled; - through the skin - medicines were mixed with fat and rubbed into painful parts or inoculated into the skin through incisions made by sharp blades (Nemukongwe, Phophi 1992: Personal interview).

2.4.2.1 Diseases that affected children and their treatment

- **Gastro-enteritis (Lutswina)**

The roots of *seneseviria sp* (savha) and *markhamia accuminata* (mulakholomo) were boiled and the mixture was used to prepare soft porridge for the baby. The mixture could also be fed to the baby.

- coughs were treated by the roots of *markhamia accuminata* (Nemukongwe 1992: Personal interview);

- the raw fruit of *diospyros mespiliformis* (Musuma) was crushed and some water was added to the mixture for the baby to drink;

- small lizards' tails were cut and burnt, and the ash was inoculated on the sides of the baby's umbilicus (Phophi 1992: Personal interview).

- **Constipation**

The ripe fruit (thuthulwa) of *solanium phandurage forma* (mututulwa tree) was opened and a (muembe stick) *Annona Senegalensis* was dipped in the thuthulwa juice and inserted into the baby's rectum. The (thuthulwa juice) softened the faeces whilst the muembe stick lubricated the rectal wall (Nemukongwe, 1992: Personal interview).
- Sunken anterior fontanelle (Ngoma)

The bone of a baboon's head (la thavha) was burnt and the ash mixed with fat. The medicine was inoculated into the incisions made around the fontanelle. It was believed that the medicine made from the baboon's head would hasten the closure of the fontanelle and also prevent convulsions (davhi). When convulsions occurred they were treated by leaves picked from all trees along the path. The leaves were crushed and soaked in water. The mixture was smeared on the baby's body. The baby with convulsions was also fanned with a big weaved plate (u theferwa nga luselo).

- Measles (Tshifumbu)

The child was kept indoors to prevent blindness. The leaves of (mushakaladza) Rhus lancea were crushed and water added. The mixture was fed to the baby and also used to wash the rash. A mixture of red soil and fat (Luvhundi) was applied on the body to treat the rash (Nemukongwe, Phophi, 1992: Personal interview).

- Scabies (Phadi)

There was no special treatment except emphasis on good personal hygiene (Phophi 1992: Personal interview).

- Thrush (Vhutsheme)

These were sores inside the baby's mouth. They were washed with a mixture made from the root of (murumbulambudzana) rhoicissus tridentata (Phophi 1992: Personal interview).

- Sores (zwilonda) on the body

The root of (mususu) terminelia sericea was crushed and the juice applied to the wound. For
painful and aching sores the bark of (muuluri) dalbergia melanoxylon tree was crushed and the juice applied to the sore. The juice took away the pain and acted as a local anaesthetic (Nemukongwe 1992: Personal interview).

- Abscesses (zwitshimbili)
These were incised (u ara) and the pus squeezed out.

- Carbuncles (mato)
These were squeezed and the root hair (tshinwi) was taken out (Nemukongwe 1992: Personal interview).

- Fractures (u vundea shambo) and dislocations (u fhirea)
These were reduced and set. The splint (tshitangu) made by sticks and string was applied to the broken limb to immobilise the fracture. Dislocated joints were reduced by pulling on either sides of the affected joint to bring the bones into position. Incisions were also made around the joint wherein fat and medicine was applied to relieve the swelling. Vendas were aware that bones of young children healed faster than those of adults (Nemukongwe 1992: Personal interview).

- Ear ache
The roots of (muxe) solanum nigrum were soaked in water and the mixture strained and instilled into the ears. Fat from (pfure) fruit of Ricinus communis tree was instilled into the ears and nose (u roredza) (Phophi 1992: Personal interview).
- Premenstrual pain and dysmenorrhoea

The soft pith of the trunk of (mulala) Hyphaene natalesis was chewed by women, and adolescent girls (Netshiungani 1993: Personal interview). The leaves of (mugwiti) combretum molle were crushed and soaked in water and the mixture given to the girl to drink. The bark of (Muvhale) Erythrina lysistemon was soaked in water and the mixture given to the woman to drink (Phophi 1992: Personal interview).

2.4.2.2 Diseases that affected adults

- Malaria (Dali) (it also affected children)

The disease was treated with vapour baths prepared from leaves of Rhus lancea (Mushakaladza) which were boiled and the patient steamed under a blanket where he/she inhaled the steam. Powder made from droppings of the Tshiruvhi bird (Hammerko) and powder roast of (bwere) tree were mixed with fat. The emulsion was rubbed into the patient's body. The restlessness, delirium and hallucinations were believed to be caused by a polecat. The patient was treated by inhaling fumes called "tsemo" (Stayt 1968:269; Nemukongwe 1992: Personal interview).

- Consumption (u bambela)

The disease was thought to be caused by the infection of a man by a woman who recently had a miscarriage. The disease was characterised by extreme weight loss and wasting. Victims who confessed in time could be treated to recovery by a medico specialist. The disease was incurable and resulted in death in those victims who kept the infection a secret for a long time (Phophi 1992: Personal interview; Stayt 1968:270).
- **Venereal diseases**

Venereal diseases such as syphilis (thusula) and gonorrhoea (thotho)tho) were rife. Cassia Petersiana (Muvhonethela thangu) was used as a purgative to treat fevers, gonorrhoea and skin infections. The root or bark of securidaca longipedunculata (mpesu) was crushed and soaked in water and the mixture was drunk to treat gonorrhoea. This mixture was also used by women as a contraceptive (Netshiungani 1993: Personal interview).

- **Headache (thoho i tshi rema)**

The leaves of clematis braciata (tshiumbeumbe) were boiled and the vapours inhaled. Incisions were also made in front of the ears (temporal area) and blood sucked out (u lumewa) (Nemukongwe 1992: Personal interview).

- **Stiff neck (mitsinga)**

The strips of leaves of (mulala tree) hyphaene natalensis were tied around the neck (Netshiungani 1993: Personal interview).

- **Toothache (mano)**

A mixture made from the bark of a Muvhula tree, Parinar curatelli folia was used to relieve toothache. Frequent use of the mixture caused tooth decay. A mixture made from the roots of (munembenembe tree) cassia petersiana were boiled, swished in the mouth (u kulukusha). The powder made from the root or bark of the Mutangule thavha tree (Euclea natalensis) was dissolved in hot water and the mixture was swished in the mouth and spat out. For immediate relief from toothache the root of (mukwakwa) strychnos madagascariensis was roasted and as
soon as the sap came out the root was held against the tooth so that the sap dropped onto it
(Netshiungani 1993: Personal interview).

- **Bleeding (nombe)**

Bleeding from the nose was treated by inhalation of steam of burned leaves of *(mundamuka)*
salvador angustifolia varaustralis. Gum and nose bleeding as well as colds, coughs, flu *(duda)* and
fevers were treated with the dried bark or root of *(mounze)* spirostachys africana which was burnt
and then inhaled (Netshiungani 1993: Personal interview).

- **Backache (khundu)**

The disease affected elderly people. They drank a mixture made from the bark of *(Mulanga)*
warburgia salutaris (Netshiungani 1993: Personal interview).

- **Coughs and diarrhoea**

The root of *(Mulumanamana)* cassine transvaalensis was crushed and soaked in water and the
patient drank the mixture. The bark of *(Museses)* peltophorum africanum was soaked or boiled in
water and the patient drank the mixture to relieve coughs (Netshiungani 1993: Personal interview).

- **Stomach ache (nowa)**

The leaves of *(Mupani)* colophospermum were crushed and soaked in water and the patient drank
the mixture (Netshiungani 1993: Personal interview).

Although the medico magicians managed to cure some of the diseases, they failed in many
instances where overdoses were given and wrong diagnoses were made, resulting in severe suffering and even death.

2.4.3. Nursing care

Traditional nursing care involved the support of the whole family which was expected to keep the illness a secret so that witches do not become aware of it. The secrecy about the illness was believed to give the patient a better chance of recovery. The family therapy that is used today emphasises caring for the patient within the family context.

2.4.4. Midwifery care

Traditionally the art of midwifery involved antenatal, perinatal, and postnatal care to the woman and it included the physical and psychological preparation of the pregnant woman in terms of self-care, delivery and care for the baby.

2.4.3.1. Antenatal care

When a woman got married, a mentor was assigned to look after her interests. When pregnancy occurred the woman informed her mentor, who informed her mother-in-law, who in turn informed her husband. The expectant person became an object of interest and respect in the family and society. She was called (muthu wa Thovhela) a person of the chief. The pregnant woman was forbidden from eating foods that were believed to harm the growing foetus, such as brewed beer, tripe and hot drinks. These were believed to cause hair-loss and birth marks.
Physical exercises were encouraged in the form of performing all household chores until delivery, as it was believed that "laziness" and inactivity delayed the onset and caused prolonged labour.

At the seventh month of pregnancy food restrictions were imposed. The woman was given a small portion of porridge and was encouraged to drink lots of water. It was feared that the foetus would grow too big and cause a difficult labour. Water was believed to prevent constipation which was believed to delay labour.

At the end of the eighth month the mother of the expectant woman was called to the in-laws' place to act as one of the midwives. Alternatively, the expectant woman was sent to her mother's place for the confinement. The expected date of delivery was determined by calculating ten lunar moons and determining the phase of the moon at which pregnancy was reported, e.g. new moon, full moon and last quarter. A small stone or wrist bangles were used, kept in a safe place to represent the moon. The stones or bangles were added each month until they were ten in number (Nemukongwe and Phophi 1992: Personal interview).

2.4.4.2. Perinatal Care

As soon as labour started the three midwives (the woman's mother, the mentor and the mother-in-law), stayed with the woman until the baby was born. A fire was made in the hut (labour room) to provide warmth for the baby. Any clothing articles that were hung in the hut were removed for fear that they would delay labour. The woman either knelt or sat on a wooden block and was supported at the back by one midwife while the other one sat in front to receive the baby. A tight binder was placed around the abdomen above the fundus to encourage the descent of the foetus.
A hole was dug inside the labour room for burying the placenta. As soon as the baby was born, the third midwife cleared the airways, whilst the one who received the baby waited for the placenta (ngozwi). The umbilical cord was then milked towards the baby, cut with a knife and tied with a string (vhulidzhi) obtained from a cow's tail. The placenta and blood lost at birth were buried in the hole. Hot water was poured over this hole with the belief that this will prevent afterbirth pains. (Nemukongwe and Phophi 1992: Personal interview).

As soon as the baby was born and before it was put to the breast, the woman was put through a degrading ordeal of confessing all her sexual relationships as it was believed that non-confession resulted in the death of the baby from breast milk (Nemukongwe and Phophi 1992: Personal interview).

Traditional midwives managed normal pregnancies and labours. When complications occurred the traditional midwives were helpless. This led to deaths of women and babies during childbirth (MacDonald 1977: 114, 115; Nemukongwe and Phophi 1992: Personal interview). The traditional perinatal care has been replaced by clinic and hospital care by midwives, and doctors when complications occur.

2.4.3.4 The immediate care of the new-born baby

As soon as the cord was cut, the baby was bathed in lukewarm water. It was then fed with thin porridge made of malt mixed with herbs that were meant to prevent childhood diseases. It was also believed that the baby had travelled a long way through labour and that it was hungry (Maswime, Nemukongwe and Phophi 1992: Personal interview).
2.4.4.5 Introduction of the Baby to the Clan

The baby was introduced to the clan by a process called "u thusa". The ritual was performed by a paternal aunt. This ritual was conducted after the infant was a week old and when the umbilical cord had dropped off. The hair was shaved and together with the cord was buried in the placenta hole. Several incisions were made on the baby and on the mother's breasts and medicine from animals such as elephants, lions, goats, birds, or elephant's tusk were applied on the incised areas. Besides introducing the baby to its clan, this ritual was also meant for preventive and promotive purposes of childhood diseases, and to stimulate milk flow (Nemukongwe 1992: Personal interview).

Some Venda people still maintain the ritual of introducing their babies to their clans. Some religious groups have modified the ritual and replaced the medicine woman with a priest who then blesses the baby (Nemukongwe 1992: Personal interview).

2.4.4.6 Feeding the Baby

The baby's food (Tshiunza) was made from maize flour that was soaked in a claypot (thuphana). A stopper (Tshiunyo) made from wood was used to cover the opening of the claypot to prevent dust, dirt and insects contaminating the food. Added to the mixture in the claypot were the roots of carisa eduli (murungulu), Annonasenengansis (muembe), seneseviria sp (savha), and catha edulis (lwani). The inclusion of herbs in the baby's food was meant to prevent constipation and childhood diseases such as gastro-enteritis, and to keep the baby healthy. The baby's food was prepared in a special claypot (ndudwana) and served in a serving bowl (tshilelo). The baby was
fed (u nusiwa) from birth up to two years, in addition to breast feeding given on demand (Nemukongwe 1992: Personal interview) Milk formulae and cereals have replaced traditional feeding.

2.4.4.7 Immediate Postnatal Care

After the birth of the baby and the placenta the puerperal woman was given a herbal mixture prepared in a thin soft porridge (Lukwere) and served in a weaved plate (Tshiselo). The mixture was first applied to the woman's abdomen as a hot compress to prevent after-birth pains. This treatment was continued until the after-birth pains disappeared.

A tight binder (muvhofho) was applied to the woman's abdomen to encourage involution of the uterus. Personal hygiene was encouraged to remove odours and dirt. To build the body strength and to stimulate the flow of milk the postnatal woman was encouraged to eat food at regular intervals. The postnatal diet consisted of: porridge eaten with green or dried vegetables to which peanut powder was added to make a thick soup, sour milk and sour porridge.

A goat or sheep was slaughtered to provide mutton and a cradle for the baby from the hide (Nemukongwe 1992: Personal interview)

2.4.4.8 After Care of the Mother and Baby

The baby and its mother remained secluded from the time of birth up to three months. During this period, men, adolescent boys, and girls as well as women in the childbearing age were prohibited from entering the postnatal hut for fear of transmitting diseases to the mother and the baby. Only
young girls and elderly women were allowed in the hut.

The baby was introduced to the outside world at the end of the third month. This ritual included introducing the baby to the realities of life in the real world; to rain, where water was sprinkled on its head, and to the means of survival where a small food garden was built in its name. The mother could now take her baby to fetch the water and wood, and to perform all household chores (Nemukongwe and Maswime 1992: Personal interview).

Currently, postnatal care is provided by the hospitals and clinics during the first twelve hours of birth. Postnatal care after discharge is a combination of traditional care which has been adapted to meet the principles of Western postnatal care. Postnatal care in nuclear families involves participation by both parents.

2.5 MIDWIFERY CARE BY THE MISSIONARIES' WIVES.

The health services provided at the mission stations included maternal and child care. The missionaries' wives taught housecraft to women in and around the mission stations. Housecraft included personal and family hygiene, needlework, basic nutrition, cooking, child care, causes and prevention of some diseases. Women prayer meetings and home visits were used to reach out and gain the confidence of women.

The missionaries' wives gave advice to expectant women on nutrition and hygiene. Although it was customarily believed that preparations for the unborn baby would result in death of the baby at birth, the expectant women were taught to make clothes for their unborn babies, and the belief
gradually died out when women realised that babies did not necessarily die when one prepared for it by making clothes.

During labour women were supported and accorded respect, comfort and dignity, which was contrary to the treatment from traditional midwives and their customs and superstitions associated with childbirth.

Deliveries were conducted at the patient's home and the postnatal mothers were visited on a daily basis for the first two weeks. During these visits they were supervised on breastfeeding, baby care, treatment of the umbilical cord, and dealing with minor ailments of babies. The positive results of education and the patience, understanding, compassion and role modelling displayed by the missionaries' wives gained them trust and appreciation by the local women (Negudza, Nemukongwe and Sididzha 1992: Personal interview).

The basic nursing and midwifery care that was initiated by the missionaries' wives laid the foundation for the current nursing and midwifery practices.

2.6 THE INFLUENCE OF MISSIONARIES IN THE DEVELOPMENT OF MEDICAL SERVICES IN VENDA

Eventhough their main function was Evangelical, the missionaries also provided medical services to the people they served due to the need for health care services that was prevalent. The Reverend MacDonald (1977:77,114) had this to say about the health care situation in Venda: "What a country Vendaland is for sickness: what a people the Vendas are for diseases, ailments,
atrocities, accidents not to speak of fevers of various kinds that characterise the climate. Vendas are conservative and hostile to change from their cultural beliefs and customs most of which are detrimental to health. The Venda community is inflicted by parasitic, fungal and infectious diseases. Venda with a population of 153,000 people is entirely dependent on its traditional doctors who are more apt to kill than to cure. Traditional eye doctors are a failure, many patients are blinded by the traditional medicines and most of these patients report to the clinic too late when damage is already done."

Diseases and their prevalence

The characteristic wet climate of Venda with heavy rainfall, dense forests, dampness, and the lack of understanding on the true nature of diseases led to an unhealthy situation where diseases and accidents were rife as follows:
Other ailments included coughs, colds, diarrhoea, dysenteries, sores on the body and scalp. Poisoning was common during beer drinking. Accidents included burns from fire, which were common in winter when fire was used to provide warmth. Fractures, dislocation, sprains and injuries were common in children and adults. Bites from crocodiles, snakes, and stings by scorpions were common, whilst attacks by big game such as tigers and lions were occasional. Atrocities that were common included murdering of twins at birth, theft of children at night from their mothers' sides for purposes of muti murders. Witchcraft and traditional healers in particular
kept the whole country in an atmosphere of fear, magic and superstitions (MacDonald 1977: 98, 99).

The missionaries in their respective stations kept medical kits and rendered medical help to those who needed the help. They extracted painful teeth, treated sore eyes, ears, diarrhoea and sores as well as emergencies. Examples of emergencies were: The Reverend Westphal of the Lutheran church at Georgenholtz once sutured an open abdomen of a boy and then took the boy on his mule cart to Elim Hospital; the Reverend MacDonald of Gooldville once amputated a septic thumb of a man who was badly bitten by a woman at a beer drinking party (MacDonald 1977: 98, Nengudza 1992: Personal interview):

In providing health services the missionaries were not only faced with dealing with diseases but also with setting the patients free from fears of cultural beliefs, superstitions and suspicions related to ill-health.

2.7 CONCLUSION

This chapter looked at the land Venda and its people, the traditional education and health care system which are still valued in the Venda culture, and the introduction of Western education and healing practices by the missionaries in the mission stations.
CHAPTER THREE

INTRODUCTION OF FORMAL NURSING AND MIDWIFERY SERVICES IN VENDA
BETWEEN 1911 AND 1932

3 INTRODUCTION

Even though the basic health services in the mission stations in Venda were established in the last quarter of the nineteenth century, it was during 1911 to 1932 that formal medical, nursing, and midwifery services were introduced. This period signifies the first contact of trained nurses and a doctor with the Venda community to the north of the Levubu river.

The development of nursing in Venda is intimately related to the work of the missionaries, Western education and medical development.

3.1 THE ESTABLISHMENT OF HEALTH SERVICES AT GOOLDVILLE MISSION STATION BETWEEN 1911 AND 1931

During one of his visits to Elim mission station, the Reverend MacDonald met with Miss Anna Schmidt in 1907 and befriended her. They later married in 1911. Miss Schmidt was a German trained nurse who came from Switzerland in 1907. Miss Schmidt was assigned to work at Kuruleni (one of the Swiss mission stations) where she served as a lady auxiliary (the duties of a lady auxiliary were to provide both mission work and health services). She also worked at Valdesia mission station which was fifteen kilometres east of Elim Hospital (MacDonald
1977: 109-110). Her training in Germany included the following course content: ministry, vaccination, housework, visiting nursing, and special etiquette. She had also trained in midwifery in London (MacDonald 1977: 109-110).

3.1.1 The establishment of health services at Gooldville mission station

Upon her arrival at Gooldville in 1911 Mrs MacDonald (formerly Miss Schmidt), established nursing and midwifery services and served her patients from the mission house. Due to the increased number of patients needing Mrs MacDonald's health services, the mission house proved to be inadequate accommodation for both the MacDonalds and the patients. It was clear that additional accommodation was needed. To this end, the Sibasa Native Commissioner gave support by erecting a large galvanised rondavel that acted as a hospital hut in 1911. The hut contained two beds, a chest of drawers, a couch, a table, two chairs and a baby's cot (MacDonald 1977: 115, 116; Makoale 1991: Personal interview).

Expectant mothers were encouraged to bring their older children to the clinic and Mrs MacDonald educated the mothers on their care. The native commissioner at Sibasa regularly supplied the clinic with quinine tablets for malaria. Dip inspectors who were frequently infected with malaria, lumbago, dysentery and typhoid fever were brought to the clinic and the nursing interventions of Mrs MacDonald brought favourable results. Commenting on her good nursing practice the Reverend MacDonald (1977: 118), said that "...to her patients it was a marvel to experience the touch of her cooling, comforting and assuring hands on their fevered diseased and pain racked bodies and to hear her voice that had the love and patience".
Bandages and dressings were made from old clothes and sheets that were washed, boiled and cut into several sizes according to the size of wounds. Ripe papaw was used to remove slough from infected wounds. Honey from beehives and lemons helped in coughs, colds, bronchitis and pneumonia conditions which were often epidemic. Bottles that were used to dispense medicines were collected from the white residents in Sibasa, match boxes were used for ointments.

Mr E Dower who was then secretary for the Native Affairs from Pretoria, visited Gooldville and was impressed by the excellent nursing and midwifery services that were being rendered. He gave a special grant of 25 pounds for hospital work. The money was used to replenish the pharmacy (MacDonald 1977:118).

Mrs MacDonald worked under the supervision of a district surgeon who was stationed in Louis Trichardt. The surgeon gave direction in terms of how certain diseases (such as syphilis) were to be treated and he also provided prescribed medicines.

Mrs MacDonald also managed difficult conditions such as complicated deliveries, case of prolapsed uterus which was adjusted after delays of up to two years. She attended to maternity patients at their homes where no preparations were made, no water, no towels nor blankets. She put her strength and will in God and in prayer (MacDonald 1977:118,120).

3.1.2 The outbreak of the 1918 smallpox epidemic

In 1918 a severe outbreak of smallpox occurred in Venda and it claimed the lives of many. The Native Commissioner of Sibasa district instructed the chiefs and headmen to send their subjects
for vaccination to Gooldville clinic. The district surgeon from Louis Trichardt arranged with Mrs MacDonald to vaccinate the Venda community that lived east of Louis Trichardt. He also provided Mrs MacDonald with vaccines which she used for the campaign. Mrs MacDonald set up a massive vaccination campaign and camped under a fig tree, one kilometre east of Gooldville clinic (MacDonald 1977:118). The fig tree still stands today at Tshitereke along the road to Donald Fraser Hospital and is known as the fig tree of smallpox (Muhuyu wa Thomba).

3.1.3 The arrival of Doctor Lowell Lamont at Gooldville mission station in 1930.

Most of the diseases that patients suffered from, needed the intervention of a medical practitioner. Common medical problems were tropical ulcers and fevers, eye epidemics, venereal diseases, smallpox, and measles (MacDonald 1977:114).

In his annual reports to the Church of Scotland, the Reverend MacDonald indicated the need for a medical doctor at Gooldville. In response, the Church of Scotland sent Dr Lamont in 1930. He became the first medical practitioner to serve the Venda community to the east of Louis Trichardt. In 1931 Dr Lamont had treated two thousand and fifty nine patients and had performed some minor operations. He had also identified the need for a second medical practitioner for the area. He left Gooldville in 1931 due to the ill health of his wife.

3.1.4 The departure of the Reverend and Mrs MacDonald from Gooldville mission station in 1931

After twenty years of working for the Venda community Mrs MacDonald fell ill and she had to
go back to Europe for medical treatment. The McDonalds left Gooldville and Venda in 1931, and their departure together with that of Dr Lamont brought the health services at Gooldville to an abrupt end (MacDonald 1977:146).

3.2. THE ESTABLISHMENT OF HEALTH SERVICES BY THE REFORMED CHURCH BETWEEN 1911 AND 1932

3.2.1 The establishment of medical work at Uniondale (Ha Matshisevhe) mission station in 1911 (Zoutpansberg Area)

In response to the dire need for medical services at Uniondale mission station, Brother Stoker of Pretoria donated a homeopathic dispensary to the Uniondale mission station in 1911. Commenting on the success of the homeopathic dispensary, the Reverend Pieter Bos in the missionary's annual report of 1914 reported that: "The Lord has blessed our mission work this year because in our services we provided free of charge homeopathic medicines. We are proud to report the good results of our work. The natives come to us from far and near for medicines. We volunteered to provide medical care because the doctor from Elim hospital takes a long time to come and consult the patients" (Louw [sa]:1).

3.2.2 The Reformed Church purchases a piece of Land at Nzhelele in 1927

In an effort to minister Christianity, and provide medical and educational services to the Venda people in the Zoutpansberg area, the Reformed church of Pretoria bought a piece of land measuring six hundred morgen at Nzhelele and named it "Siloam".
According to John Chapter 9 verse 6, Siloam means the one who is "sent". The Lord Jesus healed the man who was born blind at the pool of Siloam. Siloam was the appropriate name not only for the hospital and school, but because the church felt that it was sent by Jesus Himself to bring the Good news of God's Grace and Healing to the people (Louw [sa] 2). With this view in mind the Synod of the Reformed church took a decision that a theological student Hugo du Plessis had to spend two weeks during the July holidays of 1927 at Elim hospital, acquiring basic knowledge in handling tropical diseases, malaria, and other ailments that were prevalent amongst the community in the Zoutpansberg area.

3.2.3 The Establishment of Siloam Mission Station in 1928

The Reverend H du Plessis moved to Siloam with the Reverend Matlakala and Evangelist Mamphiswana in 1928, and together they established a mission station. In 1929 the Reverend du Plessis married Miss De Klerk who established medical services at the mission station (Matlakala, Mamphiswana 1993: Personal interview). Brother Stoker who had donated a homeopathic dispensary to the Uniondale mission station in 1911 continued to donate homeopathic medicines to the newly established mission station.

In the annual church newsletter of 1929 Mrs du Plessis requested other congregations to help her with disinfectants to cleanse the wounds, used envelopes to dispense tablets, bandages and dressings for the wounds. The increase in the number of patients necessitated a fulltime nurse. Due to lack of suitable candidates to be sent for nurse training from the local Venda women, Miss Marie Coetzee was sent to Elim Hospital for a period of three months to be trained on basic
nursing and midwifery care. She was the only nurse at Siloam clinic at the time.

The women from Pretoria East Reformed church undertook to provide funds for medical work at Siloam mission and contributed twelve pounds a year. This money was used to pay for the nurse's salary (Louw [sa]:3).

3.2.4 The establishment of Siloam clinic in 1932

An increase in general and midwifery patients who visited Siloam mission necessitated the establishment of a clinic. In 1932 a large thatched rondavel was built which served as a clinic, with Miss Marie Coetzee as its first nurse (Louw [sa]:4).

3.3 THE DEVELOPMENT OF HEALTH SERVICES AT GEORGENHOLTZ MISSION STATION

3.3.1 Training of the first Muvenda for non-certificated nursing in 1922

As the medical work increased at Georgenholtz mission station (introduced in chapter 2), and in an endeavour to render medical care to the patients, the Reverend Westphal sent Miss Marubini Hilda Evangelina Phophi to Jane Furse Memorial Hospital for the non-certificated nurse training between 1922 and 1923. She was then sent to Dundee Hospital in 1924 for non-certificated midwifery training. Miss Phophi returned to Georgenholtz mission station in 1925 (Nemukongwe, Nengudza 1993: Personal interview)
3.3.2 The Establishment of a Clinic at Georgenholtz in 1928

On her return from training in 1925 Miss M H E Phophi established nursing and midwifery services as well as health programmes such as home and schools visits aimed at building sound relationships with the community. She worked under difficult conditions with limited resources to encourage the community to make use of her services. The services that she rendered included conducting deliveries, diagnosing and treating medical conditions, dealing with the injured, extracting painful teeth and educating the community on principles of hygiene.

In 1928 the Reverend Westphal built a two roomed clinic which comprised a consulting room and a dispensary to cater for the ever increasing number of patients. Since Georgenholtz clinic was about thirty kilometres east of Gooldville clinic, it mainly catered for the communities to the east of Gooldville clinic. Miss M H E Phophi left Gooldville clinic in 1932 and was replaced by Sister Koegel from Germany in 1933 (Nedohe 1994, Nemukongwe and Sididzha 1993: Personal interview).

3.3.3 The establishment of William Eadie clinic in 1929

The delivery of nursing services in the Sibasa district showed some marked improvements in 1929 when a maternity clinic was established by the Salvation Army mission at Tshidimbini village, situated about eight kilometres east of Gooldville clinic. The clinic was named William Eadie in honour of William Eadie Booth who was the founder of the Salvation Army movement in England, and who provided the funds for the establishment of a clinic in Venda.
Major Buttersby, a trained midwife from England, was assigned to work at the clinic. She was an Evangelist whose dedication to her work and to people made her famous among the people that she served. As the volume of work increased, a need for a second qualified nurse in midwifery and child care was realised. To this effect Brigadier Styles who was doing mission work at the station, was sent to England in 1930 to undertake nursing and midwifery training (Mabaso 1995: Personal interview).

3.4 CONCLUSION

Although the nursing and medical services that were rendered between 1911 and 1932 were elementary in nature, they were important as they fostered positive relationships between the health providers and the health consumers. They removed the fears and superstitions that were attached to disease and ill health. The health services were based on love, understanding, commitment, respect for humanity, mutual trust and acceptance. Above all, the provision of health services was seen as a divine task by the missionaries (Gerdener 1937:52).

The services of the first four pioneer nurses and a doctor in the first clinics in Venda revolutionised the transition from traditional health services to Western medicines and healing practices, and laid the foundation on which nursing and nursing education in Venda are based today.
CHAPTER 4
THE PERIOD BETWEEN 1933 AND 1947

4 INTRODUCTION

As the need for health services and the acceptance thereof increased at the clinics, a need for hospitals and trained medical and nursing personnel was realised. In response, between 1933 and 1947, two hospitals, seven clinics and twelve visiting points were established. The first training of nurses was introduced in Venda as another response to this need, and a health care model based on the principle known today as the comprehensive health care system was introduced.

4.1 DEVELOPMENT OF HEALTH SERVICES AT GOOLDVILLE MISSION STATION BETWEEN 1933 TO 1947

4.1.1 The arrival of doctor R D Aitken at Gooldville station in 1933

After the departure of the MacDonald's and Doctor Lamont in 1931 the mission station as well as the medical services were deserted. Doctor Aitken and his wife arrived at Gooldville mission station in January 1933. On his arrival at the mission station he found the mission buildings in a state of gross decay and neglect. After cleaning the area, he used the two roomed house that was built for Doctor Lamont as his consulting room and dispensary. There were also four mud huts in different stages of repair which he used as admission rooms (Aitken 1944:5,6; Makoale 1991: Personal interview).

During 1933 medical work was carried out under great difficulties due to lack of proper
accommodation of patients undergoing treatment. The four mud huts proved to be unsuitable for the patients who were seriously ill, to keep dressings clean and to exercise adequate supervision.

Emergency operations were done under grave risk of infection. By the end of 1933 Doctor Aitken had treated ninety four patients, performed thirty nine operations and attended to seven confinements. He was assisted by his wife and Mr I Ramaliba whom he had trained as his helper. Although the mission committee of the Presbyterian church in Scotland instructed Doctor Aitken to examine the suitability of Gooldville for medical work, and was prepared and willing to pay for the erection of a Doctor's house and to provide water supply, the committee resolved that the money for the erection of the hospital should be provided by the South African Government (Aitken 1944:10-11).

4.1.2 Diseases that were prevalent

The Venda people lived in an atmosphere of fear, magic, superstitions and beliefs, and the strongest of which was witchcraft. Disease and all its manifestations were believed to be caused by supernatural powers of witches. Patients were brought for medical help at a late stage when the traditional healers had failed and when damage was already done. The community lacked basic hygienic principles. Health dangers lurked in every bush, every river and every path. The prevalent medical conditions at that time were:

- venereal diseases, skin, eye and respiratory infections;
- gastro-intestinal infections and infestation, bilharzia;
- burns, tropical ulcers, measles, malaria, epidemics such as smallpox;
- bites/stings from wild game, snakes, wild cats, hawks, crocodiles, insects and scorpions;
accidents such as poisoning, cuts, fractures, and complicated obstetric cases.

In his medical work, Dr Aitken was not only faced with the problem of curing the diseases but also with the task of building trust, relationships and educating the people on the causes of diseases and how disease could be prevented. Doctor Aitken believed in God for the success of his medical work. Prayers were conducted before the start of each day's work (Aitken 1944:15,16; Gerdener 1937:52).

4.1.3 The Application for and the erection of the Hospital at Gooldville Station in 1933

When realising the need for a hospital Doctor Aitken put in an application to the Native Affairs Department for 2 500 pounds to build a small hospital. The application was turned down. In the meantime he came across the 1932 tax report which indicated that people in the Sibasa district had paid taxes amounting to 25 000 pounds. In spite of the large sums of money received through taxes, the Government was doing nothing about the health care services of some one hundred and fifty three thousand people.

Doctor Aitken lodged a second application to the Native Affairs Department using the information from the tax report. The Department of Native Affairs gave him five hundred pounds on condition that he raised another five hundred pounds (Aitken 1944:11).

By the end of 1933 Doctor Aitken had received three hundred and fifty pounds from the Church in Scotland towards the five hundred pounds that he needed. He realised that one thousand pounds was too little to build a new hospital and to equip it properly, so he decided to renovate
the mission house into two wards accommodating twenty patients. The Reverend J Bruce Gardner of the St George Presbyterian Church in Johannesburg provided the one hundred and fifty pounds balance, and Doctor Aitken was then able to claim the five hundred pounds from the Native Affairs Department.

To be able to function effectively, a hospital needed an operating theatre, a dispensary, an outpatient room and a kitchen. Construction work of the hospital was completed in August 1934 and comprised two wards with twelve beds each, an operating theatre, surgery, dispensary, an office, kitchen, lavatory, linen room and a bathroom.

4.1.4 Naming of the Hospital

The hospital was named in honour of Doctor Donald Fraser, a moderator of the Free Church of Scotland who visited South Africa in 1925, and saw the need for medical services in various parts of South Africa. Due to his concern he secured large sums of money to start medical work. As a result of his efforts three mission hospitals were established: one at Tugela Ferry, another one in the Transkei and the third one was built at Sibasa in Venda.

The Donald Fraser Hospital was officially opened on 18 August 1934 by Mr J H Hofmeyer who was the minister for Public Health. From those small beginnings medical work had grown in an unexpected way (Aitken 1944:13).
4.1.5 The first male nurse aid at Gooldville mission station (1933)

Mr Isaac Munzhedzi Petrus Ramaliba, a resident of Gooldville mission station was trained by doctor Aitken as his helper and became the first male nurse aid to work with and assist doctor Aitken in caring for the patients (Aitken 1944:8,23; Makoale and Ramaliba 1991: Personal interview).

4.2 TRAINING OF NON-CERTIFICATED NURSES AT DONALD FRASER HOSPITAL IN 1934

With the completion of the hospital building doctor Aitken embarked on a new venture of training nurses as he realised that the success of his work depended largely on training of local nurses who would staff the hospital wards and clinics.

The recruitment of local Venda young women who had passed standard six was considered a first priority. The standard of education was poor, and coupled with the reluctance of the Venda community to allow young women to be educated, made it difficult for doctor Aitken to obtain the local people. He had planned to offer nurse training in accordance with the curriculum as laid down by the Medical, Dental and Pharmacy Act no 13 of 1928. His ideas were however thwarted by the lack of training facilities and candidates. In an effort to obtain nursing staff for the services he developed a simpler curriculum which emphasised local diseases. The training was of three years duration and it included caring for general as well as midwifery patients (Aitken 1944:19).
4.2.1 The first nurse trainees in 1934

The community together with the missionaries and the local school teachers assisted doctor Aitken in recruiting the young Venda women to become nurses. On the first of May 1934 four probationer nurses started their training. One of these abandoned training after a year and three completed their training in July 1937. The names of the first trainees were:

- Gandas Legodi, a Pedi from Pietersburg district;
- Esther Maja, also a Pedi from Pietersburg district;
- Emma Sikhwivhilu, a Venda from Ngovhela near Beuster mission station in the Sibasa district. Emma Sikhwivhilu was the first Muvenda to be trained as a nurse, in Venda.

On completion of their training in 1937 Emma was sent to Georgenholtz clinic, whilst Esther Maja was sent to Siloam clinic. From the beginning of nurse training at Donald Fraser Hospital the Aitkens took it upon themselves to train nurses and developed a curriculum that was based on meeting the local needs of learners and patients.

Doctor Aitken's mother conducted bible study with the nurses, and Sunday school for the local children. Mrs Aitken taught English whilst courses on nursing were given to the nurses by doctor Aitken and his sister Winfred Aitken, who was also the first Matron of the hospital. Nurses were also trained in household work such as cleaning of the ward, baking, preparing breakfast for patients, making of their own clothes and uniforms and mending patients' clothes. The nurses' uniform comprised a pink dress, apron and bonnet. The level of study was indicated by one or more blue stripes on the bonnet.
At the end of the third year, written and practical examinations were conducted, and certificates were issued to successful candidates at a certificate awarding function. Community involvement in training of nurses was encouraged in that the nearby people and children were invited to participate in the function by rendering musical items and plays. The certificate awarding function inspired some young Venda women to take up nursing as their career (Nkolele 1995 and Ravhuanzwo 1992: Personal interview, South African Outlook 1942: 127).

4.2.2 Second intake of nurse trainees

In 1937 a second group of trainees started their nurse training at Donald Fraser Hospital. Amongst them was Christina Matshema who came from Getrusburg, a Lutheran mission station near Louis Trichardt. On completion of training in 1940, she was sent to Georgenholtz clinic to relieve Emma Sikhwivhilu (Ravhuanzwo 1992: Personal interview).

4.2.3 Further Training of Nurses at Donald Fraser Hospital

The third group of probationer nurses, comprising six Venda young women, started training in 1940 and completed it in 1943. On completion of training the nurses were allocated to the clinics. In 1943 Magdalene Muthivhi was appointed as the first school health nurse in Venda. Her duties included doing physical examinations on school children, treating minor ailments, giving of health education on personal and environmental hygiene, home visits to ill children and referrals of the sick children to the hospital (Muthivhi 1992: Personal interview)

From March 1941 to 1942 Donald Fraser Hospital had no matron as Miss W Aitken had left the
hospital for Scotland, so staff nurses C B Nodada who had trained at McCord Hospital and Edna
Molaba who trained at Crown Mines Hospital remained in charge of the hospital. Doctor Aitken
acknowledged the contributions of the two staff nurses who carried out patient care and nurses
training in a praiseworthy way (Aitken 1944:20).

In 1942 in an attempt to improve nurse training, Dr Aitken hoped to have Donald Fraser Hospital
registered with the South African Medical, Dental and Pharmaceutical Council as a training school
for native midwives. His hopes were thwarted due to lack of resources in trained nurses to
supervise nurse training and candidates who met the training requirements of the licencing body. If
his hope had been realised he would have been able to send a few well qualified midwives into
the district each year (Aitken 1944:32).

Donald Fraser however made a major breakthrough in 1942 when it staffed its theatre with one
of its own trainee staff nurses who had shown ability and efficiency in theatre nursing (Aitken
1944:19).

In 1943 nurse Rebecca Ramuageli (Mahuluhulu) completed her training and was placed at
Tshakhuma clinic. From there she was transferred to Georgenholtz clinic where she worked from
1944 to 1948.

4.2.4 The growth of medical work at Donald Fraser Hospital and its influence on nursing
and nursing education form 1943.

After a period of eleven years of medical work at Donald Fraser Hospital, there was a remarkable
improvement in the community's awareness of the value of medical and nursing services at the hospital, the clinics and visiting points. In September 1943 Doctor W N Taylor from Scotland joined the staff of the hospital for six months. He left in January of 1944. In March 1945 Doctor J M Stewart from Scotland arrived at Donald Fraser Hospital. In June 1945 sister Butler was appointed to replace Miss W Aitken.

By 1944 the number of patients consulted at the hospital had increased to four thousand two hundred and eleven. Eighty three major operations were performed. The most prevalent medical conditions during this period were syphilis, burns, pneumonia, tuberculosis, typhoid, fever and malnutrition. There was a marked improvement in the diagnosis and treatment of patients as the hospital started sending blood samples to the South African Institute of Medical Research (Aitken 1944:40). Matron Wookey from Scotland was appointed in 1945. There were fifteen probationer nurses in training, and at the end of 1945 all probationer nurses had passed their examination and had received hospital certificates (Donald Fraser Annual Report 1946:4,5; Pieterse 1958: 327-336).

The bold step taken by Doctor Aitken to start nurse training for young Venda women at a time when few of them were receiving education, was yielding fruit after eleven years of nurse training at Donald Fraser Hospital. The prejudice and opposition which the Venda community had against young unmarried women undertaking the duties of a nurse, and a belief by Europeans that Africans could not be trained as nurses was overcome. This was evident by more young Venda women showing interest in nursing. The emphasis on character training as well as technical skills set the standards in this pioneer nurse training which was far more important than the mere production of a number of nurses. From the beginning of training, trainees were carefully selected
for those best equipped educationally, in character and religion. Each probationer nurse received individual attention and her character and abilities were assessed throughout training and after completion in the services at which she was serving. Throughout training there was firm discipline and insistence on acceptance of responsibility (Aitken 1944; McCarthy 1954:39-50).

The training offered was of a high standard although it was given by few qualified nurses and midwives (Donald Fraser Annual Report 1948:3; Nkolele 1995, Ravhuanzwo 1992: Personal interview).

4.2.5 The proposed health care system (model)

In 1943, Dr Aitken planned to transform the health care system of Venda into a workable, realistic, achievable and affordable service based on today's principle of comprehensive health care. Throughout his medical practice from 1933 to 1969 he developed and maintained a medical practice that was based on preventive, promotive and curative medicine. In his model he indicated that preventive medicine should be involved with the prevention of diseases, through the control of the environment, the inspection of food, water supplies and the eradication of infectious diseases, good housing and sanitation, maternal and child welfare and health of the school child as well as the education of the people in health matters (Aitken 1944:58,59).

The health dynamics upon which the health services in Venda were based covered all aspects of the model. In his health scheme Doctor Aitken (1944:63) elaborated his vision as follows: "The needs of Sibasa district (today's health wards) can best be served by having one central hospital connected with a large number of dispensaries, i.e., twenty to twenty five clinics which really are
extensions of the hospital's outpatient department".

More and better roads, more bridges across the rivers and an ambulance attached to the hospital will enable the hospital to care effectively for the sick throughout the district. Improved communication by extension of the telephone system will connect outstations to the hospital by telephone. Supplying each outstation dispensary with a wireless telephone transmitting and receiving set will provide easier and quick communication between the hospital and the district nurses (Aitken 1944:64). Today all clinics in Venda have a telephone system and radio telephones.

There are however more specialised services needed which will be shared with other districts. Chief amongst these are ophthalmic, orthopaedic and mental services. (Today these patients are referred to hospitals in Pretoria and Elim Hospital.) Specialists in the above mentioned medical, surgical and gynaecological conditions visited patients in Venda on a regular basis (Aitken 1944:66).

The most important part of the health scheme was an outstation dispensary or clinic which served as an advanced post in close contact with the people and from which the main attack upon the diseases could be made.

The dispensaries also served as teaching centres for the spread of new knowledge on how to promote health and avoid sickness. Today all clinics are involved in health education to the community (Aitken 1944:64).
The dispensary should have a competent nurse and midwife in charge. In case of an emergency, the nurse would be able to telephone the hospital for help, but she would deal with the simple, straightforward conditions herself, keeping careful records. Children from nearby schools would be sent to the dispensary by their teachers as soon as they are noticed to be suffering from any sickness or injury. The nurse at the dispensary would visit any children absent from school through illness.

A doctor from the hospital would visit the dispensary once a week, see all the patients the nurse is treating, give advice in further treatment, and if necessary take some patients back to hospital for further attention. There are today community doctors in each health ward in Venda who visit the clinics at regular intervals.

During the week the nurse at the dispensary would have certain days for conducting antenatal and child welfare clinics. The nurse would also be available for attending to women during confinements and in this the nurse would have the help of a probationer nurse in training for midwifery. Today clinics participate in the training of nurses and midwives. (Aitken 1944:64).

As the work increases in the dispensary it would be necessary to have more than one nurse at each dispensary. Today clinics in Venda are staffed by two registered nurses, a staff nurse, and a nursing auxiliary.

A district nursing supervisor should be appointed to pay regular visits to the outstations and to supervise and guide the nurses at the dispensary. Today community health matrons from the hospitals give the necessary guidance to the clinic nurses.
Each dispensary should have a model vegetable garden where the nurse would grow vegetables for her own use, and which would be used to demonstrate the use and value of vegetables in people's diets. Today, every clinic has a demonstration vegetable garden. Simple cooking lessons should be arranged for women to encourage the use of vegetables. Today, nutritionists, nurses, care group motivators and care group members give cooking lessons to the community (Aitken 1944:68).

Alongside nursing there would also be a public health service of health assistants whose work would be the prevention of diseases. This health assistant would be concerned with health education. Presently we have health inspectors, malaria teams, health educators, and care groups. These health assistants visit kraals, spray dwellings against mosquitoes, encourage the community to attend the clinic, and advise on the erection and use of toilets and the treatment of minor ailments in children. Environmental hygiene is emphasised by these groups.

Clearly the health care scheme will need to be coordinated with other activities in the district and will require the cooperation of administrative, agricultural and educational officials comprising a native commissioner, agricultural officer, medical officer, the superintendent of the hospital, school inspectors and magistrates. This is today's multidisciplinary team approach in health care (Aitken 1944:68-69).

The health care scheme would be suitable for Venda but could be applied anywhere. The scheme could be modified to meet local conditions and needs and the staff to be employed could be given special training. Again, in that connection Doctor Aitken believed in using and involving the local people who understood the culture, customs and habits of Venda (Aitken 1944:69).
Nursing and nursing education in Venda is fortunate to have had Doctor Aitken who had the vision of a comprehensive health service and primary health care services upon which today's Venda nurse training curriculum and health services are based. During the training of nurses in Venda up to university level the students are allocated to clinics where they become part of the clinic staff and participate in providing nursing care, undertaking confinements, making nursing diagnosis and giving the suitable nursing and midwifery regimens to the patients.

The local community is actively involved in its health matters, where the local headman or his representative is the chairperson of the clinic advisory committee. Care groups are local women and men to whom the clinic nurse teaches the basic principles of prevention of diseases through personal and environmental hygiene. They are useful and form a strong supportive system in the delivery of health care and health education in the community.

Nurse trainees participate in giving individual and group health education under the supervision of professional nurses in the hospitals, clinics and in all mobile community services.

4.3. THE ESTABLISHMENT OF DISTRICT NURSING SERVICES IN VENDA IN 1935

On completion of the hospital in 1934 Doctor Aitken soon realised that it would not be sufficient to serve a population of 153 000 with a twenty four bedded hospital, and that one doctor would not be able to provide sufficient medical services to such a vast area. Since his arrival in 1933 Doctor Aitken had aimed at covering the whole of Venda with medical services by establishing clinics and first aid centers that he would coordinate from the hospital.
4.3.1 Establishment of clinics and outstations in 1935

To meet the objective of providing medical help to the vast area of Venda, doctor Aitken started what he called "Medical Aid tours" in 1935. Through these tours he established twelve stations which he visited every two weeks. An average of sixty to eighty patients were seen in the course of a day's tour. For these trips, he took one of the probationer nurses, a driver and an orderly. A light delivery truck was used. He also took with him several baskets containing mixtures, lotions, tablets and ointments for the patients. From the onset of their training, nurses learned to work under difficult conditions.

The stations were Siloam, Georgonholtz and William Eadie clinics. These stations had nurses and dispensaries. At other stations Doctor Aitken used school classrooms, huts or old barns, whilst at other stations he consulted patients under the trees by the roadside. Under such circumstances it was impossible to do his work well and as thoroughly as he wanted.

From the beginning Doctor Aitken involved the community in its own health matters which in turn supported him. He was supported by the Native Commissioner at Sibasa in starting the outstations; he also earned respect and love from the Berlin missionaries and the local chiefs who helped him with labour in building outstations and huts to accommodate the patients (Aitken 1944:36).

In 1935 a clinic was established at Khalavha mission station with Ethel Letsolo Rapholo (Radali) as its first nurse. Nurse Rapholo left Khalavha clinic in 1936 to be married and was replaced by nurse Jubilina Ramovha in 1936. Jubilina Ramovha was later transferred to Siloam clinic in 1938.
to replace Esther Maja who had also left (Radali 1992: Personal Interview).

In 1936 a clinic was established at Tshakhuma with nurse Priscilla Ramokgopa (Ngwana) as its first nurse. These three nurses were Elim Hospital trainees who came from Pietersburg district (Ramovha 1991; Ravhuanzwo 1992: Personal interview). Towards the end of 1942 two clinics were opened at Sibasa and Maungani (Beuster). Nurse Gandas Legodi was sent to Sibasa clinic whilst Penina Makuya who completed her training in 1941 was sent to Beuster clinic. In 1944 nurse Penina Makuya was sent to Sibasa clinic to replace nurse G Legodi who had left (Muavha 1992: Personal interview).

4.3.2 Recognition of district health services

The Department of Public Health gave support to the district health services by subsidising the salaries of nurses from 1943 (Aitken 1944:39). From 1943 the clinics in Venda were controlled professionally by the Union of South Africa's Department of Public Health in Pietersburg and administratively by the Regional Council under the Chairpersonship of the Sibasa magistrate. In 1951 the Vhembe Regional Authority was established and took over the administrative duty of clinics (Muavha 1992: Personal interview).

4.3.3 The expansion of district nursing services in Venda between 1945 and 1948

In an effort to expand health services in Venda two mission groups established three clinics between 1945 and 1948. In 1944, the Siloam Hospital Board of the Reformed church took a decision to apply to the Department of Public Health for the establishment of two clinics at
Bergplaats and De hoop mission stations.

4.3.3.1 The establishment of Bergplaats clinic

Bergplaats clinic was established in 1945 and it is situated in Vhuludzi, some thirty kilometres South of Siloam Hospital. Miss Agnes Ramashapha was the first nurse to work at the clinic. The second trained nurse for Bergplaats clinic was Mrs Ethel Radali who was appointed in 1948 (Louw [sa]:10; Ratshisusu 1995: Personal interview).

4.3.3.2 The Establishment of Dopeni Clinic


4.3.3.3 The Establishment of De hoop Clinic at Hamasia in 1948

Medical services at De hoop mission station were being provided by the Reverend and Mrs Erasmus of the Reformed church. De Hoop mission station is situated on the southern border of
Venda, forty kilometres South east of Elim Hospital.

In 1948 a clinic was established at De Hoop mission station. The mission commission of Reddersburg-Burgersdorp undertook to support medical services at De Hoop clinic by providing one pound per month for payment of an unqualified nurse. The mission committee was also prepared to appoint a qualified nurse on permanent basis, for De Hoop clinic. The first trained nurse was appointed in 1948. She was Sotho speaking and she experienced communication problems with her clients who came from the Venda and Shangaan community. She left the clinic in 1948.

The second trained nurse was appointed in 1949 and she left the clinic in the same year. Efforts to secure another nurse failed, and for some time the Reverend Louw did the work of the nurse with the help of a district surgeon from Louis Trichardt who visited the clinic once a month (Louw [sa]: 10; Machaba 1995: Personal interview).

4.3.4 The contribution of district nurses in the development of health services.

District nurses were instrumental in introducing the preventive, promotive, curative, and rehabilitative services to the Venda community. They educated the community on personal and environmental hygiene, basic nutrition, motherhood, and persuaded the community to report illnesses to the clinics and hospitals. Their kindness and friendliness made them role models and earned them respect and acceptance. The nurses' efficiency and success in their work convinced the community to turn away from beliefs of witchcraft and superstitions. In cases of medical emergencies at the clinics the missionaries sent messengers on horseback to the hospitals for
medical help to seriously ill patients who needed hospitalisation. The district nursing services were recognized by the traditional leaders who encouraged their families and subjects to make use of the clinics and hospitals. The community was motivated to send their daughters for nurse training. The nurses did not have special working hours as patients were helped as they came in at any time for help. The nursing practice then included: consulting, diagnosing, treating patients and attending to confinements in the patient's homes. To accomplish this, nurses walked on foot to the mountains and valleys, and crossed rivers to reach their patients. District nurses would sleep at the homes of their patients if it got too dark to walk back after a day's work (Nkolele 1995; Ramovha 1991; Ravhuanzwo 1992: Personal interview; Valley Trust 1976: 18-19).

4.4 THE DEVELOPMENT OF HEALTH SERVICES AT SILOAM CLINIC

Doctor Aitken started visiting Siloam clinic fortnightly on Thursday afternoons; however these visits were on occasions made impossible by bad roads and bad weather (Louw [sa]: 9). Doctor Aitken had treated three hundred and fifty patients between September and November 1937. The increase in the number of patients warranted that Doctor Aitken visits Siloam clinic on a weekly basis. It became apparent that a hospital with a resident doctor was necessary to cater for the ever increasing number of patients. During 1937 Doctor Aitken took Esther Maja, one of his trainees at Donald Fraser Hospital to staff the Siloam clinic. This arrangement was made after the departure of Marie Coetzee (Louw [sa]: 4).

4.4.1 The establishment of Siloam Hospital in 1940

In 1937 the church committee of the Reformed church applied to the Transvaal Provincial
Administration for the establishment of a hospital at Siloam. The Church Synod applied to the Native Affairs Commissioner for an amount of one thousand pounds. The Transvaal Provincial Administration approved the application and provided the one thousand pounds towards the establishment of the hospital. Applications were also made for the allowances of a doctor, matron, and nurses (Louw [sa]:4).

4.4.2 The construction of the hospital

The construction work of the hospital was started in 1939 and by the beginning of 1940 the hospital was completed. It consisted of:
- a twelve bedded ward,
- an outpatient department,
- an operating theatre,
- a labour ward,
- an office and
- a kitchen.

Siloam Hospital was officially opened on the 21st of July 1940 by Mr D L Smith who was then the secretary to the Department of Native Affairs which provided the funds for the construction of the hospital (Louw [sa]:8).

4.4.3 The first Matron for Siloam Hospital in 1940

Sister Rollien Drost, a trained nurse from the Netherlands, was appointed in July 1940 as the first
matron of Siloam Hospital. She conducted home visits in the surrounding areas using her own personal vehicle. She left Siloam in 1943.

4.5 THE TRAINING OF NON-CERTIFICATED NURSES AT SILOAM HOSPITAL FROM 1940 TO 1947

From the very beginning of the hospital in 1940 nurses were trained for non-certificated hospital courses by sister Rollien Drost and Mrs J Ramovha. The examinations were conducted by Doctor Kirkcohen, a district surgeon from Louis Trichardt who also issued certificates. The course extended over three years. As there were no demonstration or lecture rooms, the lectures were given in the wards. The entry requirement was standard six (Louw [sa]:6). Mrs Ramovha left the hospital in 1943 (Ramovha 1991: Personal interview).

4.5.1 The pioneer nurse trainees at Siloam Hospital

Angelina Raphadu, a Pedi woman was the first trainee at Siloam Hospital. She completed training in 1943. Rosina Saasa trained between 1941 and 1944. She left the hospital in 1946. Miss Tladi from Pietersburg was already a qualified teacher when she trained as a nurse. She started training under matron Drost and Mrs Ramovha in 1943 and completed her training in 1945; thereafter she worked at the hospital as a staff nurse until 1948 when she left the hospital to be married. The other two nurses that trained with her were Martina Mulaudzi and Anna Moloise.

The nurse's uniform consisted of a white apron, white cap, black shoes and a blue overall. The level of training was shown by blue stripes on the cap (Tshidzumba 1991: Personal interview).
4.5.2. Developments in medical and nursing services at Siloam Hospital from 1944.

4.5.2.1 The Second Matron at Siloam Hospital in 1944

From August 1944 to the end of 1949, Sister M E Gutter served as a matron at Siloam Hospital. She was of Dutch nationality and she came to Venda from Northern Rhodesia, now known as Zambia. On her appointment the following conditions were laid down by the hospital board:

- she had to give six hours of lectures per week to nurse trainees;
- she had to do home visits in the surrounding villages (Moshapo 1992, Mugwena 1992: Personal interviews)
- within two years she had to learn Tshivenda

The district surgeon from Louis Trichardt visited Siloam Hospital once a month to consult patients. He had also prepared guidelines for nurses to use in diagnosing and treating the patients. Those patients who needed medical care posed a problem for the matron as there was no transport, or telephone system between Siloam, Elim and Louis Trichardt.

The training of nurses at Siloam Hospital continued on a small scale. Two nurses passed their examinations in 1944, two in 1945, and only one in 1946. The low patient numbers during the first ten years of Siloam Hospital from 1940 to 1950 affected the training of nurses, as well as the staffing of the hospital:

Admissions: Ninety patients (90) per year
Bed capacity: Three to four (3-4) patients per day
Outpatient attendance: Seven to ten (7-10) patients per day

Admission time: Ranged between thirteen and fourteen days (13-14) (Helms [sa]:1).

4.6 CONCLUSION

Medical and nursing services progressed well at Donald Fraser Hospital. By 1947 the hospital had grown to sixty beds. In the same year there was an outbreak of scurvy due to severe drought that hit the country. However, in 1948 heavy rains fell, full rivers posed a threat of crocodile bites and many patients were admitted with serious wounds. Accessibility by the community to the hospital was compromised due to flooded rivers (Venda Health Services Golden Jubilee 1934, 1984:3).

Nursing developments at Siloam Hospital were slow and insignificant; however dramatic achievements in the development of nursing and nursing education were characteristic of the period between 1933 and 1947. Two hospitals with a total of thirty six beds were opened. Seven more clinics were opened, namely at Khalavha, Tshakhuma, Beuster, Sibasa, Bergplaats, De hoop and Dopeni. Twelve outstations/visiting points were also established. Nursing education in Venda had its origin during this period when the two hospitals established their nurse training programs.

Most importantly, a health model on which today's health service provision and philosophy are based, was designed.
CHAPTER FIVE

THE PERIOD BETWEEN 1948 AND 1979

5 INTRODUCTION

Nursing and nursing education in Venda achieved a second milestone during the period under review in that the statutory bodies took over the training of nurses. The statutory bodies are:

- the Transvaal Provincial Administration, and
- the South African Nursing Council.

Since 1948 nurse training was improved and the status of nurses in Venda came in line with that of the other nurses in South Africa.

5.1 THE REORGANISATION OF NURSE TRAINING IN VENDA

As from 1948 the Transvaal Provincial Administration coordinated and standardised the training of general auxiliary nurses in its province by formulating a policy regarding training requirements, the syllabus and duration of training.

On completion of the course which was of three years duration, and on passing the examination, a provincial certificate of competence as a non-European auxiliary nurse was awarded to successful candidates. The holders of provincial certificates could then register for a further year of training in maternity nursing (Muller 1986:1-5; Searle 1980:277).
The implications of these changes in nurse training in Venda brought improvement in the status of nurses. All nurses who trained before 1948 for the non-certificate hospital course had their training recognised by the Transvaal Provincial Administration which issued them with its certificates. The Transvaal Provincial Administration subsidised the training of auxiliary nurses at the mission hospitals. The Nursing Act no 69 of 1957 made provision for the statutory recognition of auxiliary nurses as enrolled auxiliary nurses.

The South African Nursing Council prescribed the syllabus and training regulations for the auxiliary nurse category. It also prescribed the training requirements, approved training schools, conducted examinations and exercised control over the practice of auxiliary nurses.

This Nursing Act inter alia made provision for the enrolment of those who were practising nursing in Venda, ie, those who trained and received the Transvaal Provincial Administration non-European auxiliary certificates. After enrolment with the Nursing Council the nurses were issued with a certificate of enrolment as a nurse and midwife and obtained a distinguishing device of a pin (Muller 1986:1-5; Searle 1980:277; Searle 1961:28-30; Ravhuanzwo 1992: Personal interview).

5.2 THE TRAINING OF NURSES AT DONALD FRASER HOSPITAL BETWEEN 1948 AND 1960 FOR A PROVINCIAL CERTIFICATE

There had been a shortage of nursing sisters to supervise continued nurse training and nursing care in Venda. In 1949 penicillin became available, and the threat of syphilis could be eradicated completely. Doctor Stewart left the hospital for Scotland and was replaced by Doctor Pool.
Besides rendering medical services doctors were the tutors of nurses.

In 1950 a severe outbreak of smallpox occurred in Venda. The doctor from Donald Fraser hospital accompanied by nurse trainees went out into the community on a daily basis to vaccinate the clients against smallpox which claimed many lives.

The year 1951 was marked by an outbreak of rabies and an increase in tuberculosis and typhoid fever. The medical conditions which were nursed in the hospital, the use of nurse trainees in teaching Sunday school in the hospital and outstations, and the system of home visits provided ample learning opportunities for trainees. The meaningful contact of the nurse with the community had advantages, namely:

- the contact made the community to associate nursing with everything good;
- it attracted some Venda girls to become nurses;
- it added fame to both the hospital and nursing and removed fears, superstitions and suspicions regarding hospitalisation from the community;
- nurses felt happy and experienced a sense of achievement in the profession they had known very little about when they started training;
- nurses' satisfaction and dedication to their work and their cleanliness won them public admiration.

In appreciation of the nursing services that were rendered at the hospital Doctor Aitken on one occasion mentioned that the training of African (Venda) nurses was the most important part of the work at Donald Fraser hospital, and awarded an equal opportunity for the development of Christian character and inculcation of ideas of Christian service. "The nurse trainees remain in the
hospital for four years and this enables us to present them with the claim of Christ upon their lives and to teach them Christian conduct" (Donald Fraser hospital Annual Report 1949:4; Gush 1955:25; South African Outlook 1942: 127).

5.3 THE TRAINING OF THE FIRST MALE NURSES IN VENDA AT DONALD FRASER HOSPITAL IN 1956

The positive attitude towards nursing attracted two males from Gooldville mission station, namely:

- Mr Phanuel Masindi and Mr Thomas Maumela. The two gentlemen commenced their nurse training in February 1956 under the Transvaal Provincial Administration. They became the first male nurses to be trained in Venda. Although they liked nursing they trained under difficult conditions as they were not readily accepted by fellow female trainees. The nursing curriculum also did not allow them access to train on females and children. They could only be allocated in the male wards, outpatient department and in the operating theatre where they could only undertake training on male patients. On completion of training Mr P Masindi went to Siloam hospital whilst Mr T Maumela worked in the community, following up tuberculosis patients and defaulters, and tracing contacts of tuberculosis patients. He established roadside clinics, most of which were developed into clinics, and gave treatment to patients. He collected sputum and examined it in the laboratory. His nursing interventions reduced the incidence of tuberculosis in the area. He further trained as a radiographer and laboratory technician (Maumela 1995: Personal interview).
The improved attitude towards nursing increased from year to year. Between 1954 and 1956 the number of nurses in training varied from thirty nine to fifty. Sixteen nurses completed their fourth year training in midwifery whilst twelve nurses passed the first year of nursing. Between 1956 and 1958 twenty nurses passed the examinations for non-European nursing auxiliaries, and sixteen passed the examination for midwifery auxiliaries. The results for February 1958 were encouraging. Seven nurses passed the midwifery examination and five of those obtained a distinction in the written paper. Nine nurses passed the general examination, one with distinction in the written paper and the practical, and another nurse passed with distinction in the practical examination.

The nurses who passed auxiliary nursing were of great help to the ever increasing number of patients in the maternity ward (Donald Fraser Hospital Annual Report 1956-1958:3). In 1959 there were fifty three probationer nurses at Donald Fraser hospital undertaking the provincial training for nursing and midwifery courses. The number of beds in use were hundred and eight (108). The number of patients admitted were three thousand nine hundred (3900), patient days were 27 791, outpatient attendance was 29 902, surgical operations performed were 1190. The increase in patients provided learning experiences for the nurses (Transvaal Provincial Administration Annual Report 1959).

Facilities for nurse training were improving from day to day. In 1960 there were two thousand nine hundred and fifty five patients admitted and sixty auxiliary nurses and eight probationer nurses for midwifery training (Transvaal Provincial Administration Annual Reports: 1960 and 1961; Bantu Education Journal 1963:325-330, Bantu Education Journal 1959:330-333)
Siloam Hospital had no resident doctor since its establishment in 1940, but it made use of the services of the district surgeon from Louis Trichardt who visited the hospital once a month. In 1949 Mrs E Radali was transferred from Bergplaats to take charge of the hospital. Doctor Thom Verhave was appointed in August 1950, three years after the departure of Sister Gutter. His appointment was for six months. He was faced with the challenge of rebuilding the health services and to take control of the hospital. He started visiting Bergplaats clinic, Tshituni and Matsa areas once every two weeks where he consulted and treated the patients. Reverend J Matlakala accompanied the doctor and assisted in interpreting for the doctor and the patients. Doctor Verhave indicated in his annual hospital report of 1950 that:

"The doctors office looks good. It also functions as a laboratory and a dispensary, one side of my desk is full of samples of urine and stools to be tested, the other side is occupied by medicines" (Helms [sa]).

In December 1950 Sister Hulskers-Baan an elderly nurse from the Netherlands was appointed on temporary basis. Dr Verhave together with sister Huskers-Baan, Mrs E Radali and a few nurse aids improved the services and the image of the hospital. During Doctor Verhave's six month stay, the patient statistics gradually increased to twenty three per day and surgical procedures were performed by Doctor Verhave. These included

- minor operations;
- minor eye operations;
- removal of tumours; and
Doctor Verhave left Siloam Hospital in February 1951. Doctor K Ten Kate came to Siloam Hospital in February 1952. His appointment was for two years. He raised the status of Siloam Hospital to one equal to that of other Provincial hospitals, by having the hospital registered as a welfare organisation. With the assistance of the Transvaal Provincial Administration, Doctor Ten Kate secured an electric generator for the hospital, and a subsidy for health care services.

As the patient statistics rose to fifty per day it necessitated the expansion of the hospital to accommodate eighty to ninety patients per day. During 1954 two general wards were opened accommodating forty five patients each. The old hospital was converted into a twenty bedded maternity ward. The increase in patients was accompanied by an increase in nursing personnel. Miss Welma Kruger, Miss du Plessis and Miss Venter were appointed as nursing sisters. They had undergone their nurse training in South Africa.

The appointment of the three nursing sisters and some nursing aids, namely Miss Rosina Matlakala (Moitsi) and Francisca Phaswana in 1954, and the opening of the two wards brought some remarkable improvements in patient care. The hospital gained fame in the Nzhelele valley and over the mountainous areas. The departure of Doctor Ten Kate in 1954 did not affect medical services to a large extent as he was immediately replaced by Doctor M E van der Walt in 1954 (Louw [sa]:21).

Doctor van der Walt came from Mopani area in the Zoutpansberg and was the first female doctor to work in Venda. Being a local person she understood her patients well so that in a short space
of time the number of patients had increased to nine hundred and thirty five (935) in-patients and
five thousand seven hundred and sixty four (5764) outpatients excluding the clinic patients. The
increase necessitated extension of the hospital of which an eighty (80) bedded Tuberculosis ward
was a priority. The increase in patients needed trained nurses to carry out and supervise patient
care. A new nurses home was built while the old nurses home was transformed into a children's
ward.

Doctor van der Walt established a waiting place for antenatal patients. She had a thatched house
built where antenatal mothers living far from the hospital could stay in and wait for the birth of
their babies whilst caring for their older children. This place was beneficial for the patients as they
could attend antenatal clinic and report labour to the maternity ward in the early stages. Doctor
van der Walt guided the hospital in an excellent way not only attending to the increasing number
of patients, managing the growth of the hospital and its administration, but also pioneering the
formal training of nurses (Van der Walt 1991: Personal interview).

5.4.1 Training of nurses at Siloam Hospital between 1956 and 1960

There was no training of nurses at Siloam Hospital between 1947 and 1955 due to the unstable
staffing situation. In 1956 Doctor van der Walt lodged an application to the Transvaal Provincial
Administration to have Siloam hospital recognized as a training institution for auxiliary nurses.
The inspectors from the Transvaal Provincial Administration and the South African Nursing
Council inspected the hospital in 1957 and granted approval in 1957 to institute a training course
for auxiliary nurses.
In the meantime the hospital board had approved sixteen training posts for pupil auxiliary nurses as part of the hospital staff establishment. The admission requirements to the course was standard six. The selection of candidates was conducted by the Superintendent of the hospital, doctor Van der Walt, together with Matron Shingels and Sister Venter. The first formal training of auxiliary nurses which was three years long and which entailed nursing of general patients was started in 1958. Mrs F Phaswana was one of the first trainees to undertake training for the provincial certificate at Siloam Hospital (Bantu Education Journal 1963:376; Helms [sa]; Phaswana 1993: Personal interview, Van der Walt 1991: Personal interview).

Between 1958 and 1959 there were twenty three nurse trainees at Siloam Hospital and the following training facilities were available for nurses:

- one hundred and sixty (160) hospital beds
- three thousand two hundred and five (3205) patients were admitted
- eleven thousand and sixty three (11 063) patients were seen in the outpatients' department
- four hundred and fourteen operations were performed (Transvaal Provincial Administration 1958:59 Annual Report).

In 1960 there were twenty nurses in training. The increase in patients provided a wide range of learning opportunities for nurse trainees. Doctor van der Walt left Siloam in 1960 and was replaced by doctor E Helms in 1961.
5.4.2 The arrival of Doctor E Helms and Doctor L Helms-Terweel at Siloam Hospital in 1961

In 1960 the Reformed church of South Africa entered into an agreement with the Christian Reformed churches of the Netherlands in which the Dutch churches from the Netherlands undertook to help as much as possible towards provision of staff to Siloam hospital, to cooperate in the task of preaching the gospel and to help with finances for the purpose of charity.

As a result of this agreement many doctors, nursing and paramedical staff have come from the Netherlands since 1961 and brought about improvements in medical and nursing services as well as nursing education. Doctor E Helms and his wife doctor L Helms-Terweel arrived at Siloam Hospital in 1961 (33,35; Jansen 1975:22).

On his arrival Doctor Helms took control of the administration of Siloam Hospital, which he did in an excellent way for thirty years. He devoted his whole life to the provision of health care and worked hard and tirelessly to improve the standards of patient care and quality of life of the community. He accomplished these objectives by training competent and hard working professional nurses, midwives, auxiliary and assistant nurses who staffed the hospital and district services. The nurses were of good character, God fearing, honest and friendly to their patients. Doctor Helms-Terweel took control of the children's ward and trained nurses in her unit (Overzicht 1961:21).
5.5. RECOGNITION OF SILOAM AND DONALD FRASER HOSPITALS BY THE SOUTH AFRICAN NURSING COUNCIL AS TRAINING INSTITUTIONS FOR ENROLLED NURSES AND MIDWIVES IN 1960 AND 1962.

Due to the shortage of medical doctors to attend to the obstetrical needs of the community, there was an urgent need for trained midwives who could handle normal deliveries and refer the complicated ones to the doctors. The services of local midwives were a contributing factor in educating the Venda community in accepting a transition from traditional midwifery practices to the modern practices which reduced maternal and infant mortality rates, to a great extent (Searle 1980:324).

Siloam and Donald Fraser Hospitals lodged applications to the South Africa Nursing Council requesting to be recognised as training schools for midwives. The Nursing Council inspected the hospitals and granted the approval in 1960 and 1962 respectively (South African Nursing Council Training Records on Siloam and Donald Fraser hospitals: 1960 and 1961). The duration of midwifery training was two years for auxiliary nurses. The student midwives wrote preliminary examinations of the South African Nursing Council during the first year, the curriculum comprising anatomy and physiology. The curriculum for the second year of study comprised the science and art of midwifery. The first student midwives who commenced training at Donald Fraser in 1962 were Mrs M Mabija, Mrs M Muthadzwi and Miss M Ntutela. The first student midwives at Siloam hospital who completed their training in 1962 were Miss Rosie Musito, Miss Fransisca Raphadu (Phaswana), Miss Daisy Qatta and Miss Martha Maud Elson.
The student midwives underwent (district) domiciliary midwifery for four weeks at the clinics that were identified for training by the hospitals. Domiciliary midwifery involved conducting deliveries at the patients' home, child care and home nursing under the supervision of a registered midwife. Student midwives from Donald Fraser Hospital were allocated to Mhinga and Rambuda clinics which were staffed by registered midwives, the late Sabina Mashamba, and Christina Mabotja respectively. Student midwives from Siloam Hospital were allocated for their domiciliary midwifery training to Bergplaats and Dopeni clinics staffed by Mrs E Radali and Sister I Ossa respectively (Donald Fraser hospital Annual Report 1962: 5; Phaswasna 1992: Personal interview).

5.5.1 Facilities for training student midwives at Donald Fraser and Siloam Hospital

Midwifery training facilities for the two hospitals in 1960 and 1961 were as follows:
<table>
<thead>
<tr>
<th>Facility</th>
<th>Donald Fraser Hospital</th>
<th>Siloam Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Midwifery beds</td>
<td>36</td>
<td>30</td>
</tr>
<tr>
<td>2. Baby cots</td>
<td>36</td>
<td>30</td>
</tr>
<tr>
<td>3. Number of antenatal attendance per year</td>
<td>4 000</td>
<td>2540</td>
</tr>
<tr>
<td>4. Number of deliveries per year</td>
<td>800</td>
<td>716</td>
</tr>
<tr>
<td>5. Number of deliveries in the clinic per year</td>
<td>56</td>
<td>14</td>
</tr>
<tr>
<td>6. Number of days of stay for postnatal care</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>7. Number of days of stay for postnatal mothers with sutures</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>8. Teaching personnel:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- superintendent</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>- matrons</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>- ward sisters and staff-nurses</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

(Donald Fraser Hospital Annual Report 1962:5; South African Nursing Council training records on Siloam and Donald Fraser Hospitals 1961 and 1962 respectively).

As from 1961 Siloam Hospital experienced improvements regarding the medical, paramedical and
nursing personnel who were sent to the hospital by the Reformed Church of the Netherlands. Sister D C Glasbergen, a registered nurse served the hospital between 1963 and 1969. She was allocated to the paediatric ward. Dr P M Scheele served the hospital between 1964 and 1970. Sister W Breuness, a registered nurse served the hospital between 1964 and 1966. By 1964 thirty pupil nurses wrote their final examinations, and all of them passed. Sister Hogendoorn, Emmie Goede and Hester van der Walt and Eva Matsapola worked at Siloam Hospital maternity ward between 1964 and 1969, whilst Sister Phulwana, a registered nurse and midwife guided the pupil nurses in the general wards.

5.5.2 Methods of teaching that were commonly used

The lecture method was chiefly used in the classroom situation whilst demonstration and simulation methods were used in the clinical situation. Peergroup teaching was encouraged by the teaching personnel where senior student midwives and pupil nurses taught their juniors. A day release system was used in training the pupil and student midwives. Basic obstetrical equipment such as incubators, and vacuum extractors were not available.

5.5.3 Revision of training of enrolled nurses and auxiliary midwives in 1970

The South African Nursing Council Regulations R45 of 1970 revised the course for the certificate for enrolment as a nurse.

- the entry requirements for enrolled nurse training was raised from standard six to standard eight;
- the minimum duration of training of enrolled nurses was two years;
natural sciences were included into the curriculum for preliminary training of auxiliary midwives and general nurses;


5.6. **THE DEVELOPMENT AT TSHILIDZINI HOSPITAL BETWEEN 1956 AND 1962**

The Reverend N J Smith of the Dutch Reformed church and his wife Doctor H Faul who was a medical practitioner arrived in Venda on the 29th October 1956. With the assistance of the Department of Bantu Administration, a piece of land of twelve morgen was secured. This they used to establish a mission station and a hospital which they named Tshilidzini, "the place of Grace". Soon after their arrival Doctor Faul started with the arrangements for the establishment of a Tuberculosis hospital, since Tuberculosis was a pressing health need at the time. A small clinic was established and it was manned by assistant nurse Winnie Mukhuba.

On the first of March 1957 the foundation stone of the hospital was laid and building was started. On the first of May 1958 a one hundred and thirty bedded hospital was opened with Doctor Faul as its first Superintendent. Her nursing staff consisted of:

- Miss Marina Hamman - Hospital Matron
- Miss Rachel Maphimela - midwife
- Mrs Emma Nkolele - auxiliary nurse and midwife
- Mrs Winnie Mukhuba - nursing assistant (Mukhuba 1995: Personal interview).
During December 1958 a total of one hundred and fifty four patients were admitted whilst one hundred patients were seen at the outpatients department and clinics.

Two clinics were established in 1958 to bring medical service to the community level (Celliers 1992: Personal interview, Sending Nuusbrief: December 1956, Junie 1957, December 1958). The number of patients had increased to one hundred and eighty nine in February 1959, with forty children suffering from Tuberculosis.

The increase in number of in-patients in the hospital, clinics and outstations was accompanied by an increase in the staff. In 1959 Doctor H Visagie, Miss van Rensburg, Mrs P Mugivhi, and M Masia joined the hospital, as trained nurses, whilst F Moseboa, Claudia Ramaite, Salome Risenga and Lydia Dagada were nursing assistants. By 1959 the two outstations developed into clinics which were staffed by an auxiliary nurse or a midwife. The clinic nurses, the visiting doctors, and the missionaries worked together in alleviating the fears that the community had towards hospitalisation, and Western medicine. In 1960 the hospital had four clinics and three outstations. In order to cater for the increasing number of general and midwifery patients three general wards with one hundred and forty one beds and a twenty bedded maternity ward were opened in 1962 (Nursebrief: December 1960, March 1962, Mugivhi 1995: Personal interview).

Erected in the same structure were three theatres, an outpatient department and the administrative block.
5.7 THE ESTABLISHMENT OF ST SCHOLARSTICA PRIVATE CLINIC IN 1963 AT HAMULIMA

Dr Frorichie of the Roman Catholic Church established a clinic at St Scholasitica mission station which was situated some forty kilometers south west of Elim Hospital in 1963. Father MacCarthy was in charge of the mission station. It became clear in 1964 that doctor Frorichie could not continue to run the clinic due to lack of funds. After the departure of Doctor Frorichie in 1964 sister Stanusulus took over the clinic until 1976. The clinic was and still is famous for midwifery care, mothercraft and minor ailments. In 1977 sister Lauda took over the clinic, with Father Culvine in charge of the mission station. Besides evangelical work and health services that were rendered, St Scholastica mission station also provided a boarding school for primary education (Dzumba 1995: Personal interview).

5.8. ESTABLISHMENT OF HAYANI HAVEN HOSPITAL

The Dutch Reformed Church established a home for the ex-leprosy patients in 1969. In 1982 the chronically ill and the aged patients from Khathutshelo at Tshilidzini Hospital were transferred to Hayani Haven. The hospital also accommodated chronic psychiatric and mentally retarded patients. It is currently used as a training facility for psychiatric nursing for the Diploma in Nursing (General, Psychiatric and community) and midwifery (Madzivhandila 1996, Shandukani 1995: Personal interview).
5.9. EXPANSION OF NURSING SERVICES AT WILLIAM EADIE CLINIC

BETWEEN 1948 AND 1979

Lieutenant Styles continued with the work at William Eadie clinic since its establishment in 1929 and left the clinic in 1947. Together with Major Buttersby they had established domiciliary midwifery services which were beneficial to the whole family because during home visits for confinement and follow-ups, nurses also attended to the health needs of other family members.

Miss Rebecca Madzanga was the first nurse auxiliary to work at William Eadie clinic with Lt Styles. In 1947 Captain Fitzel was appointed as trained nurse and midwife at the clinic after the departure of Lt Styles and Major Buttersby. In 1948 Mrs O Mabaso was appointed as nurse aid. Her duties included bathing of babies, cooking for patients, washing patients' linen and assisting the sister in the delivery room. Between 1949 and 1956 the average number of deliveries in the clinic was ten (10) per month as most of the deliveries were still conducted at the patients' homes.

Major Styles returned to William Eadie clinic to replace Captain Fitzel who had left the clinic. Miss T Mukondeleli, a trained auxiliary nurse and midwife, was appointed to William Eadie clinic in 1966. The Salvation Army headquarters in Johannesburg donated sixteen beds to William Eadie clinic in 1970 and converted the clinic into a maternity home, which by then had two hundred deliveries per month. Major Styles retired in 1970 after having established and served at the clinic for thirty eight years. In 1979 the maternity home was nationalised by the Venda Government (Mabaso 1994: Personal interview).
5.10. TRAINING OF REGISTERED NURSES, REGISTERED MIDWIVES AND NURSING ASSISTANTS AT DONALD FRASER AND TSHILIDZINI HOSPITALS BETWEEN 1970 AND 1979

A need for registered nurses and midwives to staff the hospital wards and clinics was realised to meet the demands of medical expansions and to render professional nursing care to the patients. Mandatory registration or enrolment of all persons undertaking nursing for gain led to the introduction of formal training and enrolment of nursing assistants with the South African Nursing Council.

5.10.1 Training of nurses at Tshilidzini Hospital

Tshilidzini Hospital was approved as a training school for the non-White auxiliary nurses in August 1963. In April 1970 the hospital was recognized by the South African Nursing Council as a training school for General nurses in association with Groothoek Nursing College. Training of male nurses was approved in January of 1971 (South African Nursing Council 1963, 1970, 1971 Training records on Tshilidzini Hospital).

5.10.1.1 Training of General nurses at Tshilidzini Hospital

Tshilidzini hospital pioneered the training for the diploma in general nursing in Venda in 1971. Three student nurses started the course, two dropped out and only Miriam Kutama completed the training in 1974. Due to the lack of qualified tutors to handle some aspects of the curriculum the student nurses and midwives from the three hospitals in Venda were sent to Elim hospital and
Groothoek college of nursing for theoretical lectures. A block system of one and two months was used for the student midwives and student nurses respectively (Botes 1990: Personal interview).

The clinical learning experiences for the student nurses and midwives were handled by the ward sisters and some professional nurses who were assigned to handle clinical teaching.

5.10.1.2 Training of enrolled nurses and nursing assistants at Tshilidzini Hospital

During 1971 Tshilidzini hospital commenced with a training course for auxiliary nurses; six pupil nurses were in the first class. All of them passed the final examination in 1973. The language medium of instruction for the pupil nurses and pupil nursing assistants was Afrikaans. The first teaching sister of the pupil nurses at Tshilidzini was Mrs N Pretorius, the second one was Mrs R M Sikhitha who started teaching in 1974.

The Nursing Amendment Act 1972 (Act 50 of 1972) made provision for the mandatory registration or enrolment of all persons undertaking nursing in any form for gain. The Nursing Amendment Act made provision for the introduction of formal training and enrolment of nursing assistants in the three hospitals in Venda. Regulation R1834 of October 1972 had the following requirements and syllabus for nursing assistants:

- entry requirements was standard six;
- duration of training was one hundred days;
- course content comprised basic bedside nursing care.
5.10.1.3 Training of midwives at Tshilidzini Hospital

In 1976 Tshilidzini Hospital commenced with the training of midwives. The first trainees for the Diploma in midwifery were enrolled nurses Daisy Nwaila, Rachel Lebelo and Rachel Mandiwana.

5.10.1.4 Revision of training of enrolled nurses on 1977

In 1977 the South African Nursing Council reviewed the training of auxiliary nurses by including instruction in certain electives, namely: General nursing, care of the aged, care of the mentally retarded persons, as well as community nursing and psychiatric nursing. The three training schools in Venda offered the elective of general nursing. (South African Nursing Council 1977, Regulation R 1664; Tshilidzini Hospital 1976: Training Records).

5.10.2 Training of General nurses at Donald Fraser Hospital

Donald Fraser Hospital was recognized by the South African Nursing Council as a training school for the Diploma in Midwifery and General nursing in association with Groothoek College of Nursing in 1974 and 1975 respectively. During 1974 the number of nurse trainees who undertook examinations were as follows:
## Type of examination Number of students

<table>
<thead>
<tr>
<th>Type of examination</th>
<th>Number of students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preliminary examination for midwives</td>
<td>6</td>
</tr>
<tr>
<td>One year diploma in midwifery</td>
<td>4</td>
</tr>
<tr>
<td>Two year enrolled nurse training</td>
<td>27</td>
</tr>
</tbody>
</table>

In 1975 Donald Fraser hospital commenced offering training for the Diploma in General Nursing with two student nurses, namely Lillian Maluleke and Onica Molepo. The training offered was based on the revised curriculum through Regulation R879 of 1975 which described nursing as a science and an art.

### 5.10.3 The advantages of the Diploma in General nursing

The introduction of the Diploma in General Nursing training programme at Tshilidzini and Donald Fraser Hospitals was helpful in uplifting the midwives and enrolled nurses in Venda to become professional nurses. The duration of training was two years for midwives and three years for enrolled nurses.

The selection of candidates for the different training programmes for nurses was conducted by a
selection committee that consisted of the hospital matron and teaching staff responsible for theoretical and clinical aspects of training. A standardised selection tool was developed by the hospitals (Donald Fraser Hospital Annual Report 1975: 7; Makhubele 1990: Personal interview; Sikhitha: Personal experience; McCarthy 1954:39-40)

The success of the Diploma in General Nursing training programme in meeting the nursing staffing needs of Venda Health Services depended largely on the availability of candidates of an acceptable educational standard. There were few young women coming from high schools who had passed standard ten with science subjects to undertake the training (Maumela 1990: Personal interview). In 1972 Venda had sixty two (62) standard ten pupils and five hundred and thirty three pupils in 1979.

5.11 CONSTITUTIONAL DEVELOPMENT OF VENDA BETWEEN 1951 AND 1979 AND ITS INFLUENCE ON NURSING IN VENDA

According to the policy of separate development of the National Party the constitutional development of Venda was established on the Bantu Authorities Act (Act 68 of 1951), which established twenty five tribal authorities and a territorial authority. The territorial authority took over the control of clinic services and nurses from the Native Commissioner.

Proclamation R 168 (20 June 1969) of the Bantu Authorities Act made provision for the establishment of an executive council consisting of six members each being responsible for an administrative department. The Department of Interior as one of the six departments took over the administrative control of clinic services and nurses from the territorial authority.
In terms of Chapter 1 of the Bantu Homelands Constitution Act 1971 (Act 21 of 1971) a Venda Legislative Assembly was established on February 1 1973; Venda was proclaimed self-governing territory/country within the Republic of South Africa under Chapter 2 of the Bantu Homelands Constitution Act (1971; Ross 1979:22-24).

After obtaining self governing status the legislative Assembly of Venda acquired full administrative authority to run and control its own affairs through the different government departments. Among other activities, Venda was to take control of the health of its people. The Department of the Interior which was responsible for community health services, established clinics and supplied nurses and medicines. Mrs C Muthige who had qualified as a community health nurse in 1969, became the first black clinic supervisor for Venda, Lebowa and Gazankulu clinics. Mrs E Ndou and Mrs J Tshatsinde qualified as community health nurses in 1969 (Bantu 1975 : 2, 4, 16; Muthige 1993: Personal interview; Ndou 1995: Personal interview).

5.12 THE ESTABLISHMENT OF THE DEPARTMENT OF HEALTH IN 1977

For Venda to take full control of the health services of its people, hospital services were to be incorporated into its administration. From April 1974 the Department of Bantu Administration and Development nationalised the hospitals in Venda, ie it took over the control of the hospitals from the missionaries. The State Health Department remained responsible for all health services in Venda and rendered services on behalf of Bantu Administration and Development.

Through the Health Act 1977 (Act 63 of 1977) the Department of Health introduced a policy of comprehensive community based health services (Donald Fraser Hospital: 1979 minutes of
hospital Board Meeting; Muller 1977: 36; Muller 1979: 5).

This nationalisation process took three years to complete. Donald Fraser Hospital was nationalised in 1974. The area south of the Limpopo river was removed from the jurisdiction of Messina district and was included under Donald Fraser health ward. Tshilidzini Hospital was taken over in 1975, and the clinics (Mulima, Masakona, Nthabalala, and Mashamba) which were served by Elim Hospital, were incorporated under Tshilidzini Hospital.

The clinics that were served by Tshilidzini, ie Mhinga, Shikundu, Shigalo, Nthlaveni D and E and Giant Reefs were incorporated under the Gazankulu Government. Siloam was taken over in 1976 and the Sinthumule and Kutama areas were incorporated under Siloam Hospital.

The clinics in Venda were also transferred from the Department of the Interior to the Venda Department of Health and Welfare, which instituted the comprehensive health system and divided Venda into the health wards served by the three hospitals (Donald Fraser Hospital 1975: minutes of the hospital board).

The programme of nationalization of the three hospitals, the institution of the Department of Health in Venda as well as the introduction of the comprehensive health services marked a transition period in nursing and nursing education in that it provided for:

- professional opportunities for registered nurses to take over the responsibility of their own services in their homeland, ie to take charge of nursing services at head office level and in hospital services;

- better conditions of service for the clinic nurses which were brought in line with those of
hospital nurses;
- review of staff establishment in the hospitals and the creation of additional nursing and administrative posts;
- creation of additional posts of different categories of nurse trainees on the staff establishments of the hospitals;
- better coordination of hospital and community services through the implementation of the comprehensive health care system, and free movement of nurses between hospitals and the clinics on relief basis;
- training of nurses to meet the health needs of Venda; this objective led to the establishment of the Venda Nursing College;
- coordination of nursing services and nursing education in the three health wards through the Nursing Division Services at the Department of Health (Muller 1977:36; Muller 1979:51,53; Bantu Education Journal 1963:376; Roux 1976:29-30; South African outlook 1942:207).

5.13 POST-BASIC TRAINING OF NURSES BETWEEN 1969 AND 1979

The nursing services made rapid progress with the nationalisation of health services. Nursing personnel with appropriate qualifications were needed to take administrative posts at supervisory levels at the Department of Health, in hospitals, clinics and in nurse training. Emphasis on training of nurses was focused on nursing administration, nursing education, community health nursing and on clinical nursing specialties.

To facilitate the training of nurses; excellent scholarships which included study leave with full pay
were provided by the governments of South Africa and Venda to professional nurses who met the entry requirements at nursing colleges and universities to undertake post-basic courses (Searle 1980:276; Lekhele 1971:16-19; Ross 1979:22-24).

5.14 TRAINING IN NURSING ADMINISTRATION

Mrs C Muthige who was in charge of the clinics was released from duty to undertake the diploma in nursing administration at Kalafong College of Nursing in 1975. On completion of her training she was appointed as the first chief nursing organizer of the Department of Health and Welfare (Muthige 1993: Personal interview).

Mrs J Makhubele from Donald Fraser Hospital undertook her training in nursing administration at Kalafong College of Nursing in 1974. On completion she took charge of Donald Fraser Hospital. Mrs S Netshifhefhe trained at Baragwanath College of Nursing in 1974 for the Diploma in Nursing Administration and took charge of Siloam Hospital. Mrs E L Ramabulana from Tshilidzini hospital was trained in 1974 for the Diploma in Nursing Administration at the University of North. Miss E Cilliers, the late Mrs D E M Mphephu, and the late Mrs R Ravele were trained at the University of Orange Free State and the University of the North respectively (Department of Health and Welfare 1994: Records on post-basic training; Makhubele 1990, Mphephu 1995, Netshifhefhe 1994, Ramabulana 1993: Personal interviews).

5.15 TRAINING OF NURSES FOR NURSING EDUCATION AT THE UNIVERSITY OF THE NORTH

Mrs J V Mufamadi who was a teaching sister at Siloam Hospital completed the Diploma in
Nursing Education in 1977 and became the first tutor in Venda. She headed the combined lecture room department for student midwives at Tshilidzini Hospital.

In 1978 Mrs R M Sikhitha and Mrs E L Ramabulana completed the diploma in Nursing Education. Mrs Sikhitha joined Mrs Mufamadi in the lecture room department and together they embarked on the preparation for the establishment of the Venda Nursing College. The preparation included:

- planning for training facilities such as audiovisual aids and books;
- arranging for the return of the student nurses who were being trained at Groothoek College of Nursing;
- planning together with other college board members and architects for the college buildings.

Mrs E L Ramabulana worked as matron at Tshilidzini Hospital. Mrs F M Ramabulana who was a clinic nurse and Miss N K Serakoana who was working at the Department of Health completed their tutor training in 1979, and joined the newly established Venda Nursing College in 1980.

Mrs M M Ramabulana, Mrs T Ramugondo and the late Mrs T P Mamaila and Mrs L Nethomboni from Siloam, Donald Fraser and Tshilidzini Hospitals, undertook the Diploma in General Nurse instructor's course at Kalafong College of Nursing and took charge of clinical teaching at their respective hospitals (Department of Health and Welfare 1978: Records on post-basic training).
5.16 TRAINING OF NURSES FOR COMMUNITY HEALTH NURSING

The following professional nurses who were serving at the clinics were released to undertake the Diploma in Community Health Nursing at Garankuwa Hospital which was a community health nursing facility of Madikoti Technicon:

- Mrs M Dzumba (1971);
- Mrs V N Maphaha (1974);
- Mrs S Madzivhandila (1974);
- Mrs J A Dau (1974);
- The late Mrs G M Netshituni (1979).

In 1981 Mrs V N Maphaha and Mrs M Dzumba joined Mrs Tshatsinde and Mrs E Ndou at the department of health while Mrs S Madzivhandila, Mrs J A Dau and Mrs G M Netshituni were clinic supervisors (Madzivhandila 1991: Personal interview).

5.17 TRAINING OF NURSES FOR CLINICAL COURSES

Registered nurses also extended training in courses that prepared them to take charge of the wards. Mrs C Mudau from Tshilidzini undertook the Diploma in Ward Administration in 1974. She also completed the Diploma in Intensive Care Nursing in 1979.

Elim Hospital is being credited with offering training to nurses in ophthalmic nursing. Mrs M Khangala, Mrs R M Ramabulana and Mrs V Mphaphuli from Tshilidzini, Siloam and Donald Fraser qualified as ophthalmic nurses, and rendered valuable service for patients in the hospital as well as those in the community (Kwaimane 1991: Personal interview; Ramabulana 1990: Personal interview).
In 1974 Mrs M M Maiwashe from Tshilidzini Hospital qualified as an orthopaedic nurse. Training was also undertaken in psychiatric and paediatric nursing. Nurses also attended short courses for updating and also to be provided with new knowledge. The late Mrs T P Mamaila won the Dettol award for the infection control competition and undertook a study tour to England. Being a clinical instructor for student midwives the knowledge which she gained was used for nurse training, and the establishment of infection control committees (Searle 1961:28-30; Cilliers 1992: Personal interview).

On the 13th September 1979, Venda became an independent state. By this time preparation for the establishment of the Venda Nursing College and the Venda Nursing Association were already underway. There were increasing demands for different categories of nurses to staff the nursing services at the hospitals and clinics. Large scale training of general nurses was undertaken in the eighties with the establishment of the Venda Nursing College. There were only four nurses in 1979 who were pursuing studies through distance education with the University of South Africa.

5.18 CONCLUSION

The major highlights that occurred between 1948 and 1979 were:

- the outbreak of scurvy, smallpox and rabies epidemics;

- the recognition of hospitals in Venda as training institutions by the South African Nursing Council. This was training for General Nursing, midwives, enrolled nurses, and enrolled nursing auxiliaries;

- establishment of the Department of Health and the nationalisation of the hospitals;

- training of professional nurses in postbasic courses.
CHAPTER 6

THE PERIOD BETWEEN 1980 AND 1990

6 INTRODUCTION

The previous chapter outlined the development of nursing education from hospital-based training to training of nurses by the Transvaal Provincial Administration. The three hospitals in Venda were recognized by the South African Nursing Council as training schools for Nursing Assistants, enrolled nurses, Registered midwives, and General nurses. The hospitals which were under the administration of missionaries were nationalized, and the Department of Health and Welfare for Venda was established with the purpose of taking control of health services in Venda.

This chapter outlines the latest stage in the development of nursing services and education in Venda:

- In 1980 Venda established its own Nursing College.

- Regulation R2118 of 30th September 1983 as amended by R425 of 22 February 1985 established the four-year Diploma programme leading to registration as a nurse (General, Psychiatric, Community) and Midwife. The course was duly introduced in 1985.

- In 1986 Venda introduced its own post-basic course namely the Diploma in Clinical Nursing Science, Health Assessment, Treatment and Care in accordance with Regulation 2563 of 15th November 1985.

- In 1988 the Nursing Science Department of the University of Venda introduced the Advanced Diploma in Community Health Nursing.

- The challenge of specialization in nursing courses stimulated many nurses to enrol for the
Diploma and degree courses at colleges and universities. Significant of these specialities were those undertaken through distance education through the University of South Africa.

- Many nurses who did not have matric studied privately to acquire entrance requirements to post basic courses.

- In 1990 through Regulation 683 of 14th April 1989, the bridging programme was established in Venda, and Regulation 1571 of 21st July 1989 revised the training of nursing assistants.


The success of the combined lecture room Department which was established at Tshilidzini hospital in 1977 for training midwifery students from Donald Fraser, Siloam and Tshilidzini hospitals, proved that Venda could manage to train its own professional nurses. Mrs R M Sikhitha, Mrs J V Mufamadi and Miss J J Botha staffed the lecture room department. The government had planned to send student nurses and midwives to the Garankuwa College of Nursing for theoretical tutoring. In this regard, the tutorial and nursing staff sent in a motivation to the Department of Health and Welfare to highlight the problems experienced when sending student nurses for lectures at a distant school such as to Groothoek College of Nursing, namely:

- the cost of the trips;
- transportation of large groups would need more vehicles per hospital;
- accidents on the way posed a problem, and these problems would double if students were sent to Garankuwa.

The motivation went on to express the feelings of nurses this way: "The general feeling from
nurses in Venda is that if a country is ripe to accept independence it should be ready to train and
 develop its own professional nurses. We therefore strongly feel that Venda should not be
dependent on other colleges to train its own nurses. We strongly appeal to our government to
establish our own Venda College of Nursing" (Minutes of the executive meetings 1979: Matrons
meeting).

6.1.1 The establishment of the Board of Management for Venda Nursing College

The Department of Health responded to the motivation from nurses by advising that it had
constituted a Board of Management for the proposed nursing college, with the following full
members:

- the superintendents of the three hospitals;
- the matrons of the three hospitals;
- the senior principal tutor of the college;
- the principal clerk of the college
- assistant nursing organiser from the nursing section of the Department of Health;
- assistant secretary for the Department of Health and Welfare.

Advisory members were:

- the secretary for Tshilidzini Hospital;
- the secretary for the Department of Health and Welfare;
- any other person invited by the Board.
6.1.2 Functions of the Board of Management of the proposed college

The functions of the Board of Management of the proposed college were:

- to approve and make recommendations on the college budget;
- to select and recommend the appointment of teaching staff, administrative staff, house mothers and caterer;
- give approval to the purchasing of indispensable equipment recommended by the staff of the college.

The first meeting to constitute the College Board was held on 23 January 1980. Doctor Helms became the first chairperson of the College Board. The Board of Management of Venda Nursing College served until 1986 when it was replaced by a college council and the senate which were constituted on the 21 and 20 November respectively (Minutes of the executive meeting 1980: Board of Management of the Venda Nursing College).

6.1.3 Training of nurses at Venda Nursing college in 1980

On March 01 1980, the Venda Nursing College was opened for student training in the Diploma in General Nursing and Midwifery Science in accordance to Regulation R879 of 1975, and R1886 of 18 October 1974 respectively. The college was temporarily accommodated at Tshilidzini hospital until 1982, whilst the first phase of the college was being constructed. Students who had already been sent to Groothoek Nursing College were called back to complete their training at the new college. These students were at different levels of study, and the first, second and third year students wrote their examination in 1980. The final results of the Diploma in General Nursing and the Diploma in Midwifery Science were very good. Mr Philemon Mudalahothe passed
midwifery examinations in 1980 and became the first accoucheur in Venda. A new era in nursing was marked when Venda produced its own first professional nurses. The intake for the Diploma in General Nursing was done in April, August and December each year. The Department of Health and Welfare approved a total of 200 posts for student nurses in the three hospitals. In 1981, Siloam Hospital was recognized as a training school for general nursing, and the first group started training in 1982. The students for the Diploma in Midwifery wrote final examinations in February 1981 and they all passed. The intake dates for student midwives were March, July and November. (Venda Nursing College: 1980 Annual Report; Venda Nursing College: College Registers).

6.1.3.1 Tutorial Staff

The Venda Nursing College commenced with a strong tutorial staff of six qualified tutors amongst whom was Mrs E L Ramabulana, who was the first principal of the college. Other tutors were:

- Mrs J V Mufamadi;
- Mrs R M Sikhitha;
- Mrs F M Ramabulana;
- Miss N K Serakoana;
- Miss K E Maholwana who trained at the University of Natal, and also held an additional qualification namely the Diploma in Psychiatric Nursing.
- Mrs S M Mulaudzi, Mrs M M Ramunenyiwa, Mrs C M Netshilindi, Mrs E M Magwaba and Miss Siwisa were teaching sisters;

Mrs H Dlamini and Miss A M Mogashoa joined the college in 1981 as tutors.

By 1990, about 80% of the teaching staff had obtained qualifications in nursing education, mostly
through correspondence with the University of South Africa (Venda Nursing College Annual Reports: 1981, 1982, 1990)

6.1.3.2 Staff Development

Emphasis was placed on attending inservice programmes that focused on the preparation for the new comprehensive course. Mrs R M Sikhitha completed BA Curationis in 1982 and Hons BA Curationis in 1988.

6.2 THE DEVELOPMENT OF THE VENDA NURSING ASSOCIATION IN 1980

The establishment of the Venda Nursing Association could be traced back as from 1948 when trained auxiliary nurses and midwives belonged to the South African Nursing Association, under the Pietersburg branch. The association was needed to combine the efforts of nurses, and to support and assist them in solving problems related to their conditions of service. Midwives in Venda belonged to a local discussion group called Zoutpansberg African district Nursing discussion group. The aims thereof were:

- to bring all the African district nurses within the jurisdiction of the association in the common fold;
- to educate the communities concerning developments in health;
- to send representatives (chairperson, secretary, and treasurer to any meeting deemed to be in line with the nursing profession;
- to act as link with (i) the mother branch and other associations; (ii) higher associations, e.g., the South African Nursing Association; (iii) Governing bodies;
to bring and discuss problems or difficulties met by nurses in the various clinics with the aim of solving the same; the discussion group could be seen as an attempt to establish a professional organization to take care of these functions (Zoutpansberg African district Nursing Discussion group: [sa]; Constitution of the Zoutpansberg discussion group; Muavha 1992: Personal interview; Makiwane 1977:27; Sebe 1977:74-75; Sichel 1977:10-13).

The Venda Nursing Association was established in accordance with the Venda Nursing Association Act no 45 of 1980. The main task of the Venda Nursing Association was to nurture professional development and cohesion, and to provide meaningful and coordinated continuing education opportunities.

The Venda Nursing Association Act no 45 was passed in 1980, and the following board members were nominated by the Minister of Health and Welfare, Chief C N Makuya as follows:

- Mrs P R Ravele as President;
- Mrs S Ramasuvha as Vice President;
- Mrs S Madzivhandila as treasurer;
- Mrs Netshifhefe as member;
- Mrs E N Ndou as member;
- Mrs D E M Mphephu as the executive director.

These office bearers were to serve from December 1981 to December 1982 (Mphephu 1992: Personal interview).
6.3 THE ESTABLISHMENT OF THE REGIONAL HEALTH ORGANISATION FOR SOUTHERN AFRICA (RHOSA) IN 1980.

This organisation was an expert committee of the nursing profession that was constituted by the chief nursing organisers of South Africa, the four independent states (Venda, Transkei, Bophuthatswana, Ciskei) and the national states. It was a government body whose main purpose was to:

- ensure the standardization of nurse training and practice in Southern Africa;
- coordinate post-basic training of nurses most of which was offered in the Republic of South Africa;
- standardise nursing manpower in Southern Africa viz nursing posts, to ensure that the same principles of determining nursing manpower remain the same in Southern Africa.

The first meeting of RHOSA was held on the 17th September 1980 (RHOSA 1980: minutes of the first meeting).


The League of Nursing Associations of Southern Africa was a corporate body established by the Nursing Associations of South Africa, the Independent states and the National states which comprised Gazankulu, Lebowa, Kwandebele, Kangwane, Kwazulu and Qwaqwa. The main objective of the League was to coordinate and promote the development of the nursing professions of Southern Africa.
to bring and discuss problems or difficulties met by nurses in the various clinics with the aim of solving the same; the discussion group could be seen as an attempt to establish a professional organization to take care of these functions (Zoutpansberg African district Nursing Discussion group: sa; Constitution of the Zoutpansberg discussion group; Muavha 1992: Personal interview; Makiwane 1977:27; Sebe 1977:74-75; Sichel 1977:10-13).

The Venda Nursing Association was established in accordance with the Venda Nursing Association Act no 45 of 1980. The main task of the Venda Nursing Association was to nurture professional development and cohesion, and to provide meaningful and coordinated continuing education opportunities.

The Venda Nursing Association Act no 45 was passed in 1980, and the following board members were nominated by the Minister of Health and Welfare, Chief C N Makuya as follows:

- Mrs P R Ravele as President;
- Mrs S Ramasuvha as Vice President;
- Mrs S Madzivhandila as treasurer;
- Mrs Netshifhefhe as member;
- Mrs E N Ndou as member;
- Mrs D E M Mphephu as the executive director.

These office bearers were to serve from December 1981 to December 1982 (Mphephu 1992: Personal interview)
6.3 THE ESTABLISHMENT OF THE REGIONAL HEALTH ORGANISATION FOR SOUTHERN AFRICA (RHOSA) IN 1980.

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RHOSA and LONASA benefited the nursing profession in Venda as the standards of nurse training and nursing practice were kept in line with those of other states in Southern Africa.

6.5 THE REORGANISATION OF THE NURSING TRAINING SYSTEM WHICH LED TO THE ESTABLISHMENT OF THE DIPLOMA IN NURSING (GENERAL, PSYCHIATRY, COMMUNITY) AND MIDWIFE IN 1980

Since 1980 efforts were pursued to have nursing education in South Africa integrated within the tertiary education system of the country, and to address the following the deficiencies which existed within the nursing education system:

- nurse training was based at the hospitals and controlled by authorities who gave preference to service needs;
- the educational needs of the students were not considered and students were used as functional workers, i.e. they provided service for training;
- efforts by the South African Nursing Council to establish nursing education at universities to meet the comprehensive health needs of the community had failed, viz the integrated course did not include the four basic disciplines (Potgieter 1992:116-171).

The process of reorganising nursing education was in line with the social changes that affected the provision of health care:

- the Van Wyk de Vries Commission of Inquiry (1974) into universities had recommended in their report that nursing colleges affiliate with universities to raise the standard of higher education;
- the development of comprehensive health care services for the peoples of Southern Africa
which was provided in the Health Act no 63 of 1977 confirmed the need for comprehensive tuition and training of nurses;

- the main function of the South African Nursing Council as contained in the Nursing Act was the promotion of the health standards of the peoples of Southern Africa. This could only be achieved by establishing nursing education system that addressed deficiencies (Robertson 1985:15,16; Potgieter 1992:166-171).

6.5.1 Preparation for the establishment of the four year Diploma programme leading to registration as a nurse (General, Psychiatric, Community) and midwife.

As from 1982 the South African Nursing Council and the South African Nursing Association were engaged in proceedings to reorganize and develop the nursing education system. The Ministers of Health and Education were supportive of this initiative.

Professor C Searle of the University of South Africa conducted research to determine the need and nature of the new four year programme, and visits to the United States of America were undertaken by heads of the Nursing Science departments of South African universities, and nursing organisers of South Africa and the homelands in order to study more about this course and also to be in line with international standards. Mrs R M Sikhitha and Mrs E L Ramabulana attended a course on curriculum development at the University of Orange Free State and at Tygerberg Hospital in 1982.

In 1983 the South African Nursing Council promulgated the training Regulation and Directive R2118 whose objectives were to describe:
the structure and the functions of the nursing college;
- the concept autonomy of the college and the legislation that governs the nursing colleges and the student in the new system of training.

In 1984 the Venda Health Act no 13 of 1984 was passed by the Venda parliament. The Health Act formed a blueprint for the future running and development of the health services. Section 29 of the Act made provision for the establishment of the Venda Nursing College. Out of this section Regulations concerning the establishment of the Venda Nursing College and related matters were promulgated. In the meantime the Venda government was engaged in discussions with the University of South Africa on the association of its college with this University.

The implications of the Government notice No 45 of 1985 provided for:
- the association of the Venda Nursing College with the University of South Africa, which had a Nursing Science department, and to corporate in the training of nurses at Diploma level;
- the constitution of the College Council and the College Senate.

In 1985 Regulation No R2118 was amended by R 425 of 1985. The directive described the philosophy and the educational task of the Nursing Council, as well as the subjects and the subject content for the four year Diploma programme leading to registration as a nurse (General, Psychiatric, and Community) and Midwife.

6.5.2 Introduction of the four year Diploma leading to registration as a nurse (General, Psychiatric, community) and midwife

In July 1985 the above mentioned Diploma was introduced at the Venda Nursing College in
assocation with the University of South Africa. The new programme extended the range of competency of professional nurses and raised the nursing standards. The introduction of the programme was a great challenge to the Department of Health as a whole and to the college staff in particular. Mrs R M Sikhitha was appointed as the principal of the college in 1985 (Venda Government Annual Report 1985: 110).

6.5.3 Signing of the training agreement

The training agreement between the Venda Government and the University of South Africa was officially signed on the 5th of September 1986 by the Minister of Health and Welfare, Chief M M Mphaphuli, on behalf of the Venda Government and professor J C G van Vuuren, vice-principal of the University of South Africa on behalf of the University of South Africa.

The training for the Diploma in General Nursing was being phased out and replaced by the new four year diploma programme. The last group for the Diploma in General Nursing completed the course in 1988.

The South African Nursing Council conducted the first inspection of the Venda Nursing College on the new programme in 1988, and was impressed by the positive manner in which the college approached the new system of nurse training (Venda Nursing College Annual Report: 1988).

The first group for the Diploma programme leading to registration as nurse (General, Psychiatric, Community) and Midwife comprising thirteen students, completed the course in June 1989. Amongst the students was Mr Mpho Elvis Mufamadi who obtained the Diploma with distinction.
The first Diploma Award ceremony was held in July 1989. A second diploma award ceremony was held for the two groups that completed the course in December 1989 and June 1990 respectively (Venda Nursing College Annual Report 1990; McCutcheon 1991: Personal interview).

6.6 THE ESTABLISHMENT OF THE BRIDGING PROGRAMME FOR ENROLLED NURSES IN 1990

In accordance with the South African Nursing Council Regulation R683 of 14th April 1989, the bridging programme was established. The purpose of the programme was:

- to upgrade existing enrolled nurse to the level of either a registered general of psychiatric nurse;
- to prepare the candidate to meet the programme objectives within the scope of practice of the registered nurse.

The duration of the course of study is two years and admission requirements to the course of study are:

- enrolment as a nurse;
- standard ten certificate or equivalent.

The subjects for the bridging programme consist of:

- Applied Social Science (including Communication and Mental Health);
- Ethos of Nursing and Professional Practice (including Ward Management and Clinical Teaching);
- Integrated General or Psychiatric Nursing Science. The training in Venda for the bridging programme is Integrated General Nursing.

The first intake for the course was in June 1990 (Regulation and Directive R683 1989, Venda Nursing College 1990: Training records for the Bridging programme (Netshilindi 1990: Personal interview).

6.7 THE ESTABLISHMENT OF THE REVISED PROGRAMME FOR NURSING ASSISTANTS IN 1990

The South African Nursing Council Regulation R1571 of 21 July 1989 upgraded the training of nursing assistants in that the duration of the course was increased from hundred days to one year and not more than eighteen months. The candidates undertake an external examination from the South African Nursing Council comprising one paper of three hours. The first intake of pupil nursing assistants was in 1990.

6.8 THE SOCIO-POLITICAL CHANGES IN 1990 AND HOW THEY AFFECTED NURSING AND NURSING EDUCATION

On the 5th April 1990 the military government of Brigadier G. Ramushwana took over the civilian government that was in power in Venda. Prior to the take-over the government departments were affected by industrial actions. Among the health institutions Siloam Hospital was adversely affected. The doctors left the hospital and this resulted in the decrease of patients to below the minimum requirements to satisfy training needs of nurse trainees (Thohoyandou 1991:7)
Due to insufficient patient numbers in the hospital the South African Nursing Council suspended the training of nurses in January 1991. The following categories of training were affected:

- Diploma leading to registration as a nurse (General, Psychiatric, Community) and midwife;
- diploma in midwifery;
- bridging programme;
- training of pupil nurses and nursing assistants (Thohoyandou 1991:5).

6.9 POST-BASIC TRAINING FOR NURSES IN VENDA BETWEEN 1986 AND 1990

The 1984 development health plan for the health services in Venda identified the need to establish clinics at ten kilometre distance from each other. It further analyzed the demographic tendencies and projected manpower needs for Venda. In an effort to meet this need, Venda embarked on a new venture of training nurses to staff the clinics (Valley Trust: 1976: 18-19). The Diploma in Clinical Nursing Science, Health Assessment, Treatment and Care was pioneered at Siloam Hospital in 1986 under the leadership of doctor van't Spyker, whilst doctor C van Deventer introduced the same course at Tshilidzini Hospital in 1988. The course was offered in accordance to Regulation 253 of 15 November 1985.

During 1986 the University of Venda embarked on plans to introduce new projects of post-basic training for nurses at diploma and degree levels. The plans were in line with the Human Sciences Research Council's report on demographical tendencies in South Africa and its implications on manpower development for the year 2000. The report was supported by the 1984 Department of Health policy which had similar objectives but concentrated on Venda.
A Working Nursing Advisory Committee was established on the 22nd of April 1986 comprising the Academic Registrar of the University of Venda, Mr N J De Beer, the Dean of the faculty of Natural Sciences, Professor T van Ree, the Director General of Health services in Venda, Doctor J P McCutcheon, the Head: Nursing services Mrs D E M Mphephu, the Head: Venda Nursing College, Mrs R M Sikhitha

The purpose of the committee was to look into the nurse manpower needs, the role of the University of Venda in nurse training, and to establish a chair of Nursing at the University of Venda (University of Venda 1986: Minutes of the first meeting of the committee).

In 1988, the University of Venda introduced an eighteen months Diploma in Advanced Community Health. The curriculum was planned to meet the needs of rural communities, and was a combination of Community Health Nursing and Clinical Nursing Science, Health Assessment, Treatment and Care.

The candidates for the course were professional nurses from the hospitals and clinics. The course was pioneered by professor M Herbst in association with the hospitals and clinics in Venda. The first diploma award ceremony was held in 1990 (Duncan 1980:207-211; Venda Government 1987 Annual Report 88; University of Venda 1990: Programme for the graduation ceremony, Wagstaff 1977:1086-1088).

This chapter discussed the nursing developments in the post-independent era. It described the establishment of the Venda Nursing College, the Venda Nursing Association, the Diploma in Nursing (General, Psychiatric, Community) and Midwifery. Further, the establishment of the
Nursing Science Department at the University of Venda and the introduction of the Advanced Diploma in Community Health were discussed. The upgrading of staff nurses, midwives, nursing assistants and professional nurses by the introduction of the bridging programme, and the revised curriculum for nursing assistants were highlights during this period.

6.10 CONCLUSION

It does not seem like a long time ago that at the beginning of this century some single-handed sporadic efforts of missionaries, their wives, nurses and a doctor provided medical and midwifery services to the Venda community.

During the eighty years of health services from 1911 to 1990, Venda can look back at the pioneer medical and nursing personnel whose efforts cannot be calculated in statistics but can only be measured by scales of eternity (Gerdener 1937: 45-46).

The first contact of the Venda community with Western healing practices was characterised by critical feelings and suspicion. The love, understanding and patience of the health providers influenced the health consumers to gain confidence in the healing practices and also inspired many Venda young women to become nurses.

Nursing in Venda developed from a simple nurse-aid to hospital-certificated, to an auxiliary nurse professional and to nurse specialist in the varied and diverse areas of clinical care, administration and education. This has also been made possible by the availability of assistance from the South African Nursing Council, Universities, Governments of south Africa and Venda, Nursing Colleges
in South Africa and Hospitals in Venda. The training of nurses kept pace with the socio-political and constitutional changes for the country.
7. INTRODUCTION

The specific purpose of the study was to explore the development of nursing and nursing education in Venda by examining and analysing the past records. Efforts were made to achieve this goal by the meeting the objectives of the study.

7.1 MEETING THE OBJECTIVES OF THE STUDY AND THE SIGNIFICANCE OF THE OBJECTIVES FOR THE PRESENT AND FUTURE NURSING AND NURSING EDUCATION DEVELOPMENT

7.1.1 The first objective of the study was to:
- chronologically describe the development of nursing and nursing education in Venda from 1911 to 1990.

7.1.1.1 Chapter three described the introduction of nursing and medical services in the first four clinics by the four trained and a doctor. The first clinic was established at Gooldville mission station by Mrs B MacDonald in 1911 she served at this clinic up to 1931. She was trained as a nurse in Germany and undertook midwifery training in England. She was well qualified and equipped with knowledge and skills for her work.

The second clinic was opened at Goergenholtz mission station in 1928 and staffed by Miss
M.H.E. Phophi from 1928 to 1932. Miss M H E Phophi underwent a non-certificated hospital course in general nursing at Jane Furse hospital for two years. She further trained for one year in non-certificated hospital midwifery course for one year at Dundee hospital in Natal. She was better equipped with knowledge and skills for her practice.

The third clinic was established by Major Buttersby in 1929 as a maternity clinic at the Salvation Army mission station at Tshidimbeni. Major buttersby was trained in England and was well qualified with knowledge and skills for midwifery practice.

The fourth clinic was established in 1932 at Siloam mission station and staffed by Miss Marie Coetzee who was trained for three months on basic nursing and midwifery practice at Elim hospital.

Although the four nurses were trained at different places and at different levels, their nursing and midwifery practice was characterised by the basic principles which make nurses and midwives useful to the communities they serve. These basic principles are: love, understanding, commitment, respect for human life, mutual trust, honesty, acceptance and above all serving the Lord through serving fellow human beings.

The present and future nurses are and would still be trained in nursing specialities in the clinical areas and are, and still would be expected to display the above mentioned characteristics in their practice.

7.1.1.2 Chapter four described the establishment of Donald Fraser hospital in 1934 and Siloam
hospital in 1940 at Gooldville and Siloam mission stations respectively.

These hospitals introduced the training of nurses for the non-certificated hospital course in 1934 at Donald Fraser hospital and at Siloam hospital in 1940.

The development of district health and nursing services and the establishment of further seven clinics marked the introduction of community health services. The clinics were:

<table>
<thead>
<tr>
<th>Name of clinic</th>
<th>Year established</th>
<th>First nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Khalavha</td>
<td>1935</td>
<td>Ethel Rapholo</td>
</tr>
<tr>
<td>Tshakhuma</td>
<td>1936</td>
<td>Pricilla Ngwana</td>
</tr>
<tr>
<td>Beuster</td>
<td>1942</td>
<td>Penina Makuya</td>
</tr>
<tr>
<td>Sibasa</td>
<td>1942</td>
<td>Ganda Legodi</td>
</tr>
<tr>
<td>Bergplaats</td>
<td>1945</td>
<td>Ethel Radali</td>
</tr>
<tr>
<td>Dopeni</td>
<td>1946</td>
<td>Irene Ossa</td>
</tr>
<tr>
<td>De hoop</td>
<td>1948</td>
<td>Ntela Maja</td>
</tr>
</tbody>
</table>

From 1943 the Department of Public Health started recognising the district nursing services by subsidising nurses salaries. A health model for Venda was formulated by Doctor Aitken which was based on today's comprehensive health servies with a hospital co-ordinating health services of different communities through satillite clinics, serious conditions were referred to the hospital whilst complicated cases were referred to tertiary hospitals outside Venda.

The significance of this chapter on the present nursing, nursing education and health services is
that:

Comprehensive nurses are trained at the nursing college and to provide holistic care to the patients. Primary health care is provided at the clinic level with referral of serious cases to the hospital, while complicated cases are referred to tertiary/academic hospitals.

The implications for future nursing, nursing education and health services is the decentralisation of health services to district health services where each district would provide health care to people through the clinics. The clinics would refer serious cases to the district hospital, complicated cases which could not be handled at the district hospital levels would be referred to the Regional hospital, from where patient would be referred to the tertiary or academic hospital.

The nursing education would have to produce nurses with different clinical specialties to meet patient care at different levels of care.

7.1.1.3 Chapter five discussed the further establishment of Tshilidzini hospital and Hayani Haven in 1956 and 1969 respectively. The South African Nursing Council recognised Donald Fraser, Tshilidzini, and Siloam hospitals as training schools for auxiliary nurses and midwives, registered nurses and midwives, enrolled nurses and enrolled nursing assistants.

The establishment of the Department of Health by the Venda Government and nationalisation of hospitals, brought improvements to nursing and nursing education in that training of nurses for post basic courses in administration, education and clinical specialties was encouraged with a view of occupying key positions in the hospital and at the Department of Health. Venda obtained
independence in 1979.

The significance of this chapter for the current and future nursing and nursing education is that Venda during its independence time managed well to train its nurses and provide health care services to its people. The future health care services would fit well into the district health care services, which were introduced in 1935.

7.1.1.4 Chapter six discussed the following:

- the establishment of the Venda nursing college in 1980.
- the introduction of the four year diploma, leading to registration as a nurse (General, Psychiatric and Community) and Midwife in 1985.
- the introduction of post basic diploma in clinical health assessment, treatment and care at Siloam and Tshilidzini hospitals and the establishment of an advance diploma in community health nursing science at the University of Venda.
- the introduction of the bridging programme for enrolled nurses and the revised programme for nursing auxiliaries.

The significance of this chapter for the present and future nursing and nursing education

- the future health care services will be based on primary comprehensive health approach.

The country Venda is already at an advantage because of the available resources (i.e. manpower and clinics).

- the Department of Health in the Northern Province has identified Tshilidzini hospital as a training centre for the decentralised comprehensive primary health care programme.
In this programme the candidates who are professional nurses would be trained at their own clinics by tutors and facilitators. The bridging programme for enrolled nurses has proved to be a quick and cost effective way to produce registered nurses and midwives to staff the clinics and hospitals.

The revised programme for nursing auxiliaries prepare the sub professional category of nurses to render services at the clinics and hospitals.

7.1.1.5 Chapter eight comprised of annexures in the form of photos and copies of certificates to compliment the content. The significance for current and future nursing and nursing education that they create reality of events.

7.1.2 The second objective was to:
- describe the traditional health care systems of the Venda people before and after contact with Western medicine.

The significance of this objective on current nursing, and nursing education is that nursing today and in the future would still be faced with a superstitious community which believe in witchcraft and magic as the cause of misfortune and diseases.

Nursing education should develop nurses who understand and appreciate their own culture, and the cultures of their patients. In Venda there is good cooperation between health care personnel and traditional healers; the health personnel are allowed by traditional healers to visit traditional circumcision schools to advice on hygiene, nutrition, and prevention of infection such as the
Human Immune Virus.

The future nurse in the new South Africa, which is a multi cultural society would be expected to render transcultural nursing to different ethnic and racial groups. Future nurses are to participate in the formulation of health policies.

7.1.3 The third objective of the study was to:
- describe and analyze the roles of the different bodies/establishments that shaped/influenced this development.

The objective was met by discussion in chapter three, four, five and six which described the role of the missionaries, the Transvaal Provincial Administration, the South African Nursing Council, the South African Nursing Association, the Governments of South Africa and Venda in shaping nursing and nursing education.

The South African Nursing Council developed Nursing Acts, Regulation and Directives for the training of nurses and to control nursing practice. The South African Nursing Association looked after the interests of nurses. The government of South Africa subsidised the training of nurses and provided salaries for nurses at hospitals and clinics. The governments of South Africa and Venda provided scholarships for nurses in the form of study leave with full pay to undertake post basic training.

The nurses undertaking basic course were given a monthly allowance, free uniform, subsidised accommodation, and free tuition.
The significance for the present and future nursing and nursing education is that the nurses should appreciate the contributions of the South African Nursing Council and the South African Nursing Association in developing the nursing profession and to participate in the transformation process of these two bodies in the new dispensation.

The significance of this objective for the future nursing and nursing education. District health and welfare would form the bases of future health care, each district would identify its own health needs and develop its own policy guidelines. It would be provided with its own budget.

The implications on nursing education is that the training of nurses should include managing of state finances, human resource management, computer literacy and life skills. Such knowledge would equip the nurse managers to take charge of the district health services.

7.1.4 The fourth objective of the study was to:
- describe the health situation in Venda as reported by the missionaries the first doctors, and the Government of South Africa and Venda.

The objective was met by discussions in chapter two, three, four, five, and six. The description of the land Venda and its people in chapter two showed how the physical characteristics of the land and culture and customs influenced the health practices of the people. Missionaries who settled in different parts of Venda at different times experienced the need for health care and introduced their western healing practices. With an increase in patients who presented with complex health problems, clinics and hospital staffed with trained nurses and doctors were established from 1911 up to 1990. The government of South Africa and Venda responded to the
health need by providing funds for the establishment of the hospitals and clinics, and subsidising patient care. These governments also promulgated Health Acts, Regulations and Policies which provided guidelines on the provision of health care.

The health situation in Venda as reported by the early missionaries, the doctors, the governments of South Africa and Venda has not improved in real terms: the infections, i.e respiratory, gastrointestinal, are still rife with tuberculosis increasing in all age groups. Mental illness, cardiovascular diseases, cancer, substance abuse, child and women abuse, road accidents and AIDS have become the present epidemics.

The implications for the future nursing, nursing education and health services is that nurses need to be equipped and empowered with knowledge and skills to deal effectively with these epidemics and understand the implications of these epidemics on the country's economy.

7.2 SIGNIFICANCE OF THE STUDY FOR NURSE TRAINING, PRACTICE, HEALTH POLICY AND PLANNING.

From examining and analysing past records it became evident that the missionaries, doctors, nurses and governments of South Africa and Venda were goal oriented, ie meeting the health needs of the Venda community. This study is of value in researching, planning future nursing practice and nursing education and in developing policies for health provision, nursing and nursing education.
7.3 CONCLUSION

Although the former health care providers worked with limited manpower and material resources, they displayed courage, dedication, love for their fellow man and God, commitment, responsibility, in nurse training. The current and future nurses can learn from the former health providers and identify with these traits which make nurses useful agents in health provision.

When looking at this history, one must conclude that nursing in Venda has a rich heritage to be proud of the past of which has provided a strong foundation for future nursing developments (Gerdener 1937: 45-46).
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Mugwena, A. A resident at Siloam mission station. 26 May 1992, Pietersburg.

Nengudza, E. A resident of Georgenholtz mission station. She stayed with Reverend Wetphal together with H Nemukongwe between 1920 and 1930. 23 November 1992, Haluvhimbi.

Nemukongwe, RH. (Mr and Mrs). Researcher's parents. Mr Nemukongwe was a teacher, an evangelist in the Lutheran and Reformed churches. 23 November 1992, Haluvhimbi.


Phophi, N. Traditional Midwife. 6 October 1991, Mukula.
Ramaliba, IMP. First male nurse aid who worked with doctor Aitken in 1933. He left health services for teaching. 13 January 1991, Vhufuli.


Sididza, E. A resident of Georgenholtz mission station from 1930 up to date. 23 November 1992, Haluvhimbi.


- **Missionaries**


Matlakala, A. The wife of Reverend Matlakala. 26 May 1993, Pietersburg.
Nefale, T. Church Elder: Pentecostal Holiness Church. 18 June 1995, Dopeni.

ANNEXURES

Annexures comprise of photographs of individuals buildings, sites and copies of nurses certificates.
Thupana and Tshilelo (pg 34)

Clay pot for preparing baby's food (pg 34)

Divination Dice (pg 24)

A binder worn by post natal mothers. (pg 35)

Weaved plate. (pg 35)

Venda Art: Milk jars. (pg 16)
Rev. Donald Fraser (pg 53)

Hospital truck crossing an overflooded river with no bridge (pg 60)

Dr. and Mrs. Aitken (pg 55)

Mr. I.M.P. Ramaliba (pg 54)

Some of the early trainees of Donald Fraser Hospital seated from left to right:
Front: Mrs. M. Mutibivo, Mrs. P. Muavba and Mrs. C. Ravhuanzwo
Back: Mrs. E. Nkolele (pg 56)
Mrs. Tshidzumba, one of the trainees of Siloam (pg 70)
This is to certify that Penina Makuya completed a three-year course of training at the above Hospital and passed an examination in General Nursing in the year 1941.

K. D. Aitken
Medical Superintendent

Date 3.8.41

[Signature]
Acting Matron
TRANSVAAL PROVINCIAL ADMINISTRATION.

Certificate
of Admission to the Roll of Nursing and Midwifery Assistants

This is to certify that

HASHEM MUSTAFAI

has undergone a four year hospital and district nursing training course as a NURSING AND MIDWIFERY ASSISTANT.

She has received instruction in the THEORY AND PRACTICE OF NURSING AND MIDWIFERY and has successfully completed the course of training on the 31st day of July, 1951.

She passed the FINAL EXAMINATION FOR NURSING AND MIDWIFERY ASSISTANTS on the 7th day of August, 1951.

She has been admitted to the TRANSVAAL PROVINCIAL ROLL FOR NURSING AND MIDWIFERY ASSISTANTS on the 15th day of September, 1951.

Signed at the OFFICE OF THE ADMINISTRATOR OF TRANSVAAL, this day of 12th October, 1951.

[Signature]

Medical Director of Public Hospitals.

[Signature]

Directress of Nursing.

[Signature]

Secretary, Hospital Services Department.

Provincial Certificate (pg 74)
The South African Nursing Council

CERTIFICATE OF ENROLMENT

THIS IS TO CERTIFY THAT

UNDER THE PROVISIONS OF ACT No. 69 OF 1957

** PENNERAH MYXAMO **

BEING THE HOLDER OF THE QUALIFICATION

** TRAVAL PROVINCIAL CERTIFICATE OF

HOSPITAL PROVINCIAL ADMINISTRATION, 19 **

WAS ADMITTED TO THE ROLL FOR

** NURSES **

ON THE 20TH OCTOBER, 1957 **

AS A:

** AUXILIARY NURSE **

The validity of this certificate after the 31st December, 1958, is subject to the production of the receipt for the annual contribution for the current calendar year.

GIVEN AT PRETORIA UNDER THE SEAL OF THE COUNCIL

THIS 16TH DAY OF NOVEMBER, 1958

No 1630

[Signature]
REGISTRAR

The South African Nursing Council Certificate (pg 74)
REGISTRATION CERTIFICATE

THIS IS TO CERTIFY THAT

under the provisions of Act No. 69 of 1957

being the holder of the qualification

was admitted to the Register for

on the

as a

The validity of this certificate after 31st December, 19--, is subject to the production of the receipt for the annual contribution for the current calendar year.

Given at Pretoria under the Seal of the Council this

day of

19--

REGISTRAR

The South African Nursing Council Certificate (Pg 74)
Maternity Nurses with triplets born at Donald Fraser Hospital (pg. 84)

Siloam Hospital pupil nurses in 1958 (pg. 81)
Sister Verwey with a class of pupil nurses at Siloam Hospital. (pg 86)

Doctor and Mrs. Helms (pg 82)

The first group of Pupil Nurses at Tshilidzini Hospital (pg 92)

A group of student Midwives at Siloam Hospital - 1967 (pg 86)
An applicant is being interviewed by Matrons and Sisters. Applicants are selected by a selecting board or committee according to requirements laid down (pg 94)

Mrs. S.N. Metsibhfebe (pg 99)

Miss Miriam Kutama.
The first general nurse trained in Venda (pg 91)

Tshilidzini Hospital matrons - 1983. From left to right: Mrs. R.M. Sikhitha, Miss E. Celliers, Mrs. C. Mudau and Mrs. P.R. Ravele (pg 99)

Matron J. Makhubele of Donald Fraser Hospital (pg 99)
Mrs. C. Mutigie the first nursing organiser in the Department of Health and Welfare.

Mrs. D.E.M. Mphephu, the second nursing organiser

Mrs. E.L. Ramabulana, the third nursing organiser
Mrs. C. Muhige with clinic nurses (pg 99)

Mrs. J.A. Dau - Clinic supervisor (pg 101)

Mrs. S. Madzivhandila - Clinic supervisor (pg 101)

Major Basset and Mrs. O. Mabaso (pg 90)
Mr. P. Mudalabothe, the first male accoucheur in 1980. (pg 106)

Dr. Teichler, the third medical superintendent of Donald Fraser Hospital. (pg 91)

Mrs. L. Maumela, matron of Donald Fraser Hospital, with some pupil nurses. (pg 93)

Some first year student nurses in 1980 (pg 106)

Miss K.E. Mabolwana with student nurses in the College Laboratory (pg 107)
The Honourable Khosi M.M. Mphaphuli, Minister of Health, Welfare and Pensions signs an agreement which was entered into by the Venda Government and the University of South Africa. (pg 114)

First group of finalists for the bridging programme. (pg 115)

Some of the Diplomates at the first diploma award ceremony in 1989. Mr. E. Mufamadi passed the whole course with distinction. (pg 114)

Tutorial staff at the diploma award ceremony. (pg 114)