

***Umthetho Uthi: Commuting Stories of Minibus Taxi
Commuters and Taxi Drivers During the COVID-19
Pandemic in Durban, South Africa***

By

Hlengiwe Khululiwe Kweyama
(55716032)

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Supervisor: Dr Ingrid Marais
Co-Supervisor: Dr Stephan van Wyk

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DECLARATION

I declare that this dissertation, titled "*Umthetho Uthi: Commuting Stories of Minibus Taxi Commuters and Taxi Drivers During the COVID-19 Pandemic in Durban, South Africa*", is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of a complete list of references.

I further declare that I submitted the dissertation to originality checking software and that it falls within accepted requirements for originality.

I further declare that I have not previously submitted this work, or a part of it, for examination at the University of South Africa for another qualification or at any other higher education institution.

Signature:

Date:

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LIST OF ABBREVIATIONS

AIC	Airborne infection control
ANC	African National Congress
BRT	Bus Rapid Transit
CBD	Central business district
CHC	Community health centre
EVD	Ebola virus disease
IFP	Inkatha Freedom Party
IRPTN	Integrated Rapid Public Transport Network
NICD	National Institute for Communicable Diseases
NTA	National Taxi Alliance
SANTACO	South African National Taxi Council
SARS	South African Revenue Service
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SRD	Social relief of distress [grant]
TB	Tuberculosis
TERS	Temporary Employer/Employee Relief Scheme
TRF	Taxi Relief Fund
TRP	Taxi Recapitalisation Programme
UDF	United Democratic Front
UIF	Unemployment Insurance Fund
USA	United States of America
WHO	World Health Organization

GLOSSARY

Commuters: These are often referred to as passengers within the minibus taxi industry. They are people who use taxis to commute for assorted reasons: work, school, seeking medical help, running errands, etc.

Taxi driver: An employee in the taxi industry, responsible for driving the minibus taxi and the maintenance of the vehicle during the day. They get compensated for their work and this varies, some get paid based on the number of trips they make in a day. Some taxi association have a wage cap for taxi drivers. They often work under pressure to meet daily financial targets set by their employers or the taxi association.

Taxi owner: An entrepreneur who may in some instance be the taxi driver as well. In this context, they are employers responsible for running the business which includes attending association meetings and ensuring compliance with government regulations relating to vehicle registration, operating licences, and tax compliance.

Rank manager / Queue marshal: These are individuals employed by a taxi association who are responsible for the daily operations of taxis. They log the arrival and departure of taxi drivers. This is to ensure that taxi drivers get an equal opportunity of loading commuters. As an authority at taxi rank, they ensure a certain code of conduct is maintained amongst taxi drivers and between taxi drivers and taxi commuters

Taxi driver assistants / Call-out boys: These are individuals who help taxi drivers by calling out passengers/commuters, they count fares, and assist commuters with loading or offloading their luggage. Their employment differs; some are employed by taxi drivers and work with them for a long time. Some are employed daily, where they wait at a taxi rank to be picked up by drivers to work with them for the day. They are employed by taxi drivers to successfully compete for commuters' attention.

Taxi rank: A designated municipal area formed in consultation with taxi association to load and offload commuters. Taxi ranks are scattered around major cities, usually in the central business districts (CBDs). In townships, there are spots that are also used as taxi ranks, such as in shopping centres and areas where there are factories and schools nearby.

Taxi association: Often referred as “mother bodies”, this is the official structure that runs taxi operations. It is made up of taxi owners. The taxi owners annually hold an elective congress to elect an executive, who in turn handles the daily operations of the association. The taxi association executive then forms part of a regional office, which represents their interests at the provincial level. For this study, the applicable association is the Mpumalanga Taxi Association (borrowed from the township name, Mpumalanga), the regional office is the South African National Taxi Council (SANTACO) Durban West Office, and SANTACO KwaZulu-Natal at the provincial level.

Township: Area designated under apartheid legislation for exclusive occupation by people classified as Blacks, Coloureds and Indians. Located in the fringes of major cities and towns.

ABSTRACT

The COVID-19 outbreak in late 2019 illustrated how biological facts and social processes often intersect to account for differential epidemiological patterns of disease outbreaks. In South Africa, the legacy of apartheid, which facilitated separate development, intersected with structural inequalities to shape the spread of the outbreak. In this study, I explore the stories of minibus taxi drivers and commuters in Mpumalanga Township, Durban, South Africa, about commuting during the COVID-19 pandemic. Informal minibus taxis are the most popular mode of public transportation in South Africa, as they are responsible for up to 70% of daily commutes. However, minibus taxis are usually overcrowded, lack adequate ventilation, and are situated in areas that lack the most basic sanitation facilities; thus making them “hotspots” for the transmission of airborne diseases such as the novel coronavirus. Minibus taxis, due to the essential role they play in the lives of the majority of black urban South Africans, cannot be completely shut down during a pandemic. Using the theoretical framework of structural violence, I argue that the everyday lived experiences of taxi drivers and commuters make them vulnerable to contracting an airborne disease such as COVID-19, especially because they are unable to avoid high-risk situations such as commuting. Additionally, the government’s attempts to curb the spread of the COVID-19 outbreak further deepened the precarity of those who generate an income from the informal sector, including the minibus taxi industry. This structural violence to which my interlocutors are exposed is born out the deep inequality that characterises the larger South African economy. I argue that structural violence is not merely a matter of social inequality; it is that inequality leads to increased risk. The overall argument of this dissertation is that existing social, political, and economic factors intersected with the COVID-19 pandemic to exacerbate the already existing precarity of those who operate and use minibus taxis. I was able to draw on how the intersection of minibus taxi operations, the working conditions of taxi drivers, minibus taxi ownership, funding, and the government’s policies amplified this precarity during a health emergency such as the COVID-19 pandemic. I therefore call for the improvement of the minibus taxi industry as a matter of social equity. This will require the extension of public transport subsidies to the minibus taxi industry. I further call for a review of the government’s funding model of the minibus taxi industry through the Taxi Recapitalisation Programme.

CHAPTER 1: INTRODUCTION

1.1 BACKGROUND

The novel coronavirus affected every sphere of our lives and simple everyday activities needed to be undertaken with extreme caution as the risk of infection is ever-present. COVID-19 is an infectious disease caused by the SARS-CoV-2 virus that emerged in December 2019 in Wuhan, China, and caused widespread anxiety and panic, as well as death and disability. Spreading through the aerosols, COVID-19 transmits at a fast rate and can be deadly. Various governments around the world implemented precautionary guidelines to curb the viral spread of COVID-19. One of the areas that needed attention is how individuals interact with public transport. At the beginning of the COVID-19 pandemic, scientists believed that COVID-19 was transmitted through respiratory droplets¹. Overcrowding, inadequate ventilation, and multiple surfaces were thus viewed as factors that made public transport risky for the transmission of COVID-19 (Tirachini & Cats 2020:3). Considering the importance of public transport in the daily lives of most people, it is not possible for it to be completely shut down in a pandemic situation (Aghdam et al 2021:3). The advice and recommendations regarding the use of public transport by various authorities have been differing. In the United Kingdom, for example, during the peak of the outbreak, public transport use was discouraged (Tirachini & Cats 2020:3). However, some countries implemented strong restrictions on the system itself. In China, for example, bus capacity was restricted to 50% to allow for physical distancing (Tirachini & Cats 2020:3).

The COVID-19 pandemic resulted in people abandoning public transportation, but not uniformly (Tirachini & Cats 2020:3). Those who were able to do so were mostly high-income groups who owned private vehicles and are able to work remotely, outside of the office environment (Tirachini & Cats 2020:3). Low-income groups, on the other hand, continued to use public transport because they did not have private vehicles and had to be physically present at work, often as essential workers in retail and in public transport services. To accommodate these workers, public transport authorities had to produce measures to maintain public transport safety while contributing to the

¹ New scientific findings show that COVID-19 transmission is through the inhalation of airborne droplets exhaled by an infected person (Bazant & Bush 2021).

prevention of the novel coronavirus spread (International Association of Public Transport 2020). One of those measures was implementing physical distancing in public transportation through reducing the loading capacity during the outbreak's peak. However, Tirachini and Cats (2020:4) argue that physical distancing as a preventative measure in public transportation conflicts with the concept of mass commuting, which is at the heart of public transportation. Another preventative measure put in place by authorities was a mandatory mask-wearing policy during commutes (Aghdam et al 2021:6)². However, Tirachini and Cats (2020) and Aghdam et al (2021) argue that the adoption of COVID-19 preventative behaviour in public settings is influenced by socio-economic factors that include being able to afford buying an appropriate face mask.

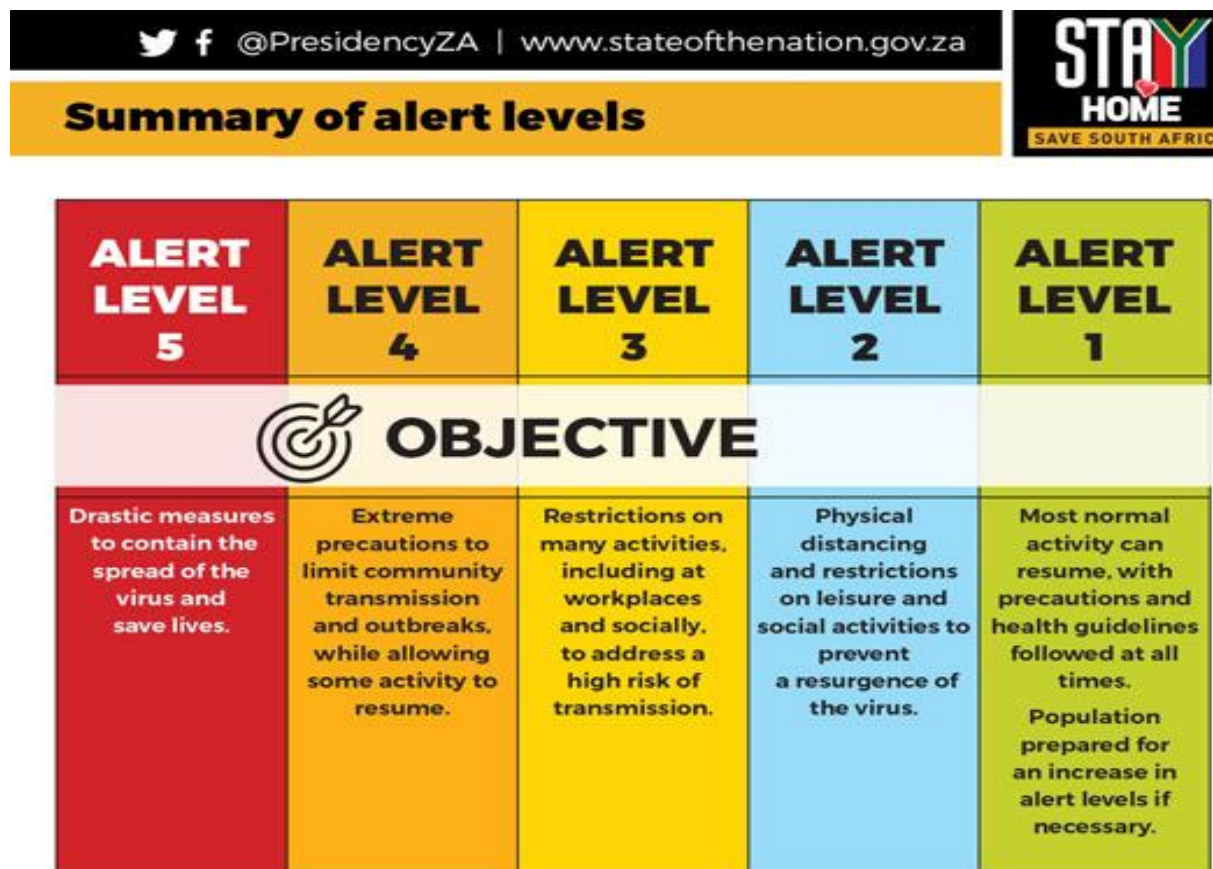
In South Africa, on 23 March 2020, President Cyril Ramaphosa in a televised address announced a 21-day lockdown that would go into effect from midnight on 26 March 2020. The announcement came as the number of confirmed novel coronavirus cases had increased six-fold in just eight days from 61 cases to 402 (SA News 2020). The nationwide lockdown was intended to "flatten the curve" of infection and buy time to allow the healthcare sector to prepare for an increasing number of severe cases (Levine & Manderson 2021:392). The South African national lockdown under alert level 5 (see Figure 1.1) dictated that only essential workers and essential service providers were allowed to work (Bulled & Singer 2020:1232). Train and bus services were stopped immediately, and minibus taxis were only allowed to operate during specified times, with limited passenger capacity and in service of essential workers (Bulled & Singer 2020:1232).

In South Africa, public transport plays a key role in connecting townships and the country's business and industrial areas, where jobs and other services are found (Fobosi 2020). Minibus taxis are the most popular mode of public transportation and account for up to 70% of all daily commutes, which equates to approximately 15 million trips daily (Fobosi 2020). However, the minibus taxi industry operates in an informal economy as most of its operators do not pay income tax, do not register their employees, or comply with labour regulations (Barrett 2003:ix). The industry is also

² Studies showed that face masks play a key role in reducing COVID-19 infection risk by 85% (Aghdam et al 2021:6).

plagued by violence, high accident rates, and overloading. Minibus taxis are often referred to as “coffins on wheels” (Sauti 2006).

Studies have been conducted on the role of minibus taxis as potential spreaders of airborne infections such as tuberculosis (Andrew, Morrow and Wood 2012, Matose 2018). South Africa is faced with a TB burden, with 320 000 people diagnosed with TB and 80 000 TB-related deaths recorded annually (Bulled & Singer 2020:1234). Andrews et al (2012) found that since minibus taxis are usually densely crowded and poorly ventilated, taxis may play a critical role in sustaining TB transmission in urban areas. Matose (2018) found that since minibus taxis are frequently used by people of lower socio-economic status among whom there is a high incidence of TB, they may be “hotspots” for the transmission of TB. These studies called for adequate ventilation in minibus taxis as an airborne infection control (AIC) measure.



WHATSAPP SUPPORT
0600 123 456
EMERGENCY NUMBER
0800 029 999
sacoronavirus.co.za



Figure 1.1: Government COVID-19 lockdown alert levels

Source: South African Government (2020)

When the COVID-19 pandemic reached South Africa, the South African Medical Association³ warned that commuters who spend more than 20 minutes in a fully loaded taxi, without proper ventilation, are at risk of being infected with COVID-19 (Juta Medical Brief 2020). The government, using the regulations of the Disaster Management Act of 2002, restricted the loading capacity of minibus taxis to 70%. Minibus taxis were only allowed to transport essential workers and those seeking essential services (Fobosi 2020). To fulfil this role, the operating time for minibus taxis was reviewed and they were allowed to operate from 05:00 to 10:00 and from 16:00 to 20:00 (Department of Transport 2020).

However, a week after the implementation of these restrictions, minibus taxi operators threatened a nationwide taxi strike and disruption to force the government to agree to 100% load capacity for those operating in cities (Venter, Hayes & Van Zyl 2020:13). The minibus taxi operators argued that the new restrictions limited their ability to earn a living (Fobosi 2020). Unlike buses and trains, the minibus taxi industry does not receive state subsidies (Competition Commission South Africa 2020). The government acceded to the minibus taxi industry's demand and allowed 100% loading capacity (Fobosi 2020). To curb the risk of transmission, the South African National Institute for Communicable Diseases (NICD)⁴ issued recommendations for the sector, which included ensuring adequate ventilation through the opening of windows (Zhen et al 2020). Since it was thought that COVID-19 spread through respiratory droplets, surface sanitisation was seen as a key environmental aspect to mitigate transmission (Zhen et al 2020). Other guidelines were more up to commuters than the public transport system and included respiratory etiquette, hand hygiene practices, and wearing face masks when commuting (Schutz 2020). However, authors such as Venter et al (2020:13) have questioned this and argued that the government bowed to the political pressure from the minibus taxi industry at the expense of passengers' health.

Using the ethnographic tools of participant observation and semi-structured interviews, in this dissertation I explore the commuting stories of minibus taxi

³ The South African Medical Association is a non-statutory professional association for public- and private-sector medical practitioners in South Africa (<https://www.samedical.org/>).

⁴ The NICD is the national public health institute of South Africa, which provides reference to microbiology, virology, epidemiology, surveillance, and public health research to support the government's response to communicable disease threats (<https://www.nicd.ac.za/>).

commuters and taxi drivers about commuting during the COVID-19 pandemic in Mpumalanga Township, Durban, South Africa.

1.2 RATIONALE

Any perceived health risk posed by using public transport will sustain stereotypes of it being unsafe. This has dire implications for social equity and sustainable mobility (Tirachini & Cats 2020:1). Public transport in South Africa plays a huge role in accessing economic opportunities and provides social travel (Walters 2014:45). For the majority of black urban South Africans, minibus taxis play a role in finding a job and being able to keep it (Fobosi 2013). The minibus taxi industry employs approximately 300 000 drivers and 100 000 taxi marshals and benefits over 10 000 car washers and informal vendors at taxi ranks (Fobosi 2020). Given the high unemployment and poverty rates in South Africa, the minibus taxi industry's role as a job-creation mechanism cannot be underestimated (Fobosi 2020).

Most studies on the minibus taxi industry in South Africa have focused on the need to formalise it (Barrett 2003; Sekhonyane & Dugard 2004; Boudreaux 2006; Lomme 2008; Fobosi 2013). Other studies have investigated minibus taxi accidents and the influence of minibus taxi driver attitudes and behaviour on the road (Govender & Allopi 2006; Sinclair & Imaniranzi 2015). Studies that focused on health matters within the minibus taxi industry have investigated minibus taxi drivers' sexual behaviour and the role they play in the spread of HIV/AIDS, especially among young women (Ncama et al 2013; Strebel et al 2013; Mchunu, Naidoo & Ncama 2020). Few studies have examined the role of minibus taxis in the transmission of airborne diseases such as TB (Andrews et al 2012; Wood et al 2012; Matose 2018). These studies focused on the system itself and how it can be improved or supported to provide adequate ventilation to curb the risk of transmission. In this study, I explore the stories and nuances of people who work in the minibus taxi industry and those who use taxis on a daily basis to gain an understanding of this perceived risk in the context of the COVID-19 pandemic in Durban, South Africa. The aims and objectives of the study follow.

1.2.1 Aim

The aim of the study was as follows:

- To provide insight into the minibus taxi industry's response to health emergencies such as the novel coronavirus outbreak.

1.2.2 Objectives

The objectives of the study were as follows:

- To explore the understanding of the novel coronavirus pandemic within the minibus taxi industry context.
- To explore whether the pandemic has influenced how both minibus taxi commuters and drivers interact with minibus taxis.

1.3 ANTHROPOLOGY AND HEALTH

This study is situated in the intersection of the anthropology of public health and scholarship on structural violence as it relates to the minibus taxi industry in South Africa. This section discusses the contribution of anthropology to the study of health.

Singer (1990:182) argues that a disease is not a “straightforward outcome of an infectious agent or pathophysiological disturbance” but a combination of both biological and social processes. The contribution of anthropology to health research is that it offers a grasp of the context of social processes, including the larger political and economic context (Zikic 2007:133). Anthropology's holistic lens has the potential to offer insight into the relationship between broader social determinants, health outcomes, and health disparity (Page-Reeves et al 2013:1).

However, Singer (1990:179) argues that conventional medical anthropology has several shortcomings. They range from the historical location of the mother discipline as the handmaiden of colonialism and its job description as a service sector for biomedicine. Singer (1990:179) further argues that the biggest shortcoming of conventional medical anthropology is its narrow understanding of social relations. Singer (1990:182) therefore calls for critical medical anthropology that views social life as a totality of interconnected processes. This allows us to see how macro processes

influence micro-level practices when it comes to the emergence of diseases, health inequalities, and the success or failures of health interventions (Singer 1990:182).

Farmer (2004:315) agrees by stating that critical medical anthropology allows us to view disease as both biological and social. He calls for anthropological understanding that takes into context history and political economy understanding. Farmer (2004:305) states that modern epidemics such as HIV/AIDS and TB are linked to a particular historical, political, and economic system. Using the example of the HIV/AIDS epidemic in Haiti and postcolonial countries, Farmer (2004:305) argues that they are not locally derived but are linked to historical processes such as transnational slavery and colonialism.

Anthropological approaches can also reveal the structural barriers linked to health interventions. For example, in their study on the prevalence of diabetes among Hispanic immigrant communities in the United States of America (USA), Page-Reeves et al (2013:14) found a variety of contextual factors that contribute to diabetes becoming a health risk to this community. These are linked to socio-economic factors such as being unable to afford health services and healthy food and finding time and space to exercise (Page-Reeves et al 2013:14). Manderson (1998:1025) and Stellmach et al (2018:4) agree that anthropology's role in health emergencies must go beyond being "cultural interpreters" or "brokers" but needs to draw attention to structural barriers to good health. In this study, I use structural violence as the theoretical framework to explore and understand the stories of minibus taxi commuters and taxi drivers about commuting during the COVID-19 pandemic.

1.4 THEORETICAL FRAMEWORK

Farmer (1996:278) argues that the capacity to suffer is clearly part of being human, but not all suffering is equal. Structural violence has become a central concept in critical medical anthropology to account for varying degrees of human suffering. Farmer et al (2006:1680) argue that the exclusive focus of biomedicine on molecular questions when it comes to disease and infections has resulted in the "desocialisation" of the scientific inquiry. They view diseases and epidemics as biosocial phenomena that require biosocial understanding. Rylko-Bauer and Farmer (2016:62) argue that the concept of structural violence helps us to redefine the notion of risk by going

beyond individual characteristics and interpersonal relations to embedded series of broader social contexts and structural forces.

The concept of structural violence is credited to American theologian Johan Galtung (1969:171), who argues that structural violence is built into the structure of society and shows up as unequal power and consequently unequal life chances. Here, resources are unevenly distributed and, above all, the power to decide over the allocation of resources is unevenly distributed (Galtung 1969:171). Farmer et al (2006:1686) take this further by arguing that structural violence can be understood as one way of describing how social arrangements put some individuals and populations in harm's way. "The arrangements are structural because they are embedded in the political and economic organisation of our social world, they are violent because they cause injury to people" (Farmer et al 2006:1686). Since structural violence is embedded in long-standing social structures, they become normalised by these institutions by becoming regular experience and mostly appear invisible (Farmer et al 2006:1686). Emphasis on avoidable harm is at the heart of structural violence (Rylko-Bauer & Farmer 2016:64).

1.4.1 Structural violence and anthropology

In medical anthropology, the concept of structural violence is attributed to medical anthropologist Paul Farmer (1996) in his work on studying the HIV/AIDS epidemic in Haiti. He argues that the risk of AIDS, TB, and other infectious diseases in Haiti and anywhere in the developing world is structured by history, biology, and political and economic forces (Farmer 1996:202). Structural violence allows us to look at how social factors, including gender, racism, and socio-economic status, may each play a role in making individuals and groups vulnerable to extreme human suffering (Farmer 1996:275). In their study of structural violence in clinical medicine, Farmer et al (2006:1680) argue that for a long time doctors focused on the "behaviours" and "lifestyles" that put some individuals at risk for HIV infection. However, risk can never be solely determined by individual behaviour but is aggravated by social factors such as poverty, gender inequality, and racism (Farmer et al 2006:1687). The concept of structural violence allows us to question why new diseases such as HIV/AIDS quickly became diseases of the poor (Farmer et al 2006:1690).

However, Mosse (2007:13) cautions against the over-reliance on structural violence as an analytical tool in medical anthropology and argues that the exclusive embracing of the approach condemns us to macro-political analysis of disease and epidemics (Mosse 2007:9). This, according to Mosse (2007:9), results in the omission of the emic analysis of illness interpretations and experiences. Mosse (2007:14) further argues that the exclusive use of structural violence as an analytical tool that focuses on asymmetric power relations and globalisation will result in discrediting of the locale, which is a central concept in ethnography. “Ethnography must not become attuned to the locale through theoretical predetermination” (ibid). Mosse (2007:8) calls for the merging of the cultural constructivism approach – which gives subjects the authority to determine the contexts of their beliefs and practices, as well as the social-structural perspective – which describes how social realities shape health and illness.

1.4.2 Structural violence, the COVID-19 pandemic, and the South African minibus taxi industry

Singer and Rylko-Bauer (2020:16) argue that the COVID-19 pandemic cannot be separated from structural violence because of massive inequalities in wealth, power, and access. Singer and Rylko-Bauer (2020:16) argue that paying attention to these differentials will help us account for “varying epidemiological patterns in the pandemic”. The South African minibus taxi industry, as discussed in the next chapter, is a product of structural violence. Due to the apartheid policies of racial segregation, black South Africans were forcefully removed and relocated to what James (2018:13) refers to as “urban ghettos” far away from city centres and employment opportunities. The minibus taxi industry was created to aid black people to access economic opportunities and other services from whites-only cities. The COVID-19 pandemic and the government’s attempts to curb the viral spread of infection fed on these existing inequalities; thus exacerbating problems in the minibus taxi industry. To gain an understanding of the experience vis-à-vis attempts to curb the spread of COVID-19 transmission, I used ethnography as a research method as it captures the depth, detail, and nuances of taxi commuters’ and drivers’ experiences and the context of which they are part (Reeves, Kuper & Hodges 2008:512).

1.5 DATA-COLLECTION METHODS

The study investigated commuting in the COVID-19 world by exploring the stories of minibus taxi commuters and taxi drivers in Mpumalanga Township, Durban, South Africa. I used the ethnographic tools of participant observation and semi-structured interviews. Arnout et al (2020:1) describe ethnography as a qualitative research strategy that studies social behaviour in a particular context in a way that captures the interpretation of such a setting by its participants. I conducted 10 months of fieldwork as a participant observer from September 2021 to July 2022⁵. The data collected during this period helped form the interview questions used for the semi-structured interviews. I conducted 17 semi-structured interviews with minibus taxi drivers and taxi commuters during this period.

1.5.1 Participant observation

Bernard (2005:342) argues that participant observation is the foundation of cultural anthropology and involves immersing oneself in a cultural or social setting. Through immersion and participation, the researcher gets to know the hows and whys of human behaviour in a particular context (DeWalt & DeWalt 2011:75). The researcher not only sees what is happening but also “feels” what it is like to be part of the group (Zikic 2007:126). Prior to the COVID-19 pandemic, I used a combination of a private vehicle and minibus taxis to commute to work. However, this changed completely with the announcement of the national lockdown in March 2020 by the president. My work situation shifted completely, and I started working from home full time. With the COVID-19 outbreak and information regarding its spread and risk, especially to those using public transport, I limited my taxi commutes and opted to take advantage of online purchases and the usage of e-hailing services for errands. When I began to work on my proposal, I therefore had to reintroduce myself to the taxi commuting environment by engaging in an exploratory study and taking notes of things I found relevant to my research topic. I used this time for informal conversations with both the taxi commuters and taxi drivers regarding the COVID-19 outbreak within the minibus taxi context. Here, I was interested in their understanding of the novel coronavirus disease, perceived risks and whether the outbreak has influenced how they interact

⁵ Between September and November 2021, I conducted an exploratory study as I was in a process of acquiring the gatekeepers' permission as per the requirement of ethical approval application

with minibus taxis. Reeves et al (2008:513) argue that informal or conversational interviews are important during participant observation as they allow the researcher to discuss, probe, or ask questions about unusual events in a naturalistic manner.

With prior knowledge of how suspicious people in the minibus taxi industry are and how my presence in and around the taxi rank might be misinterpreted, I had to discuss the study with some rank managers before conducting the field research. Taxi ranks are public spaces, but they are under the guidance of taxi associations. Due to incidents of violence within the association I had opted to use as my research site, the daily operations were under the authority of rank managers since there was no formal elected taxi association structure at the time I conducted the study. This route is regarded as precarious and is notorious for infighting and taxi violence (Ngubane 2016; Molefe 2016). However, as discussed under the ethical considerations, I chose the route due to familiarity and easy access as my family works in it. Bernard (2005) argues that a good ethnography is at best a good story, and that one must always find trustworthy informants who are observant, reflective, and articulate. It was important for me to choose a taxi route I was familiar with as I used it to commute to work. I have established relationships and I understood to a certain point its operations. This route was thus chosen in an opportunistic manner as the most convenient and feasible for me as the researcher.

I conducted around 10 months of participant observation. At the proposal phase, I had intended to complete six months of fieldwork. However, as the months went by, there were some disruptions that were beyond my control. In the period between December 2021 and January 2022, there was an increase in the number of taxi killings in and around Durban (Rall 2022). This made me feel uncomfortable with being around taxi ranks as taxi violence can take place anywhere and at any time where taxis are gathered. In April 2022, the greater Durban area suffered from floods that damaged houses and road, water, power, and network infrastructure and left thousands homeless and over 400 people dead (Mahlakoana 2022). When these events took place, I had to rework my research; more so the participant observer role that required me to travel and spend time at the taxi rank. For my participant observation, I commuted with taxis from the township to town at least three times a week.

When the minibus taxis were allowed 100% loading capacity after they were initially reduced to 70%, the NICD issued guidelines to be followed by both minibus taxi commuters and drivers (Zhen et al 2020). The other set of data I collected during this period comprised the quantitative notes I had made during taxi rides. Since the study was interested in commuting in the COVID-19 world, I became interested in observing commuting guidelines that were introduced by the government during the lockdown period. For me to evaluate compliance, or lack thereof, with the guidelines, I recorded 70 taxi trips. I would record ventilation through opened windows, the wearing of face masks, and the availability of hand sanitisers. The information gathered through these trips was used for interview purposes as well. The recorded number of trips was influenced by my sitting position in the taxi. There are no dedicated seats for commuters – you sit wherever there is an empty seat. There were times where I would use taxis to go to the field but would not be able to record anything because I sat in a seat where I could not observe details relating to the study.

The other aspect of my participant observation included spending time at the taxi rank in the Durban central business district (CBD), which is the final stop for commuters travelling from Mpumalanga Township who work in the city. Here I was able to spend time with taxi drivers and informal traders⁶ around the taxi rank to discuss the study. I was interested in taxi drivers' stories regarding their experiences of the COVID-19 pandemic, which helped me to formulate my interview questions. DeWalt and DeWalt (2011:80) argue that the most common error in designing survey questions or in-depth interview guides is asking questions that are not sensible to research participants. Spending time at the taxi rank and interacting with taxi drivers therefore helped to formulate questions that were relevant to the study and in a language they understood. As highlighted above, when I began my study, I discussed my research with the rank managers, who did not object to my presence at the taxi rank. Spending more time there, taxi drivers began to know about the study and would on many occasions engage with me with whatever information they thought could be relevant to the study. The goal of the study was discussed with them, and I would ask permission to include their experiences in my fieldnotes. In all those instances they would give me consent

⁶ Informal trading is the trading of goods and services in the informal sector by persons/enterprises who are not registered or incorporated in terms of the corporate laws of South Africa (City of Cape Town 2013).

to do so, but with a request to protect their identity. Zikic (2007:129) argues that ethical issues are inherent in all research designs involving human participants; as a researcher you must therefore always strive to protect the rights, dignity, and privacy of the participants. It was important to me that in these engagements with them, they knew exactly where the information they shared with me would end up, as well as the overall goal of the study. The time spent in the field assisted me in earmarking potential research participants⁷, both taxi drivers and commuters, for semi-structured interviews.

1.5.2 Interviews

I conducted 17 semi-structured interviews with both taxi drivers and taxi commuters. According to Zikic (2007:127), interviewing is a crucial part of the qualitative fieldwork approach. He argues that interviews help us to “understand the meanings that individuals give to their lives and the social phenomena that they have experienced” (Zikic 2007:127). This can be useful in gaining insight from within (Arnout et al 2020:4). Purposeful sampling was used to identify participants for the study who would provide data to help illuminate the research topic, which is about commuting during the COVID-19 pandemic.

1.5.2.1 Taxi driver interviews

At the beginning of my participant observation, I conducted unstructured interviews with many of the taxi drivers while I was spending time at the taxi rank. Most of them at the beginning were interested in the “why” part of the study: Why did I choose to do a study on COVID-19 and taxis? After explaining to them the overall goal of the study, the questioning shifted to interactions where most of them would “offload” to me about their experiences of COVID-19 guidelines and commuter behaviour. Bernard (2005:213) argues that unstructured interviews are excellent in building initial rapport with participants. The informal and unstructured conversations I had with the taxi drivers assisted me not only with settling in the field but also with creating an interview guide for the semi-structured interviews.

⁷ Research participant or interlocutor is used interchangeable

My experience of the taxi industry in the area assisted me with selecting interlocutors for the semi-structured interviews, which were meant to gain more in-depth experiences of minibus taxi drivers regarding commuting in a COVID-19 world. I opted to use my own relationship with the taxi drivers developed during my time as a taxi commuter to ask them to individually participate in the study instead of asking a rank manager or a taxi boss to choose them on my behalf. I wanted to ensure that those who participated in the study did so without feeling compelled to be part of the study, which may have been seen as a top-down approach. I used opportunistic sampling to choose the 10 taxi drivers I conducted semi-structured interviews with them. Opportunistic sampling refers to choosing a sample that is easy to recruit, most available, and feasible to conduct an interview with.

During the recruitment of taxi driver participants, I explained to them the study's aims and asked for their informed consent to participate in the study. The participant sheet was read to them in IsiZulu, which is the widely used language in the area. A verbal consent was granted for all the interviews. With knowledge on how taxi drivers' schedules work, I negotiated with them for their most preferred time to have an interview and the location where they would like us to have the interview. Half of them preferred off-peak hours, which was in between their work hours, around the taxi rank, and the other half decided that it would be best to come to my house, when they had down time. In the interviews, I asked for their preferred language and whether they would like to be recorded or preferred me recording their answers on a notepad. All of them preferred not to be recorded and I thus had to use a notepad to write down their responses. To further protect their identities, I used pseudonyms in my notes and in this dissertation. At the end of the interview, I had agreed that once I had written down their responses, I would give them a copy to read for themselves and evaluate whether their responses were captured correctly. I made these copies available to them through a hard copy and via a Microsoft Word document on WhatsApp, which eight of them said they would prefer be sent to them. I did not receive any objection, clarification, or extended responses from any of them throughout the period I had spent with them.

1.5.2.2 Taxi commuter interviews

I conducted seven semi-structured interviews with taxi commuters. During my time in the field, it was easy to have unstructured and informal conversations with taxi commuters, but I found that when I asked commuters to have in-depth structured interviews, most of them were uncomfortable with the idea. This may be partly due to me being a stranger to them. My other assumption is that due to the taxi industry's violent nature, there is fear of speaking out, especially when one is a commuter. This assumption is based on my experience as a taxi commuter as well – there is always the idea of not talking openly about your taxi commuting experience because you are scared that it would get you in trouble with taxi drivers and thus exposing you to harassment and abuse, especially if you are female. I thus ended up recruiting commuters whom I had a prior relationship with. Here I am referring to those whom, during pre-COVID-19 times, I would take the same taxi with. Since I was conducting both taxi driver and taxi commuter interviews concurrently, I would share with the taxi drivers how much I was struggling to find commuters to speak to me more in-depth about their experiences. Three taxi drivers managed to assist me by putting me into contact with commuters who were in their circle of family and friends. During the interviews, I sought informed consent from taxi commuters and explained the overall goal of the study to them. I asked about their preferred language to be used in the interviews and whether they would like the interviews to be recorded or not. Two commuters allowed me to use a voice recorder, while the rest preferred that I take notes. Keeping their identities anonymous was agreed upon and, as with the taxi drivers, I used pseudonyms in my findings discussion. These interviews lasted between 45 minutes to an hour each. At the end of the interviews, I asked whether they would like a copy of the final report, to which only two participants expressed the desire to read the final report.

Zikic (2007:129) argues that ethical issues are inherent in all research involving human respondents due to an intrinsic tension between the needs of the researcher to collect data and the rights of participants. Anthropology Southern Africa (2005:142) argues that there is a need for ethical guidelines for anthropologists owing to the nature of our research relationships and the contexts we work in, which are characterised by differential access to power and resources. Anthropology Southern Africa (2005:142) further argues that our primary responsibility is to the research participants, who

should be treated as subjects and not as objects. Below I discuss the study's ethical considerations.

1.6 ETHICAL CONSIDERATIONS

Mason (1996 cited in Guillemin & Gillam 2004:274) argues that reflexive research means that the researcher should constantly take stock of their actions and their role in the research process and subject these to the same scrutiny as the rest of their data. For Hertz (1997:viii), the reflexive researcher “does not merely report the ‘facts’ of the research but also actively constructs interpretations (*‘what do I know?’*), while at the same time questioning how those interpretations came about (*How do I know what I know?’*)”.

I am from Hammarsdale. I have no other place I call home than the township of Hammarsdale, Mpumalanga Township, in which the study is based. We call ourselves the originals; we were here before the formation of the township. We first occupied the tribal land known as Emophela under the Embo-Emfeni tribal authority before moving to the township for better opportunities provided by the newly formed industrial hub of Hammarsdale. However, we are also taxi people. Our taxi story traces its roots following the establishment of the textile industrial hub in the early 1970s to provide transport for workers travelling from the outskirts of Emophela to the factories. Our taxi story is complex, like any other in South Africa – violence, legal battles, losses of assets, and harassment by state agencies, but also as perpetrators, collaborators, and instigators in some cases. As a young working adult, I use minibus taxis to commute to and from work and for running errands. Over the years, I had to learn to embrace the complexities that come with being a taxi commuter, from a family that generates income from the taxi industry and as someone who has been able to form relationships and friendships with those working in the industry as taxi owners, taxi drivers, car washers, and informal sellers.

When I chose the research site for the study, I knew about these complexities of the minibus taxi industry and with that knowledge I carefully chose a site in which I knew I might have some protection and where my presence would not be frowned on because *ngiyingane kasibanibani, usisi kasibanibani* (I am so and so's daughter, and sister to so and so). However, as alluded to above, the route and taxi association the

study are based on are precarious, with bouts of violence. When I began my exploratory study in September 2021, there was no elected executive committee in place from 2016 until early December 2021. It was therefore important for me from the start to be clear to those who were acting as the authority at that point in time, namely rank managers, about the study and its overall aim to avoid any misinterpretation of my presence for my participant observation. While in the field among taxi drivers and rank managers, there is no obvious factionalism relating to the instability and violence at the association, which I had to take into consideration when selecting interview participants from among the taxi drivers. I had to choose taxi drivers who would not get into trouble with their bosses because they had spoken to me, and how I might be perceived to be related to the opposing faction. This relates to how and where our interviews were conducted. I had to ensure that their identities were kept private, even in the notes I took and compiled during the interviews. We had to choose an interview location where they would feel safe to speak to me without drawing attention from their colleagues, who might misinterpret those interviews as something else than for the study. For my interviews with taxi commuters, I had to prioritise their safety as well; not only by hiding their identities, but also by ensuring that they were at a place where they felt safe to express themselves. Taxi ranks and taxi drivers are known for intimidating and harassing taxi commuters.

The taxi industry is suspicious even among the insiders. To draw less attention to my presence in the field, I had to type shorthand notes on my phone rather than carry a notepad. This was further complicated by my former professional role as a journalist in Durban, which was well known by some around the taxi rank and among the taxi drivers. My familiarity with the research site and some aspects of the minibus taxi industry meant that I always had to be cautious about not projecting my own experiences of the industry onto my fieldwork. A reflexive journal helped me to constantly question my role throughout the research process. This also played a role in how I analysed and interpreted the data collected throughout the study.

1.7 DATA ANALYSIS: THEMATIC ANALYSIS

Analysing data is an essential part of the research process since one can summarise the collected data and organise it in a manner that answers a study's research question(s). Reeves et al (2008:513) argue that the analysis of ethnographic data

tends to be undertaken in an inductive thematic manner. This study therefore employed thematic data analysis. According to Braun and Clarke (2006), thematic analysis is a foundational method for qualitative analysis as it helps to identify, analyse, organise, describe, and report themes found within a dataset. For the study, two types of datasets were collected from participant observations and semi-structured interviews.

The first part of my analysis was to transform all notes and data collected into readable documents. I had to transcribe the recorded interviews and make notes on the quantitative data I collected during my participant observation. The next step was to immerse myself in the data that I had collected through reading and re-reading the collected data. The aim of familiarising oneself with the collected data is to notice things that might be relevant to answering the research question(s) (Braun & Clarke 2012). The second part of familiarising myself with the data included coding the data by highlighting what I found interesting in the data in relation to the research topic. From the initial codes, I then moved to identifying patterns in the data. DeSantis and Ugarriza (2000:302) define a theme as “an abstract entity that brings meaning and identity to a recurrent experience and its variant manifestations”. Following theme identification, I then moved on to grouping the themes that had emerged from the data that carried similar experiences in relation to the topic of the study. After identifying the themes, I then colour-coded extracts from the collected data to support the themes. Braun and Clarke (2006:23) define an extract as an example that illustrates an issue.

I then wrote up the analysis chapter and kept the research topic in mind, which is to explore the stories of minibus taxi commuters and drivers about commuting during the COVID-19 pandemic in Durban, South Africa. Based on the data collected and analysed, for the write-up, I decided to present two sections: the first part deals with the understanding of the novel coronavirus pandemic within the minibus taxi context, while the second part of the analysis explored these experiences within the context of the national lockdown. To gain further nuances and to contextualise these experiences, I had to separate the taxi driver experiences from the taxi commuter experiences. It was important to me as an ethnographer to not just explore the interlocutors' views and actions, but to understand them in relation to the context they inhabit (Reeves et al 2008:512).

Below I discuss Mpumalanga Township, which is the area of study.

1.8 AREA OF STUDY: MPUMALANGA TOWNSHIP

Mpumalanga Township⁸ is in the industrial hub of Hammarsdale in the KwaZulu-Natal province, South Africa. The area lies between two major cities in the province of KwaZulu-Natal: Pietermaritzburg and Durban. As an industrial area, during apartheid Hammarsdale was known as a textile hub and by 1971, 8 500 workers were employed by local factories (eThekweni Municipality: Economic Development Unit 2007). According to Mosoetsa (2004:2), protectionist apartheid policies facilitated the growth of manufacturing industries through a process of industrial decentralisation that led to industrial geographic zones such as Hammarsdale. The Industrial Development Corporation argues that “a well-established textile industry would have tremendous employment potential for semi-skilled operatives, which meant that it could raise standard of living for the Bantu” (cited by Mosoetsa 2004:2). The development of the industrial zone subsequently led to the establishment of a township that became known as Mpumalanga. According to Bonnin (2004:2), the formation of Mpumalanga Township in 1968 was motivated by two concerns of the apartheid state: firstly, the need to provide accommodation for workers and their families employed in the Hammarsdale industrial area; and, secondly, the apartheid state had a desire to regulate the large squatter population that was renting on African-owned freehold land (Bonnin 2004:2).

⁸ Mpumalanga Township is found in KwaZulu-Natal under the eThekweni Metropolitan Municipality. It should not be confused with Mpumalanga province, which is one of the nine provinces of South Africa (Wikipedia 2022a).

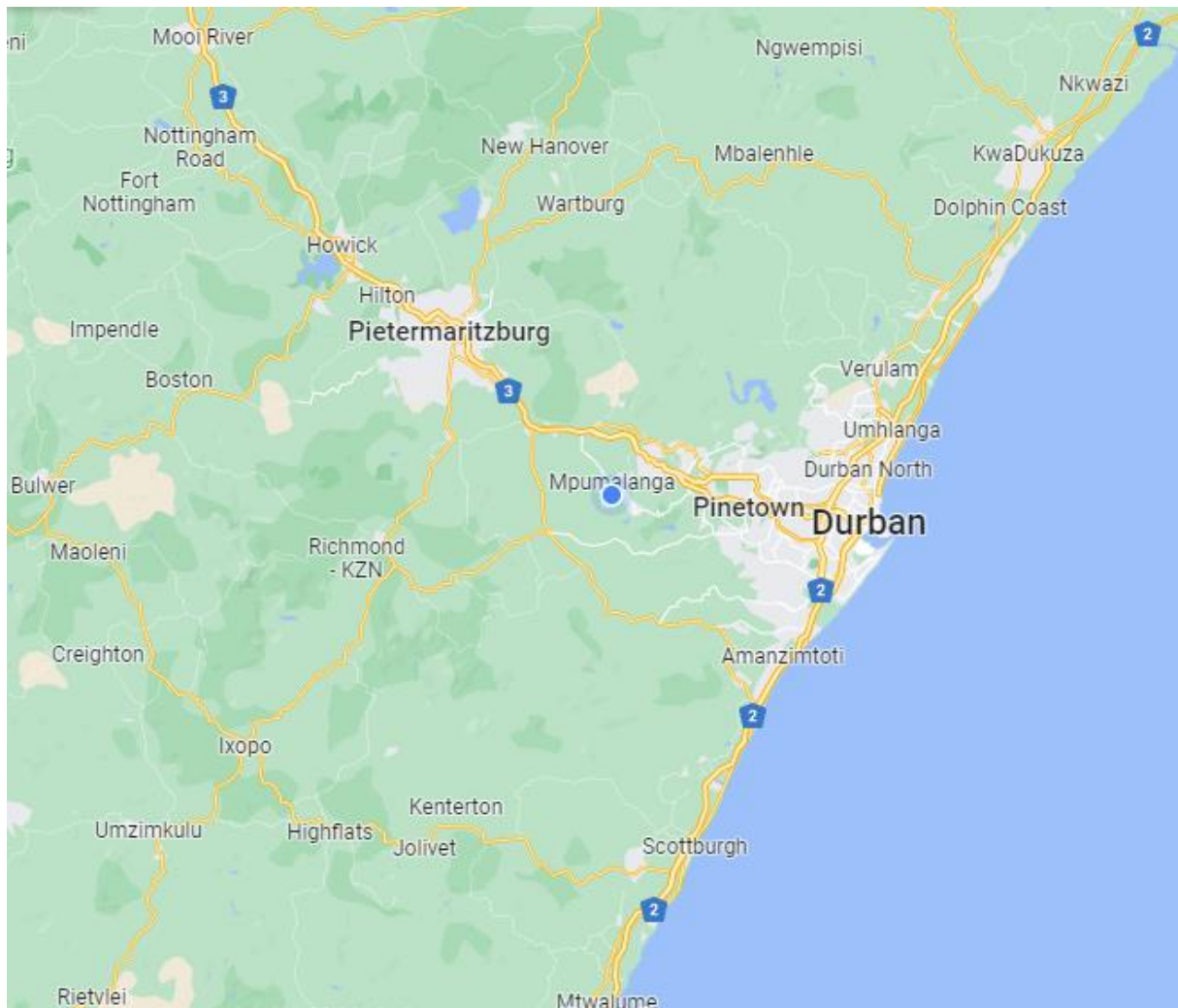


Figure 1.2: Map of Mpumalanga Township

Source: Google Maps (2022)

Mpumalanga Township suffered intense political violence in 1987, which, according to Bonnin (2004:16), transformed and disrupted the township. The violence was mainly black-on-black violence between the United Democratic Front (UDF) / African National Congress (ANC) and the Inkatha Freedom Party (IFP)⁹. This violence plagued the area even after the first democratic elections in 1994 (Bonnin 2011:121). This, coupled with post-1994 economic liberalisation policies, had ruinous consequences for both the Hammarsdale industrial area and Mpumalanga Township residents (Bonnin 2004:16). Both Bonnin (2004:16) and Mosoetsa (2004:4) argue that trade liberalisation and World Trade Organization agreements hit hard on industrial zones such as Hammarsdale, which was a textile hub. “Residents emerged into the post-1994 period

⁹ Black-on-black violence refers to a period in the late 1980s and early 1990s when the apartheid state funded and provided military support to political parties like the IFP to suppress and destabilise the liberation movement through the use of violence in black townships (Rama 1993).

economically depleted and with their human assets in shreds” (Bonnin 2004:16). According to Malinga (2016:56-57), an estimated 60 factories in the area closed in the past few years, leaving over 3 500 Mpumalanga Township residents without jobs. The unemployment rate in the area is as high as 45% (Singh 2020). Mpumalanga Township has been hard-hit by the HIV/AIDS epidemic (Mosoetsa 2003) and high levels of crime and taxi violence (Ngubane 2016).

1.9 CONCLUSION

In this chapter I discussed the contribution of anthropology to understanding disease outbreaks and how this can help us to understand the pattern and spread of disease. The COVID-19 pandemic, like other disease outbreaks, feeds on pre-existing conditions shaped by historical, political, and economic processes; thus making the capacity to respond to the outbreak uneven. I provided an overview of the area of study, Mpumalanga Township, and linked its development to both political and economic processes by tracing its development as a labour reserve for the Hammarsdale industrial hub during apartheid. I discussed how the political violence in the area, coupled with trade liberalisation policies adopted by the democratic regime, had a ruinous impact on the livelihoods of the township residents. All these factors also shaped the minibus taxi industry in the area, which itself is a product of structural violence. I discussed in-depth in the literature review section these key factors vis-à-vis the COVID-19 pandemic and the government’s attempts to curb its spread.

1.10 DISSERTATION OUTLINE

The outline of the remaining chapters is as follows:

Chapter 2: I discuss the contribution of anthropology to the study of disease and outbreaks using the HIV/AIDS epidemic in sub-Saharan Africa and the Ebola outbreak in West Africa. I then discuss the role of anthropology in the study of the COVID-19 pandemic. I also discuss public transport systems in Africa to locate the minibus taxi industry within the broader debates relating to public transport provision in South Africa and on the continent.

Chapter 3: I discuss the minibus taxi operations in Mpumalanga Township, Hammarsdale, and focus on minibus taxi drivers' work conditions and the profile of minibus taxi commuters in the area.

Chapter 4: I discuss the understanding of the COVID-19 pandemic within the minibus taxi industry by examining the experiences of minibus taxi drivers and commuters using the lens of critical medical anthropology, which is the foundation of the structural violence framework.

Chapter 5: In this chapter, I discuss the experiences of minibus taxi drivers and taxi commuters of the COVID-19 pandemic in relation to the COVID-19-induced lockdown in South Africa.

Chapter 6: Here I discuss the central findings of the research with the focus on how the daily lived experiences of minibus taxi drivers and commuters combined with biological factors intersect to increase risks of contracting airborne diseases such as COVID-19. I also discuss how the government's policies and interventions expose the minibus taxi industry to daily financial violence, and even more so during the pandemic.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

In the first part of the literature review, I discuss anthropology's contribution to the study of diseases and outbreaks. I discuss how the holistic lens of anthropology captures the contribution of structural determinants to the spread of disease and infections. I do this by considering anthropology's contribution to understanding the West African Ebola outbreak and the HIV/AIDS epidemic in sub-Saharan Africa. I then examine anthropology's contribution to the understanding of the COVID-19 pandemic.

I discuss the public transport system in Africa. I explore how the failure of African states to provide affordable, safe, and accessible public transport has led to the thriving paratransit services on the continent in the face of growing urbanisation. This is followed by a discussion on the public transport system in South Africa to situate the minibus taxi industry within the broad public transport system. Here I discuss how the public transport system is linked to and embodies the continued legacy of apartheid spatial planning and separate development.

In the last part I conclude by discussing the minibus taxi industry in South Africa and trace its roots as a response to apartheid policies such as the Group Areas Act¹⁰, which dispossessed and relocated the majority of urban black South Africans to the fringes of city centres. I discuss how the minibus taxi industry grew from being on the fringes of the public transport system to becoming the dominant form of public transport in the country. This is despite challenges of violence, vehicle safety, and exploitative working conditions. I then discuss the efforts by the democratic government to formalise the minibus taxi industry. I end the chapter with a discussion on minibus taxis as a potential hotspot for the transmission of airborne infections such as TB in South Africa.

¹⁰ The Group Areas Act was fashioned as the "cornerstone" of apartheid policy and aimed to eliminate mixed neighbourhoods in favour of racially segregated ones that would allow South Africans to develop separately (South African History Online n.d.).

2.2 ANTHROPOLOGY'S CONTRIBUTION TO THE STUDY OF DISEASE AND OUTBREAKS

Singer and Rylko-Bauer (2020:8) argue that the holistic lens of medical anthropology, more specifically critical medical anthropology, seeks to understand the social determinants of health. Critical medical anthropology investigates how issues such as poverty, discrimination, the role of power, control, and social inequalities play a role in the making of health and disease (Singer & Rylko-Bauer 2020:8). By investigating political-economic, structural, and environmental factors, we can understand how these factors facilitate the spread and pattern of disease among certain populations (Singer & Rylko-Bauer 2020:9). Below, I discuss the contribution of anthropology to the understanding of the West African Ebola crisis, which Abramowitz (2017:425) describes as the biggest anthropological intervention in the discipline's history. Thereafter, I examine the sub-Saharan African context and discuss how anthropologists have studied the HIV/AIDS epidemic in the region. I then move on to discuss anthropology's contribution to the understanding of the COVID-19 pandemic.

2.2.1 The West African Ebola crisis

The prevention of the Ebola virus disease (EVD) needed the modification of social and behavioural practices (Abramowitz 2017:425). These practices have historically fallen under the domain of anthropological research and social ecologies that shape family and domestic life (Abramowitz 2017:425). Lees et al (2020:125) concur by stating that anthropologists were well placed to examine the EVD outbreak in West Africa because they study social, political, cultural, and economic dimensions that influence the spread of disease and ways of responding to epidemics. Benton and Dionne (2015:224) argue that, initially, the coverage of the Ebola outbreak in the region focused on cultural practices that were deemed as heightening the risk for contracting and transmitting the disease. However, the EVD crisis required paying attention to historical processes, socio-political and economic instability that shaped the likelihood of a major disease outbreak, and the ability of relevant actors to respond to the crisis (Benton & Dionne 2015:224; Azetsop, Lado & Fosso 2020:6).

Using international political economy theory, Benton and Dionne (2015:225) studied how factors such as the transatlantic slave trade, colonialism, structural adjustment

policies, civil wars, and post-war foreign aid dependency shaped the conditions that spurred and intensified the spread of EVD in the region. For example, the history of the transatlantic slave trade created distrust among Africans and people from outside, especially from colonising countries, and between Africans and their government (Benton & Dionne 2015:226). This had a massive impact on how locals responded to their government's messaging regarding the disease and interventions (Benton & Dionne 2015:226). The structural adjustment policies of the 1980s adopted by newly independent African states also had an enduring negative impact on healthcare provision (Benton & Dionne 2015:226)¹¹. The healthcare system was therefore unable to handle the EVD outbreak in the region (Benton & Dionne 2015:226).

Azetsop et al (2020:6) agree that an understanding of the West African Ebola crisis must go beyond "exotic" cultural practices. They use theories of structural violence, postcolonial, and world systems to explain the outbreak. They argue that the history of violence and instability shaped by a history of war, colonial and postcolonial oppression, and socio-global inequality, together with poor health systems and cultural practices, made a direct or indirect contribution to the production of an epidemic such as EVD in West Africa (Azetsop et al 2020:6). The interaction of these multiple factors challenges anthropologists to move beyond the visible cultural lens to the scrutinisation of the interactions and behaviours of national institutions and multinational corporations with the local population affected by the disease (Azetsop et al 2020:27).

Another area of focus on the EVD crisis in West Africa has been the contribution of anthropology to the global epidemic response. Lees et al (2020:125) argue that despite anthropologists being well placed to provide social, political, cultural, and economic insights into disease outbreaks, there has been some resistance in involving them in response to activities in the field. In her analysis of anthropologists' involvement in the EVD outbreak in West Africa, Abramowitz (2017:422-423) outlines three roles. The first is to disseminate information; secondly, to inform policy; and thirdly to mobilise political activism around the epidemic response (Abramowitz 2017:422-423). However, she concedes that, on the ground, epidemiological

¹¹ International Monetary Fund loan conditions to lower-income countries restricted government spending on social services, including public health and healthcare. It also limited public sector wages, including those of healthcare workers (Benton & Dionne 2015:226).

modelling and disease forecasting took a leading role in formulating public health policy to deal with the EVD epidemic as modellers declared that community-based engagement was too difficult to model (Abramowitz 2017:426). Anthropologists therefore became doubtful of their overall impact on the EVD response in West Africa (Abramowitz 2017:436).

For Lees et al (2020:125), anthropologists who worked on the Ebola outbreak response in West Africa faced a question of contested legitimacy. Drawing on interviews conducted with anthropologists who worked on the response, they found that they faced complex roles in the field and faced questions of legitimacy vis-à-vis communities and responders in their role in response activities (Lees et al 2020:125). Most of these anthropologists revealed how, for example, they spent most of their time advocating for involvement either on the ground or at the headquarters level (Lees et al 2020:130). A more contentious issue was whether anthropologists should undertake original ethnographic research during the response (Lees et al 2020:132). The resistance against ethnographic research was that it takes time and would not be used for emergency response (Lees et al 2020:132). Lees et al (2020:132) argue that anthropologists' role during the Ebola outbreak raised logistical, moral, and epistemological tensions that they had to negotiate to gain access to and work in the field. This is due to their responsibility for the medical humanitarian sector, disease-affected populations, and academic constituencies (Lees et al 2020:135). Below I discuss how anthropologists have studied and contributed to the understanding of the HIV/AIDS epidemic in sub-Saharan Africa.

2.2.2 HIV/AIDS in sub-Saharan Africa and anthropology

Mkhwanazi (2015:2), writing on medical male circumcision among Swazi men, argues that medical anthropology research in sub-Saharan Africa tells a single story about the unpredictability of health interventions in local settings. However, citing Adichie (2013), Mkhwanazi (2015:2) argues that the trouble with a single story is that it risks becoming a stereotype. The problem with stereotypes is not that they are untrue, but that they are incomplete (Mkhwanazi 2015:2). Saethre and Stadler (2009:268) state that medical research on HIV/AIDS prevalence in sub-Saharan Africa has focused on "culture" as the primary vector in HIV/AIDS transmission. Through HIV/AIDS research and health discourse on risk behaviour, social categories based on historical and

ideological representations become naturalised and accepted as scientific fact (Saethre & Stadler 2009:278). However, HIV/AIDS discourse that centred on problematic “cultural practices” such as “promiscuous” sexual practices risks deflecting attention away from co-determinants of vulnerability gave rise to the patterning of the epidemic (Hlabangane 2014:177-178).

In their study on HIV risk narratives among Orange Farm residents in Soweto, South Africa, Saethre and Stadler (2009:268) found that “culture” is not seen as motivating actions that are associated with HIV transmission or prevention in the community. They argue that probing the use of “culture” in health research is critical because South Africa has a long history of an association between race, culture, and disease (Saethre & Stadler 2009:278). Saethre and Stadler (2009:278) further argue that this history was not only used to reinforce boundaries between white and black people, but also physical ones. Saethre and Stadler (2009:278) found that while medical researchers tend to portray “culture” as possessed by all Africans and is thought to have a profound influence on the way they behave and live their lives, among the residents of Orange Farm, “culture” is seen as series of actions that individuals can choose either to follow or to ignore and “culture” did not automatically influence their everyday life. Saethre and Stadler (2009:280) conclude that there is a need to look at how medical ideas of risk have been used to entrench identity and difference.

Taking the argument further, Hlabangane (2014:176) argues that the focus of “culture” on HIV/AIDS prevalence in South Africa is concerned with the making of an African sexuality through colonial discourse. In her study, Hlabangane (2014:176) juxtaposes two poles from which the HIV/AIDS epidemic in South Africa has been theorised. She argues that the two poles are the “culture” thesis that underscores individual and group sexual practices, and the political economy pole that locates HIV/AIDS vulnerability in structural factors. Hlabangane (2014:181) argues that HIV/AIDS is not only a biological disease but, like any epidemic, has social, political, and economic dimensions. Hlabangane (2014:186) therefore indicates that we cannot treat HIV/AIDS as an isolated, special story. She then argues that any sociological question in South Africa, like the HIV/AIDS epidemic, cannot escape the prism of apartheid logic and consequence (Hlabangane 2014:188). Like Mkhwanazi (2015:2), Hlabangane (2014:176) calls for analysis that explores the relationship between macro processes and micro practices.

2.2.3 Anthropology and COVID-19

In their article on the anthropology of disaster, Faas et al (2020:333) argue that disasters do not emerge from nowhere, and affect everyone equally, but they have a long history and entangled roots. The roots here refer to political and economic forces that not only co-produce risk and hazard but also influence the distribution of disasters and their impact on society (Faas et al 2020:334). Kabel and Phillipson (2021:8) concur by stating that who you are and where you live matter during times of disaster and health hazards. Your positionality in an uneven playing field determines your vulnerability to disease and other health hazards; in addition to biological factors (Baldwin-Ragaven 2020:34). Structural vulnerability explains how the disparities of class, culture, gender, and race impact on individuals' daily lives (Team & Manderson 2020:671). This has an impact on the health and wellbeing of individuals and can enable or inhibit people's capacity to respond to and follow public health policies (Team & Manderson 2020:671). Faas et al (2020:333) concur and state that people's everyday realities and material conditions directly shape individuals' behaviour in relation to COVID-19, which in turn shapes the disease's spread and impacts. While these differences in biomedicine are accounted for by age and/or other comorbidities, Baldwin-Ragaven (2020:34) argues that we must also look at the inherent socio-political vulnerability that emerges as a risk factor for poorer health outcomes.

Even though "common humanity" has emerged as a trope in the face of the COVID-19 pandemic with the catchphrase of it being a "great equaliser", these have failed to offer interlocked layers of gendered, racialised, and ethnicised precarity and disposability among certain populations (Kabel & Phillipson 2021). Kabel and Phillipson (2021) argue that even lockdown language has brought the notion of human equality, framed in the language of "shelter in" and "staying at home" as though sheltering is universally available. Baldwin-Ragaven (2020:34) agrees that while the coronavirus microbes themselves may be impartial, the disease plays out differently in different bodies and in different social-political realities.

According to Singer and Rylko-Bauer (2020:6), the COVID-19 pandemic can be understood by using two analytical concepts, namely syndemics and structural violence, to understand the contribution of structural determinants to the spread of COVID-19. Syndemics are defined as "adverse synergistic interaction of two or more

diseases or health conditions promoted or facilitated by social and environmental conditions” (Singer & Rylko-Bauer 2020:17). Singer and Rylko-Bauer (2020:8) argue that the syndemics approach helps us to go beyond understanding micro-level accounts and explanations of health-related beliefs and practices and their interface with local contexts, ecologies, and cultural configurations. Team and Manderson (2020:671) state that the physical and social structures often intersect and co-produce vulnerability; thus often resulting in syndemics. The structural violence approach allows us to look at disease outbreaks as biological phenomena shaped by history, political economy, and social context, which are often shaped by poverty, discrimination, marginalisation, and lack of access to basic resources (Singer & Rylko-Bauer 2020:11). Team and Manderson (2020), Baldwin-Ragaven (2020), and Singer and Rylko-Bauer (2020) agree that the structural violence framework allows us to shift from the traditional view of risk groups and behaviours to address risk environments and agents.

Team and Manderson (2020:671) and Gamlin et al (2021:1) take this argument further to highlight how the COVID-19 pandemic response has failed to account for the differentials in the pandemic. For Gamlin et al (2021:1) this has resulted in a “global” coronavirus-centred framework that has homogenised the pandemic from a Global North perspective. However, as the virus spread across poorer parts of the world, the structural challenges of implementation of these responses were highlighted (Team & Manderson 2020:671). Lockdown measures enforced by police and armed forces were universally adopted (Levine & Manderson 2021:393); however, these ignored the inflection of race, class, and gender on hygiene and sanitation, and on mobility and proximity (Levine & Manderson 2021:394).

The response to the COVID-19 pandemic has been the belief that people can change their behaviour quickly when presented with institutional mandates to do so (Manderson & Levine 2020:367). Many governments thus adopted restrictive measures enforced by police, military, and private security officers. However, it must be noted that this securitisation of health is not a new phenomenon, and that “such approaches chime with public health paradigms which historically have not held back from curtailing individual rights in the interests of protecting populations from infectious disease” (Parker, MacGregor & Akello 2020:666). In the case of the COVID-19 pandemic, these lockdown measures were intended to “flatten the curve” and to

prepare the healthcare system to handle the growing numbers of severe cases from the virus (Levine & Manderson 2021:393). These measures, according to Wahlberg, Burke and Manderson (2021:2), were coupled with calls to individuals to do their part in limiting the spread of the novel coronavirus by staying at home, maintaining physical distance, washing their hands, and self-isolating. However, Shumba et al (2020:280), Levine and Manderson (2021:393), and Wahlberg et al (2021:2) agree that these measures paid little attention to individuals' capacity to respond. In Zimbabwe, for example, there were concerns of how the population could comply with measures such as maintaining social distancing and practising hand-washing hygiene in a country facing a macro-economic challenge (Shumba et al 2020:276). Compliance was only achieved using excessive force, which included destroying vending infrastructure in urban spaces as most of these structures were deemed "illegal" and as posing a public health hazard (Shumba et al 2020:278). This exacerbated the economic crisis in the country as there was a sudden loss of income, household food security was threatened, and many livelihoods were thrown into deep poverty (Shumba et al 2020:278).

The enforcement of these measures also put citizens in the firing line for punitive and often brutal state action towards those living in circumstances that made compliance with such measures impossible (Parker et al 2020:667). This is because most governments had failed to prepare measures to mitigate the economic hardship that affected the poorest people, including those who generated income from the informal sector (Parker et al 2020:667). In South Africa, Levine and Manderson (2021:394) argue that informal settlements highlighted the public health limits to contain the coronavirus spread. Informal settlements lack sanitation services and plumbing, running water, and electricity, and social distancing is often impossible (Levine & Manderson 2021:394). Levine and Manderson (2021:395) argue that the response to the COVID-19 lockdown measures cannot ignore the prism of the Group Areas Act of 1950 – a defining feature of apartheid. Levine and Manderson (2021:396) question what lockdown means in a divided nation still grappling with issues of structural inequalities, racism, and gender and which had long lacked resources in healthcare services. According to Levine and Manderson (2021:393-394), the lockdown measures in the country heightened economic and social distress, and it also increased intimate partner violence. The extension of police rights to punish and the

assertion of military powers caused “as much fear – if not more – than the virus itself” (Manderson & Levine 2021:51). The anecdotal accounts of the use of force and police brutality in townships meant that black people not only feared dying from the novel coronavirus, but they also feared that they might be killed by security forces (Manderson & Levine 2021:59).

Below I discuss the public transport system in Africa and South Africa in order to situate the minibus taxi industry in the broader discussion of the forms of public transportation modes.

2.3 PUBLIC TRANSPORT IN AFRICA

Minibus taxis in South Africa, *trotro* in Accra, *dala dala* in Dar es Salaam, *matatus* in Kenya, *danfos* in Lagos, etc. as the informal mode of public transportation account for an estimated 80% of Africa’s total motorised trips (Ndibatya, Coetzee & Booyen 2016:329). In Kampala, Uganda, they transport 83% of commuters in the city, and in Lagos, Nigeria, *danfos* account for 70% of all motorised trips (Alcorn & Karner 2021:1365). In many of these African cities, state-regulated forms of public transportation such as buses and trains have failed to meet the growing demand of urbanised Africans (Pirie 2014:3). This led to the formation of informal public transportation modes commonly known as paratransit services (Agbiboa 2020:175). They are referred to as paratransit services because they have flexible stops, schedules, and routes (Klopp & Cavoli 2019:657). Across the continent, the informal transport sector is a site of indigenous entrepreneurship and creative adaptation (Klopp & Cavoli 2019:657).

The paratransit services are also notorious for ageing fleets, poor vehicle maintenance, overloading, and bad driving that prioritises profit over commuter safety (Graeff 2010:5; Pirie 2014:4; Ndibatya et al 2016:329; Agbiboa 2020:175). Since they are unregulated, their operation is run by cartel-like owners who determine commuting fares and loading schedules (Alcorn & Karner 2021:1366). Despite providing employment for most of the urban poor youth, these informal modes of transport are known for exploiting drivers and conductors. As Graeff (2010:5) states: “Poor job security begets reckless driving and overcrowded *matatus* as drivers and conductors must meet the daily revenue marks or risk being fired.”

Looking back into the history of public transport systems, Pirie (2014:3) argues that racially segregated urban settlement patterns in Africa are not only unique to South Africa; there are traces of this elsewhere in Africa. During colonialism, poor Africans were dispatched to cities' outskirts, which compelled them to travel long distances to access cities (Pirie 2014:3). James (2018:31) concurs by stating that any study of transportation in Africa cannot escape the prism of colonialism on the continent. This means understanding how spatial and racial injustices have given rise to some modes of public transport in African cities such as paratransit services (James 2018:31).

Rapid urbanisation has driven many Africans to cities in search of better economic activities (Ndibatya et al 2016:328). However, most of this population is poor and cannot afford a private vehicle. Owning a vehicle in Africa is a key marker of wealth, power, and privilege (Agbibo 2020:176). With 50% of the African population expected to be urban dwellers by 2030, there have been growing calls for African cities to improve public transportation (Agbibo 2020:175). Graeff (2010:2), Pirie (2014:5), and Klopp and Cavoli (2019:661) argue that the development of the Bus Rapid Transit (BRT) system¹² has been seen as an alternative option to paratransit services in Africa. The BRT system is deemed a safer, more efficient, and more cost-effective solution to the need for mass transportation in African cities (Agbibo 2020:180). However, the system has proven difficult to implement, whether in Johannesburg in South Africa, Dar es Salaam in Tanzania, or in Nairobi in Kenya (Agbibo 2020:180). The main obstacle has been the failure of the government to include paratransit service operators in key discussions regarding BRT implementation (Agbibo 2020:180). This has often led to resistance from paratransit service operators who see BRT as a threat to their livelihoods (Agbibo 2020:180). Both Graeff (2010:10) and Alcorn and Karner (2021:1370) argue that the BRT model fails to incorporate paratransit services in the future of transportation modes. They call for a metropolitan transport system that does not alienate the paratransit services industry but integrates them (Graeff 2010:10). Agbibo (2020:181) concurs and states that the paratransit services are not just transport services in urban African cities, but a way of life and cannot simply be banned. "At issue here is not just the informal sector, but the entire

¹² BRT is a high-capacity bus-based transit system that delivers fast and efficient services that may include dedicated lanes, busways, traffic signal priority, off-board fare collection, elevated platforms, and enhanced stations (Institute for Transportation and Development Policy 2022).

transport culture of African cities” (Agbiboa 2020:181). Agbiboa (2020:7) argues that the informal transport system in Africa should be viewed as a fluid and manipulable system where the state and informal actors cooperate and compete in numerous interactions.

2.4 PUBLIC TRANSPORT IN SOUTH AFRICA

The apartheid history of separate development resulted in the majority of the population being artificially located away from job opportunities, places of recreation, health facilities, etc. (Walters 2014:45). This spatial engineering of the past continues today in post-apartheid South Africa with the majority still living in townships located on the fringes of urban centres (Jennings 2015:760). In a study on commuting costs in South Africa, Kerr (2015:2) found that black South Africans spend more time commuting to work than their white counterparts. For Kerr (2015:2), this is the continued legacy of apartheid spatial planning. Black South Africans spend more of their income on commuting and spend longer hours commuting to and from work (Kerr 2015:2). Jennings (2015:767) agrees and states that almost 50% of urban households spend more than 20% of their income on public transport. This, for Lucas (2011), Kerr (2015), and Jennings (2015), has negative impacts on people’s ability to access employment and education opportunities and to seek healthcare services. It also hampers their participation in social activities that need them to be mobile (Jennings 2015). The already high and constantly increasing commuting costs also place a huge burden on household spending and on household members (Kerr 2015:21). The longer commutes also means that the workforce becomes less productive as employees are most likely to have early morning starts and late returns home, which affect their wellbeing (Kerr 2015:21).

Jennings (2015:767) argues that prior to 1994, the apartheid government paid little attention to transport planning policy and development. It focused on regulating those who wished to provide passenger transport services for the transportation of the workforce (Jennings 2015:767). The democratic government in its early years of governance recognised the need to provide public transport that is safe, affordable, less overcrowded, and accessible. In 1999, the national government thus instituted two major reforms to tackle public transport across the country. The first was the Taxi Recapitalisation Programme (TRP), which was solely dedicated to formalising the

minibus taxi industry, and the second programme was launched in 2006 to coincide with the 2010 FIFA World Cup, namely the Integrated Rapid Public Transport Network (IRPTN)¹³, which aimed to connect fringe areas to the urban core of the major South African cities (Jennings 2015:767). The TRP is aimed at scrapping old, unsafe minibus taxis and replacing them with new, bigger, and safety-compliant minibus taxis (Schalekamp 2013:2). Here a capital amount is paid to the taxi owner to either leave the sector or use the money towards purchasing a new minibus taxi (Schalekamp 2013:2). The IRPTN, on the other hand, premised on infrastructure development, seeks to facilitate the establishment of BRTs in the country's 12 major cities (Schalekamp 2013:2). However, neither reform has lived up to its expectations. As discussed below, with the TRP, there has been slow uptake of the "scrapping allowance" and of the 12 cities that were to form part of BRT network services as per the IRPTN framework, only Johannesburg, Cape Town, Ekurhuleni, and Tshwane have these services in place (Schalekamp 2013:5).

Amid growing urbanisation in South Africa, there is no consensus on how to address public transport disadvantages. For Kerr (2015:21) there are two solutions to address the public transport disadvantage: (i) improve public transport spending through subsidising sectors such as the minibus taxi industry, and (ii) for the government to create denser cities in which people are located closer to job opportunities to mitigate commuting time and costs. The National Land Transport Act of 2000 states that public transport subsidies should target marginalised users and those who have poor access to social and economic activity (Venter & Behrens 2005). The minibus taxi industry currently accounts for over 65% of daily commutes, with bus and rail modes accounting for 23.6% and 9.9% respectively (Competition Commission South Africa 2020). Despite minibus taxis being the most popular form of public transportation, the industry receives only a 1% government subsidy (Kerr 2015:2). This means that the commuting fares are carried by minibus taxi commuters (Kerr 2015:2). An inquiry by the Competition Commission in 2020, which looked at the land-based public passenger transport market, found this to be true and concluded that this is a continued legacy of apartheid government policies. The Competition Commission's

¹³ An integrated public transport network combines different transport modes to maximise ease and efficiency for passengers in terms of time, cost, comfort, safety, accessibility, and convenience (Higbee, 2021).

(2020) report stated that during the transition from the apartheid regime, the government continued with the private bus contracts that were already part of the subsidy system as a provisional measure (Competition Commission South Africa 2020). However, over 21 years later, most of these contracts are still in place and are still receiving government subsidies (Competition Commission South Africa 2020). There does not seem to be much evidence of how much the government spends on buses and train operating subsidies. Bradlow (2020) argues that operating subsidies are important for public transport modes as they are critical to contain fare increases.

The majority of urban black South Africans are compelled to rely on public transport for employment, healthcare services, education, and social activities. There has been little effort by the government to provide safe, affordable, and accessible public transport for most of this segment despite long-standing inadequacies inherited from previous eras. The minibus taxi industry continues to fill the vacuum by creating a flexible, fast, and accessible mode of transport service.

2.5 THE SOUTH AFRICAN MINIBUS TAXI INDUSTRY

The South African minibus industry has a history that is intricately linked to apartheid (Barrett 2003:6). The apartheid state focused on investing and improving livelihoods for white South Africans living in the city centres while barely improving the lives of people in black townships (James 2018:22). This meant that black people had to seek employment opportunities and other services from white-only cities. During this period, public transportation was dominated only by state-owned rail and public and privately owned white bus companies (Barrett 2003:5). As the demand grew for job opportunities and other services among the black population living in the township, both the rail and bus service were unable to cope because they operated on fixed schedules and routes (Barrett 2003:5). The growth of the minibus taxi industry came from this demand.

The apartheid government not only created black townships through forced removals, but it also forbade black entrepreneurship anywhere but in the homelands (Boudreaux 2006:22)¹⁴. When the taxi industry came into being, it was met with hostility from the

¹⁴ The homeland system was created according to ethnicity, whereby 10 homelands were created according to ethnicity (Apartheid Museum, 2023).

apartheid state (Barrett 2003:6). It became impossible for prospective taxi operators to acquire road carrier permits (Barrett 2003:6). The National Transport Commission, promulgated in 1948 when the National Party came into power and acting as a public transport regulator, was pressured by the bus industry not to issue permits to taxi operators (Barrett 2003:6). Some taxi operators found a loophole in the Road Transportation Act of 1977 that allowed them to operate legally when they left one seat of a 10-seater minibus empty (Barrett 2003:6). This meant the first minibus taxis transported nine passengers, including the driver. This loophole meant that the minibus taxi did not fit the definition of a car (less than eight passengers), sedan taxi (four plus one), or a bus (more than eight passengers) (Sebola 2014:127).

2.5.1 The making of a South African taxi operator

Khosa (1992:236) argues that many taxi entrepreneurs entered the taxi business by driving their own vehicle on a particular route. After saving enough money from their existing operations, they then made a deposit to purchase another vehicle and employed a driver to operate the second vehicle (Khosa 1992:236). The sources of finance for the purchase of the vehicle typically came from personal savings, resources from family members, or *stokvels*¹⁵ (Khosa 1994:57). The situation has now changed. The taxi owner-driver has been replaced by an employed taxi driver whose income depends on how many trips he can make in a day (Khosa 1994:59). Both Bank (1990) and Khosa (1994) argue that many taxi entrepreneurs used their family and social networks to recruit taxi drivers from their rural homes. In these recruitment drives, taxi operators rely heavily on the romantic image of the taxi industry, which is associated with luxury, adventure, and access to women to attract young unemployed men (Bank 1990:86). This resulted in the minibus taxi industry being dominated by kinship networks. These pre-existing kinship and social relationships became crucial in taxi entrepreneurs' struggle for economic survival in the city (Bank 1990:86). Gibbs (2014:441) concurs by stating that in an industry filled with risk and uncertainty, mutual aid and protection of "homeboys" and patrons are vital.

¹⁵ A *stokvel* is a type of credit union in which a group of people enter into an agreement to contribute a fixed amount of money to a common pool weekly, fortnightly, or monthly (National Stokvel Association of South Africa 2021).

The apartheid government's deregulation of the minibus taxi industry in 1987, the creation and accelerated availability of credit finance, and government policies encouraging an enterprise culture resulted in the meteoric rise of the taxi industry in the 1980s (Khosa 1994:60). This as the taxi industry's body, the South African Black Taxi Association, was able to successfully lobby financial houses to finance the purchase of minibus taxis (Khosa 1994:59). Gibbs (2014:434) describes this period as the "watershed moment" for the minibus taxi industry as, on the one hand, the apartheid regulations on the industry were lifted, while on the other hand, the mines and steel factories that had provided steady work for migrant labourers went through mass retrenchments. In a country where black South Africans were denied an opportunity to operate businesses, the minibus taxi industry had few barriers to entry and has become an easy route for self-employment (Boudreaux 2006:6). This led to increased competition over routes and resulted in conflict between rival taxi associations (Khosa 1992:250). The conflict in the minibus taxi industry is also influenced in part by the structural and legislative context created by the apartheid state (Khosa 1992:251). Boudreaux (2006:1) argues that the legacy of illegality due to apartheid-era laws has given taxi operators incentives to work outside the law and to protect their investments at whatever cost, even if it means violence.

Another interesting area of study in the South African minibus taxi industry is taxi driver working conditions, which some, like Govender and Allopi (2006) and Sauti (2006), believe influence taxi driver behaviours on the road.

2.5.2 Taxi driver working conditions

The minibus taxi industry in South Africa has been historically marked by exploitative labour relations between taxi owners and taxi drivers. Khosa (1994) and Gibbs (2014) argue that since the recruitment of taxi drivers is based on kinship networks and rural village networks, the lines between employer and employee are often blurred. Since many taxi drivers come to urban areas from rural areas for the first time, the taxi owners would offer accommodation for the new recruits; thus becoming a member of the taxi owner's family (Khosa 1994:65). This, according to Gibbs (2014:439), made it difficult for trade unions in the 1990s to unionise the taxi drivers as most "were living in their masters' backyards". Furthermore, a survey on minibus taxi drivers found that fewer than 10% of drivers had a written employment contract (Ingle 2009:76).

“Taxi operators employ someone today, then someone else tomorrow – this is just how complicated the labour process is in the industry” (Fobosi 2013:3).

Similarly, Mmadi (2012) investigated taxi drivers’ working conditions vis-à-vis their family life. The study found that taxi drivers work under harsh conditions with very few employment-related benefits and little family time and social life (Mmadi 2012:ii). This is influenced by the minibus taxi industry’s remuneration system that depends on daily takings (Mmadi 2012:133). “Exacerbated by employment insecurity, the choice between family time and work comes at a great price for taxi drivers” (Mmadi 2012:133). This has filtered through into the taxi drivers’ private sphere as they spend little time with their families or on any other social activities (Mmadi 2012:133). Despite the gazetted labour regulations such as the Labour Relations Act of 1995, there has been no enforcement of regulations in the minibus taxi industry; thus perpetuating the precarity of working conditions for taxi drivers (Fobosi 2020).

However, the minibus taxi industry continues to attract urban youths who cannot be absorbed by the formal sector. Taxi jobs are among the few jobs in the country that are open to lower-skilled workers (Boudreaux 2006:9). Many taxi drivers have joined the minibus taxi industry because they had no choice as there were either no jobs available or because they were not qualified to do anything else (Ingle 2009:76). Today, the minibus taxi industry in the country employs approximately 300 000 drivers (Fobosi 2020).

2.5.3 The Taxi Recapitalisation Programme (TRP)

The violence that followed the deregulation of the minibus taxi industry in 1987 due to oversaturated routes and increased competition escalated further after the first democratic elections in 1994 (Barrett 2003:ix). This resulted in increased calls for the democratic government to improve the minibus taxi industry’s performance through reform or state regulation (Fourie 2003:2). In 1995, the government set up the National Taxi Task Team to investigate issues in the minibus taxi industry and to propose solutions and policy options to ensure the sector’s long-term viability (Schalekamp & Klopp 2018:665). In 1996, the White Paper on National Transport Policy was published, which offered insight into how the minibus taxi industry could be improved. These included directives for minibus taxi operators to form cooperatives,

associations, or companies and they could on their own or in partnership with bus companies compete for contracts issued by transport authorities (Schalekamp & Klopp 2018:665). Alongside this, the national Department of Transport in 1999 established the TRP, which both Bahre (2014:584) and Schalekamp and Klopp (2018:665) argue was accelerated between 2005 and 2007 as the country prepared to host the 2010 FIFA World Cup tournament. The South African National Taxi Council (SANTACO) was formed to act as the intermediary between the state and the minibus taxi owners and associations (Schalekamp 2013:2). Walters (2008:106) writes that the initial aims of the TRP included formalising the minibus taxi industry's labour practices, consolidating businesses into larger entities, providing a minibus scrapping system to encourage fleet renewal and reducing fleets, and instituting safety and identification standards. Bahre (2014:584) states that the idea behind the TRP was that fewer taxis on the road would mean less competition and a more sustainable livelihood.

Since its inception, the TRP has been slowly implemented, with Sekhonyane and Dugard (2004:17) arguing that the two major obstacles facing the implementation of the TRP is firstly the question of who represents the taxi industry. There are currently two main organisations that represent the minibus taxi industry: SANTACO and the National Taxi Alliance (NTA), which describes itself as "group of affiliated independent national, provincial, regional and primary taxi associations" (NTA 2022). SANTACO was established in 2001 during a conference in Durban in a move to have an umbrella body governing the minibus taxi industry (SANTACO 2022). The NTA was formed earlier in 1999. During the 2001 conference, members of the NTA walked out of the conference after accusing the government of wanting to dissolve the NTA into SANTACO in the name of unity (Moya 2007). Therefore, from the beginning of the TRP's implementation, the NTA has been seen as opposing the programme and working outside the government's policies of formalising the minibus taxi industry through recapitalisation (Moya 2007). Schalekamp (2013:19), in his study on minibus taxi operators in Cape Town regarding the TRP, found that there is too little information available for operators to be able to make informed decisions around opting into the programme or not. There is also the question of who SANTACO is representing in the recapitalisation talks with the government, as most of the operators feel SANTACO might not necessarily represent their interests. Schalekamp (2013:2) argues that referring to the paratransit services as an industry may be misleading because the

sector is not a uniform collective. “In terms of enterprise size, political representation and legal compliance there are variations within and between cities” (Schalekamp 2013:2).

The second obstacle is the cost implications of the TRP (Schalekamp 2013:2). For Sebola (2014:128), the TRP has proven difficult to implement because taxi operators have been reluctant to hand over their old taxis to be scrapped mainly because of the cost associated with the purchase of a new vehicle. Schalekamp (2013:3) states that the “scrapping allowance” at best covers around a quarter of the total cost of a compliant new minibus taxi and operators must cover the rest of the cost from their own pockets. Bahre (2014:585) further argues that the TRP has enabled the government to create a multi-billion-rand industry that taxi owners and passengers eventually must pay for, since the only income taxi operators have come directly from commuter fares, with no state subsidies. Bahre (2014:584) argues that the scrapping of old taxis to acquire new, safer ones makes the taxi world a bigger market for credit loans, insurance policies, and vehicle manufacturers. Bahre (2014:584) found that many taxi owners felt that the TRP forced them to buy expensive new vehicles that they did not need. A new Toyota 16-seater Quantum currently retails at just around R500 000, while the scrapping allowance from the government is R121 000, which means that the remaining cost must be covered by taxi owners themselves using commuter fares or loans. Bahre (2014:585) also writes how the TRP has made taxi association executives brokers for car dealers and financial institutions in Cape Town. Taxi association executives are paid bribes by car dealers and banks for bringing in taxi owners to purchase new vehicles to comply with the requirements of the TRP. Bahre (2014:590) states that the TRP can be understood using the concept of the trickle-up economy where the money generated through taxi operations trickle up to the state, banks, car manufacturers, insurance companies, and taxi association leaders. This leaves the majority of taxi operators under huge financial strain. However, there has not been much protest from taxi operators, possibly because the government has implemented TRP measures in cooperation with taxi association leaders (Bahre 2014:591).

Another aspect of TRP is the improvement of minibus taxi drivers' working conditions. Barrett (2003:ix) argues that, in theory, all employees in the minibus taxi industry are covered by the Labour Relations Act of 1995. This means they have the right to join

trade unions and are protected by the Workman's Compensation Act and the Unemployment Insurance Fund (UIF) Act (Barrett 2003:ix). However, on the ground, these rights are rarely recognised by taxi owners (Barrett 2003:ix). In explaining why little progress has been made in enforcing labour relations policies in the minibus taxi industry, Fobosi (2019:118) argues that since deregulation in 1987, any attempt by the state to re-regulate the industry has been met with hostility as the majority of owners feel that "the state is out to get them". Fobosi (2019:118) argues that this failure by the government to enforce regulations in the minibus taxi industry has continued the precarious work environment of taxi drivers.

Central to the TRP is also to improve the commuting experience of minibus taxi users.

2.5.4 Minibus taxi commuters

The minibus taxi industry is considered a critical pillar of South Africa's public transport sector as it commutes up to 70% of the workforce and makes approximately 15 million daily trips (Fobosi 2020). For many black urban South Africans, taxis are an everyday part of life as they provide relatively inexpensive, flexible, and accessible transportation (Boudreaux 2006:12). However, Khosa (1992:238) argues that the benefits offered by the taxi industry to commuters have been compromised by the many negative aspects of the industry, which include overloading of passengers, high accidents rates, intolerant taxi drivers, and feuding between rival taxi associations. Minibus taxis are often referred to as "coffins on wheels" (Sauti 2006:ii). In their research on female commuters, Khosa (1997) and Kwele (2016) found that despite being the majority of users of minibus taxis, female commuters experience gender-related violence and crime. According to Khosa (1997:19), this might be due to the gender roles ascribed to people in society. Kwele (2016:85) found that gender-related trauma is prevalent among female taxi commuters' daily experience of commuting with minibus taxis. Khosa (1997:31) and Kwele (2016:83) agree that while both male and female taxi commuters are exposed to dangers of overcrowding, accidents, and excessive speeding, female commuters have to deal with the additional burden of sexual harassment from male passengers and taxi drivers.

Since the outbreak of the COVID-19 pandemic in 2020, it has become relevant to explore the role of minibus taxis as a potential spreader for airborne infections.

2.5.5 Minibus taxis and tuberculosis (TB)

Understanding the relationship between minibus taxis and TB is important for this study because TB, like COVID-19, is airborne. TB is an airborne disease caused by *Mycobacterium tuberculosis* and is one of the leading causes of death globally (World Health Organization [WHO] 2020). Bulled and Singer (2020:1234) argue that South Africa is faced with a TB burden where 320 000 people are diagnosed with TB and 80 000 TB-related deaths are recorded annually in the country. Andrews et al (2012:556) investigated environmental factors that contribute to the high TB transmission rate in South Africa. Andrews et al (2012:556) argue that public transportation may play a critical role in sustaining TB transmission in urban cities due to poor ventilation and high respiratory contact rates. In a country where the majority rely on public transport like minibus taxis as a form of transit to school and work, minibus taxis could act as hotspots for TB transmission because minibus taxis are usually densely crowded and often poorly ventilated (Andrews et al 2012:557). The study concluded by calling for future interventions that target high-risk environments such as minibus taxis.

In their study on how indoor social networks contribute to the spread of TB in South African townships, Wood et al (2012:3) concur with Andrews et al (2012) that minibus taxis are a breeding ground for high TB transmission. Like Andrews et al (2012), Wood et al (2012) cite overcrowding and poor ventilation as factors that contribute to making minibus taxis hotspots for TB transmission. A study on TB transmission in Dar es Salaam, Tanzania, found that after prison, the greatest risk of TB transmission was found in public transportation (Hella et al 2017:ii). TB transmission risk is influenced by differing times spent in taxis and ventilation situations (Hella 2017:ii).

Matose (2018) studied ventilation in minibus taxis as an Airborne Infection Control (AIC) measure. Matose (2018:iii) argues in his study that minibus taxis are of interest because many healthcare workers and TB patients make use of taxis. Minibus taxis are also frequently used by people of lower socio-economic status who have a high incidence of TB (Matose 2018:iii). Matose (2018:iii) found that high ventilation rates are achieved in minibus taxis when four windows are opened. These rates either matched or surpassed the WHO's recommended ventilation rate guidelines for airborne infection settings (Matose 2018:iii). A similar study was conducted by Matose,

Poluta and Douglas (2019:1) to examine the ventilation profiles associated with varying open-window configurations in operational transit. The results were similar, namely that open windows of fully occupied minibus taxis offered adequate ventilation as an AIC measure.

However, both studies agree that the natural ventilation offered by open windows is highly dependent on passengers and minibus taxi drivers. Matose (2018:69) states that this form of ventilation could be constrained if passengers do not tolerate fully open window configurations; for example, during inclement weather conditions. Matose (2018:69) therefore calls for the installation of other AIC device measures such as filtration devices. Other than other AIC device measures, Matose et al (2019:4) call for driver and passenger education on TB transmission risk and the importance of open-window configurations.

2.6 CONCLUSION

In this chapter I discussed how structural determinants contribute to the spread and shape of disease outbreaks such as the novel coronavirus pandemic. Taking into consideration that the study is situated within the minibus taxi industry in South Africa, I attempted to discuss the minibus taxi industry within the broader debates around the public transport systems both in the country and on the continent. I also linked the minibus taxi industry's development to historical processes such as colonialisation and apartheid to highlight how the industry is embedded in the larger socio-political context of South Africa. In the next chapter, I discuss the local context in which the study is based.

CHAPTER 3:
UYAHAMBA MFETHU (ARE YOU GOING, BUDDY): UNDERSTANDING
THE MINIBUS TAXI INDUSTRY IN MPUMALANGA TOWNSHIP,
HAMMARSDALE, DURBAN, SOUTH AFRICA



Figure 3.1: The two most popular taxi models

Source: Siyabonga Kweyama

3.1 INTRODUCTION

This chapter considers the context of commuting in a world reshaped by the influence of the COVID-19 pandemic, in Mpumalanga Township, Durban, South Africa. By context I mean the overall social organisation that gives life to commuting in the area. This specifically refers to the relationship between taxi owners, drivers, and commuters, and its connection to the larger environment. The taxi association which I look at in this study is the Mpumalanga Taxi Association, named after the township from where it operates. It falls under SANTACO's Durban West Region. I begin by discussing the overview of minibus ownership in the area, the recruitment of minibus taxi drivers, and employment practices. I then provide an overview of minibus taxi operations in the area and conclude by discussing the importance role of minibus taxis to residents of Mpumalanga Township.

3.2 MINIBUS TAXI OWNERSHIP, RECRUITMENT, AND EMPLOYMENT PRACTICES FOR MINIBUS TAXI DRIVERS

Based on my family experience, the minibus taxi industry in the area began in the early 1970s following the formation of the industrial hub, Hammarsdale, in 1968. This was to aid workers travelling to and from work from the township on a daily basis. The first minibus taxis in the area transported factory workers to and from work to the industrial area that in local lingo is called *ka-Webber* (Webbers)¹⁶. There are no official records in which year the taxi association was formed; however, one can estimate that it followed the 1987 deregulation of the minibus taxi industry by the apartheid government. Due to Mpumalanga Township's geographical location, the association was able to obtain permits to operate in various routes, including those in neighbouring formerly white areas such as Hillcrest, Kloof, Pinetown, New Germany, Westmead in the eastern part, and Cato Ridge and Camperdown in the western part. This is in addition to the two major routes to Durban and Pietermaritzburg. However, based on personal experience, the demand for taxis travelling beyond the borders of the industrial area grew in the early 1990s following the collapse of factories in the area and political violence, as discussed in Chapter 1. Residents were forced to look for work and other services outside the Hammarsdale industrial area.

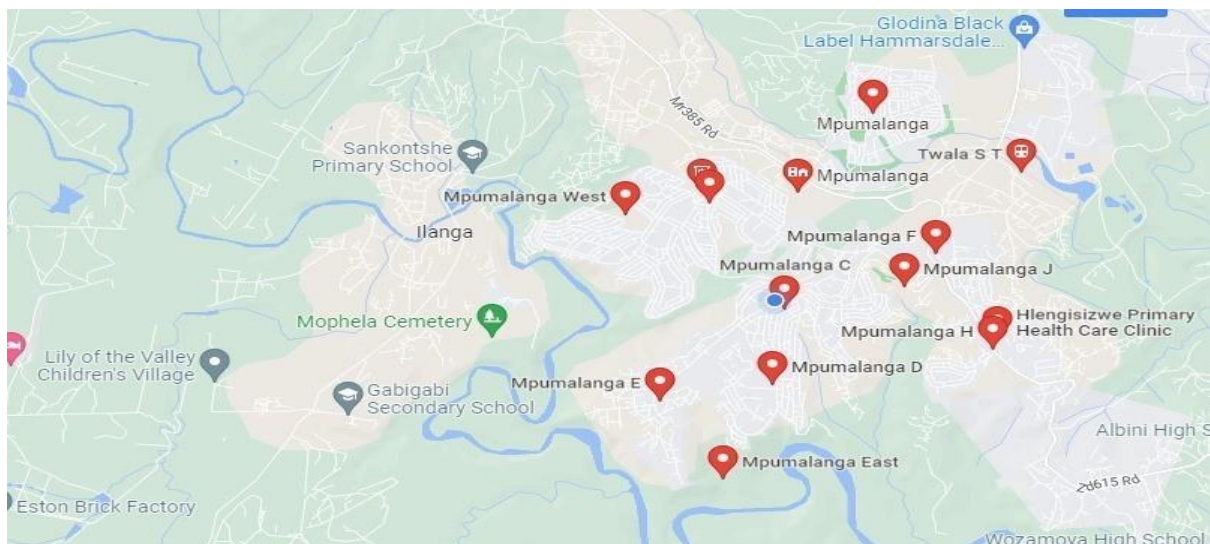


Figure 3.2: Areas covered by the Mpumalanga Taxi Association

Source: Google Maps (2022)

¹⁶ There is no historical record of why this place is referred to as Webbers.

In Mpumalanga Township, many taxi owners are second- or third-generation taxi owners who inherited the taxi business from their parents. The taxi business is seen as the continuation of a family legacy. There is no cap or limit on how many taxis a person can own, more so for *abaqali bomsebenzi* (the founders), who were here in the beginning. However, since the mid-1990s, many taxi routes began to be overly saturated and to protect their profits, many taxi associations no longer accept new members. In South Africa, to become a legal taxi operator, you are required to join a taxi association. After joining a taxi association, you are issued a letter of recommendation that you must take to the Department of Transport to apply for an operating licence, as per the National Land Transport Act of 2009. This regulation gives taxi associations a *de facto* role in who is allowed to become a member or not and limits new entrants. It is therefore not surprising that in the area of study, existing taxi owners can still register new taxis because they were here in the beginning as founders. On average, a taxi owner may thus have anything between five to over 15 taxis in his/her fleet. This places the minibus industry in a grey area, as it is far from formal by virtue of economic definition as discussed in Chapter 2, but also not fully informal due to the internal and some degree of state and local regulation.

Even though the recruitment process of taxi drivers varies depending on the taxi owner, it is influenced by male networks and connections. In South Africa, the minibus taxi industry is male dominated, with only 2% females working in the industry and mostly in administrative roles (Nkete 2015). In some taxi-owning families, boy children and other male relatives are employed as taxi drivers. However, the dominant form of recruitment is now based on referral. A taxi owner will ask drivers to assist him/her in finding a suitable taxi driver for the business. Taxi employment is done informally, which means that there is no employment contract and that employment is based on a verbal agreement. This verbal agreement includes the taxi owner explaining the “housekeeping” rules and remuneration. In the area of study, the taxi association has a wage cap that outlines the basic income for taxi drivers and taxi owners must comply with this order. However, taxi drivers and taxi owners may individually have an incentive scheme in addition to the basic income. Due to the lack of a written contract, however, there are instances where a taxi owner would not pay the taxi driver their full wage. Since there is no structure to deal with the non-payment of wages, the taxi drivers concerned can decide to leave the taxi owner who fails to pay them their

wages. The taxi drivers are paid a weekly wage. This wage, however, is dependent on days worked. When a taxi breaks down or has been taken for service, the driver cannot work and therefore cannot be paid for those days that they were unable to work.

The taxi industry, as alluded to in Chapter 2, does not comply with labour regulations as set out in the Basic Conditions of Employment Act¹⁷. Taxi drivers therefore do not have annual leave, sick leave, or family responsibility leave, or receive compensation for injuries in the workplace. They also are not covered by the UIF¹⁸. In an instance where a taxi driver is sick or has a family emergency and cannot work, this means they will not be compensated for those days missed at work. The set-up is “no work, no pay”. This also makes protesting against taxi owners useless because drivers will not be paid for days when they go on strike.

The taxi industry’s work structure is competitive and very precarious (Fobosi 2020). A taxi driver can be employed today and retrenched the next day. There is also “boss hopping”, where a driver moves from one owner to the next without any warning or serving notice. This is related to a lack of a written agreement between the two parties. Taking this into consideration, taxi drivers in this area use what they call *ukubambelana* (substitution). This means having someone whom you trust and have a relationship with as a replacement or back-up when you are unable to work due to ill health or family emergencies. Using an *umbambeli* (substitute) means that you will get your weekly income in full, but you will need to pay the *umbambeli* their due based on the number of days they worked in your place. This is to ensure that you do not lose your position while dealing with your personal matters. Most taxi drivers have been able to get permanent work after starting out as *umbambeli*, especially if they are still new and trying to make their way in the industry. However, old taxi drivers who may be unemployed during that period can also be used as *umbambeli* by their friends or former colleagues.

¹⁷ The Basic Conditions of Employment Act, No. 75 of 1997, gives effect to the right to fair labour practices referred to in section 23(1) of the Constitution by establishing and making provision for the regulation of basic conditions of employment; and thereby to comply with the obligations of the Republic as a member state of the International Labour Organization and to provide for matters connected therewith (South African Government, 1997).

¹⁸ The UIF provides short-term relief to workers when they become unemployed or are unable to work because of maternity, adoption and parental leave, or illness. It also provides relief to the dependants of a deceased contributor (South African Revenue Service [SARS] 2022).

3.3 WORKING RELATIONSHIP BETWEEN TAXI OWNER AND TAXI DRIVER

The working relationship between taxi drivers and taxi owners is informal, as highlighted above. It is important to note that many taxi businesses started as family-owned businesses. The employment location or office is the home. Therefore, when taxi owners employ drivers, their relationship is guided by what many could refer to as household rules. When a taxi owner employs a taxi driver, there are three main ways relating to how the vehicle will be handled: (i) some taxi owners prefer to keep their taxis at home, whereby the taxi driver will come to the house each morning to fetch the taxi for work and return it in the evening; (ii) the next option is to hand over the vehicle to the driver to keep at their own place and only return the vehicle when the taxi owner wants to use it; and (iii) the final option for a taxi owner is to pay a fee to a local fuel station where the taxi is parked overnight, and the driver fetches the vehicle in the morning and drops it off in the evening. The second and third options are seen by some owners as risky for insurance reasons, especially in terms of vehicle-tracking companies. Since the July 2021 civil unrest in and around Durban¹⁹, the third option was abolished by all the owners in the area.

There are also variations in how the daily income is handled among taxi owners and taxi drivers. The most popular way of handling daily income, known as “cash-up”, is for taxi drivers to go to the owners’ home at the end of the working day and hand over the cash of the day to the owner or someone from the house responsible for recording the cash-up. The other option is for the taxi drivers to keep the cash and hand it over at the end of the week, where they are given a portion of their wages. The last option is for taxi drivers to deposit the cash into the taxi owner’s bank account every two days and keep proof of the deposit. The cash-up must be recorded daily either by the taxi owner or the taxi drivers themselves. This is done manually using an exercise book. This is often accompanied by a receipt from a fuel station. The rule is that when the taxi driver fills up, they need to have a receipt from the fuel station as proof that they filled up. These receipts are also kept for tax returns by taxi owners who are registered as taxpayers with SARS. By law, taxi owners are required to pay income tax to SARS.

¹⁹ The 2021 South African unrest, also known as the Zuma unrest or Zuma riots, was a wave of civil unrest that occurred in South Africa’s KwaZulu-Natal and Gauteng provinces from 9 to 18 July 2021, which was sparked by the imprisonment of former president Jacob Zuma for contempt of court (Wikipedia 2022b).

When applying for an operating licence from the Department of Transport, a taxi owner must submit a letter of good standing obtained from SARS. In the Mpumalanga Taxi Association, complying with tax regulations is part of the code of conduct for taxi owners.

cash	Petrol	Top	exp
R1000-00	R500-00	10	
R1000-00	R550-00	20	
	off day	30	
	off day	70	
R500-00	R700-00	50	
R1500-00	R950-00	10	
R1000-00	R820-00	20	
	off day	30	
R600-00	R600-00	40	
R600-00	R900-00	50	
R1000-00	R577-00	10	
R850-00	R600-00	20	Top, Rep
R1000-00	R950-00	50	spare
R900-00	R600-00	10	
R1000-00	R600-00	20	
R1000-00	off		

cash	Petrol	Top	Expense
1000	R650	40	carb service
-	R1200-00	50	
1000-00	R550-00	10	
1100-00	R500-00	20	
900-00	R630-00	20	
1200	R650-00	10	
R1000-00	R600-00	20	
	off		
1200-00	R850-00	40	repair bearings
700-00	R750-00	50	
200-00	R700-00	10	
1000-00	R600-00	20	
500-00	R900-00	30	
600-00	R900-00	40	
700-00	R300-00	50	
1000-00	R600-00	10	

Figure 3.3: Cashbook for a taxi owner with a fleet outgoing route

Source: Author

There is a code of conduct by the association for taxi drivers as well and this includes how they should treat commuters and behave on the road and around the taxi rank. If a taxi driver is charged with assault either of a taxi commuter, fellow driver, or rank manager, they are expelled from the taxi association. Other punishable offences

include poaching a commuter on a route you are not meant to load commuters on and driving under the influence of alcohol. Taxi commuters are encouraged to report any taxi driver transgression to either the rank manager or the association's office, which is situated at the local shopping centre in the township. However, there are no guidelines on the relationship between the taxi owner and taxi drivers. If a taxi driver has a dispute with his/her boss, the only solution available is to resign from his/her position. There is no dispute resolution for employment disputes such as the non-payment of wages.

3.4 UNDERSTANDING THE OPERATIONS OF MINIBUS TAXIS IN MPUMALANGA TOWNSHIP

When a taxi owner buys a new vehicle and applies for a permit at the association, he/she is allocated an existing taxi route in which the taxi is registered to operate. His/her taxi must keep to that route; any encroachment may result in the suspension of his/her association membership. To understand the operations of taxis in the Mpumalanga Township area, it is important to differentiate between local taxis and outgoing taxis.

3.4.1 Local taxis

Local taxis service and operate within the township and the industrial area. Local taxis generate income through what is known as *ukuwayinda* (winding up). They drive around the various streets in the township in search of commuters. Local taxis begin their day at 05:30 when they must present themselves at a central point before beginning to operate. From 06:00 they begin operating from makeshift taxi ranks dedicated to the transportation of workers to local factories. This peak hour runs from 06:00 to 07:00. After this, they go back to *ukuwayinda*, now focusing on school children. Some school children opt not to attend a school nearby, but a school in another section. Due to the distance between sections, they need to take a taxi to school. Therefore, from 07:00 to 08:00, local taxis prioritise school children. After 08:00 is seen as the beginning of off-peak hours. Local taxis rely on commuters going for errands at the local shopping mall, visiting healthcare centres, or going to the taxi rank where the outgoing taxis are parked. During this time of the day, there is stiff competition for commuters among local taxis. To compete successfully with other

taxis, local taxi drivers employ the services of driver assistants / call-out boys, also known as *oscabha*. *Oscabha* are responsible for calling out commuters as *amataxi wayinda* (as taxis winding up). They also assist commuters with carrying luggage when they enter or exit the taxi and they are responsible for counting commuter fares. The afternoon peak for local taxis begins around 14:00 when the schools come out. This is followed by the 16:00 peak that targets factory workers in the industrial area. After 18:00, they commute workers who work at the local shopping mall.



Figure 3.4: *Itaxi iwayinda* (winding up)

Source: Siyabonga Kweyama

Unlike outgoing taxis, which are discussed below, local taxis have daily financial targets. This is the money that the driver must bring to the taxi owner at the end of the day. This target excludes fuel costs. Income from taxis is generated solely from commuter fares. The taxi fare for local taxis is R12. At the end of the working day, the taxi driver must fill up the taxi first before handing over the rest of the money to the taxi owner in the evening. This means that the taxi driver is responsible for fuel costs. The

daily target for local taxis is set at R1 000. The target is adjusted based on the period of the month. Days like month-end, pension and social grants days, and holidays are seen as busy days, which means more commuters and the daily target could be increased to ±R1 500 on such days. This income must cover vehicle service costs, insurance, the weekly wage for the taxi driver, and vehicle instalments if the taxi is still under finance. The taxi owner in some instances also needs to provide for his/her own family if they are unemployed. Local taxi drivers therefore work under pressure to ensure that they meet the daily targets. Failure to reach targets may lead to dismissal.

Local taxi drivers tend to be younger in terms of age, averaging from late teens to mid-20s. Most of them were unable to further their education for reasons such as being unable to afford to pursue post-high school education. Some are from child-headed households and need to provide for their younger siblings. Others may have dropped out of high school to pursue a career in the taxi industry. They begin their entry into the industry by becoming *oscabha* or standing in as substitute drivers. Local taxis are considered the training ground for what is seen as more stable taxi driver work for outgoing taxis. Many view the working conditions and wages of outgoing taxis as more stable and structured than local taxis.

3.4.2 Outgoing taxis

Outgoing taxis commute people travelling from the township to neighbouring towns and cities. Although both local and outgoing taxis operate under the Mpumalanga Taxi Association, their operations differ. The first major difference is that outgoing taxis begin operating much earlier than local taxis. The first taxi is expected to be present at the taxi rank by 03:15 for the Durban route. This is to aid commuters who may be starting work in town at 05:00. Secondly, unlike local taxis, outgoing taxis rely on a system in which the taxi rank is the main point of operation.

At the taxi rank, there are rank managers who handle the schedule of taxis operating in that specific route. Known in other areas as queue marshals, rank managers ushered in the formalisation of minibus taxi operations (Khosa 1992:236). In the Mpumalanga Taxi Association, rank managers are tasked mainly with handling the loading schedule for outgoing taxis, called *Ibhuku*. The *Ibhuku* is an exercise book with all taxi registration numbers written in the first column. The other columns specify the

route in which that taxi will be operating that day and the number of loads it has managed to make that day. The overall purpose of having a taxi rank for outgoing taxis and *Ibhuku* is to ensure that all taxis do an equal number of trips, commonly known as loads. Since there are many taxis operating here, they are divided into teams. For the Durban route, there are five teams, each consisting of 30 to 35 taxis. These teams are allocated numbers daily. These numbers specify the time when the taxi will begin operating and will mostly likely end operations in the evening. The numbers are used to predict the number of loads each taxi is likely to have that day.



Figure 3.5: *Ibhuku* (schedule of taxis)

Source: Author

The outgoing taxis' peak hour is between 05:00 and 08:30. Outgoing taxis have other ranks in areas they travel to. For the Durban route, the town taxi rank is in the Central Business District (CBD). Here there is a rank manager too, who has the same schedule of taxis as the one used by the rank manager at the taxi rank back in the township. This is to ensure that there is no confusion among taxi drivers and to ensure that every taxi keeps to the schedule. Unlike local taxis, outgoing taxis must have a full number of passengers before they depart from the taxi rank. This means 15

passengers for the smaller models and 22 passengers for bigger taxis. When one taxi is still loading passengers, others are parked idle on the other side of the taxi rank, waiting for their turn. During off-peak times, the number of passengers commuting to town or other areas outside of the township decreases, which results in many taxis parked idle in the taxi rank. Taxi drivers use this time to catch up on sleep inside their vehicles, others sit in groups to chat or play games, or they run errands around town. During the off-peak times, some taxi drivers go home to freshen up and may use this time to nap. The afternoon peak time is from around 16:00 to 19:00. The remaining taxis will run until 20:00 or 21:00.

Like local taxis, outgoing taxis must submit the cash-up to their bosses daily. The cash-up excludes fuel costs and other expenditure. However, unlike local taxis, there are no daily targets to meet for outgoing taxis. The focus is on the number of loads made in a day, which is used to determine the amount brought for cash-up. The taxis that have the highest position on *Ibhuku* on the day will get the highest number of loads, which on the Durban route is on average four loads. Those at the bottom of the *Ibhuku* allocation will get fewer loads compared to the highest-ranking taxis. Both the taxi owner and the taxi driver can therefore predict how much a taxi will make on the day by looking at its allocation number on *Ibhuku*. It must be noted that the allocation of numbers is rotated daily by the rank managers. The top 25 taxis on a Monday would be pushed back to the top 40 on Tuesday, while those in the bottom top 60 on Monday would be pushed further up on Tuesday, etc. This is to achieve fairness.

The wages for outgoing taxi drivers are higher than those for local taxi drivers. For local taxi drivers, the weekly wage must be between R800 and R1 000. For outgoing taxi drivers, the weekly wage is between R1 000 and R1 200. However, it must be noted that taxi drivers may earn themselves additional income, which they do not declare to their bosses, popularly known as *isokisi*. Based on my personal understanding, this amount is known as *isokisi* because in the old days, taxi drivers would hide it in their socks before handing the rest of the earnings to the taxi boss. This income is earned when a taxi driver gets an extra load for outgoing taxis beyond the allocated number of loads or through overloading commuters. Outgoing taxi drivers sometimes poach local commuters when doing commuter drop-offs and put this money aside from their daily cash-up. For local taxi drivers, *isokisi* comes from overloading commuters; thus reaching the daily target much earlier in the day.

Whatever extra amount they make after reaching the target, they therefore do not declare to the taxi boss at the end of each day.

3.5 MPUMALANGA TOWNSHIP TAXI COMMUTERS



Figure 3.6: Poster informing commuters of an increase in fares

Source: Author²⁰

Taxis play a critical role in assisting people who do not possess their own private vehicle with commuting. In the morning, local taxis transport commuters who are going to work either in the industrial hub of Hammarsdale or to neighbouring towns for outgoing taxis. These workers often work in low-income jobs such as security guards, domestic workers, retail, and factory work and there is a substantial number of healthcare workers such as nurses who use taxis to go to work. These are followed by school children who may attend school in an area outside of the township. On the

²⁰ Taxi associations are expected to put up posters for commuters if there are any changes in fares, two weeks before implementation, bearing the logo of the taxi association and signed by the association's chairperson.

Durban route, there are a number of young people who use taxis to attend universities and other institutions of higher education situated in and around Durban. Taxis are considered affordable to them compared to paying for on-campus residence or renting an apartment in town. Other taxi commuters are people seeking services not available in the township, such as a hospital. Mpumalanga Township does not have a hospital, but it does have four clinics, which include a 24-hour community health centre (CHC)²¹. For more advanced healthcare needs, residents may have to go to hospitals in Durban or Pietermaritzburg. Taxis are preferred because they do not run on a schedule; they are therefore readily available compared to other forms of public transport.

In the township there is fierce competition between outgoing taxis on the Durban route and the private bus company called KZT. The bus company is a private company but receives subsidies from the state. It has a long history in the area dating back to the 1980s. Both modes of public transport offer incentives for workers and school children. The advantage of using a bus service for workers and school children is that commuters can pre-load their weekly, bi-weekly, and monthly bus fare onto their travelling card. This assists commuters with budgeting for the cost of transport. However, taxis do not offer such a service; commuters must pay cash. For the taxi industry to compete with the bus companies, they introduced special fares for workers and school children, where they pay less when travelling during peak hours because those hours are dedicated mostly to workers and school children. The bus company has a discount for commuters when they purchase several trips, which makes the bus overall more affordable compared to the taxis. However, the problem with buses is that they run on a schedule, which varies from every 30 minutes to every hour. This is seen as inflexible by some commuters, compared to taxis that are available on average every three to five minutes. The problem with buses is also that they stop at dedicated spots both in the township and in town, which may mean that some commuters must walk or take a taxi from the bus stop. Taxis stop anywhere, and they travel anywhere if they have permission to be in that area.

²¹ A CHC is the second step in the provision of healthcare but can also be used for first contact care. A CHC offers similar services as a provincial clinic, with the addition of a 24-hour maternity service, emergency care, and casualty and a short-stay ward. The CHC will refer a patient to a district hospital if necessary (KwaZulu-Natal Department of Health 2023).

3.6 CONCLUSION

This chapter outlined the operations of the minibus taxi industry in Mpumalanga Township, Durban, South Africa, with a focus on the working conditions of taxi drivers and the relationship with their employers. I discussed how the lack of employment contracts and the absence of enforcement of labour policies lead to the precarity of taxi drivers' employment in the area. I discussed the importance of minibus taxis to residents of Mpumalanga Township, as they offer a needed service for work, school, and healthcare needs. In the next chapter I discuss the experiences of taxi drivers and commuters regarding commuting during the COVID-19 pandemic.

CHAPTER 4: THE OUTBREAK: MAKING SENSE OF THE PANDEMIC

4.1 INTRODUCTION

Local contexts and historical processes, together with biological factors, shape the patterns of diseases and outbreaks. This in turn shapes the response by the public to disease outbreaks and the success or failure of health interventions. In this chapter I discuss the understanding of the COVID-19 pandemic within the minibus taxi industry from the vantage point of taxi drivers and taxi commuters. I discuss how the taxi drivers and taxi commuters dealt with COVID-19 on the practical level.

4.2 THE ROLE OF THE MEDIA IN PUBLIC HEALTH DISCUSSIONS: *UKHUVETHE (COVID-19)*

The global pandemic of the novel coronavirus (COVID-19) was reported on 31 December 2019 by the WHO following a cluster outbreak of pneumonia cases in the city of Wuhan in China (NICD 2022). Taxi drivers and taxi commuters had read and heard about the novel coronavirus disease through newspapers, radio stations, and online and social media sources, including WhatsApp, even before the first case of coronavirus was reported in South Africa on 5 March 2020. Ginger (54), who described himself as one of the oldest taxi drivers around the rank, said he preferred reading the daily Zulu newspaper *Isolezwe* (Eye of the Nation). He said, unlike the young taxi drivers who spent most of their free time on their phones chatting on WhatsApp, that reading *Isolezwe* was his pastime.

“Every morning I buy the newspaper I would read to find out the latest happenings in the country. I do not have a radio in the taxi because I use the old taxi, *iskwele* [Toyota Hi-Ace model]. That is why I focus on buying *Isolezwe*. That is where I found out about COVID.”

At the taxi rank in town, there are no leisure facilities that taxi drivers can use to pass the time while waiting for their “turn”, except a rented pool table. When it is off-peak time, the number of commuters using taxis decreases; it therefore takes time for taxis to fill up and they end up being parked idle on the side. This can last between two and four hours. Taxi drivers use this time for various activities; some catch up on needed sleep, others use this time for personal errands such as going to the shops or going to the traffic department to sort out driver-related queries, some sit in groups chatting

with each other, while others spend time on their phones using social media such as WhatsApp, Facebook, or TikTok, which I picked up as the most popular among the young taxi drivers. Other taxi drivers would play a game of pool, where they pay R2 for each round of the game.



Figure 4.1: Mobile seller reading a copy of *Isolezwe*

Source: Author

In the morning, taxi drivers would spend time reading the *Isolezwe* newspaper. However, not every taxi driver buys a copy of *Isolezwe*; it is bought in the majority by taxi drivers who may be in their mid-40s to 50s and by taxi drivers who are passionate about sport, especially football. The newspaper is sold by one of the mobile sellers around the taxi rank, who is in his mid- to late 20s. He told me that he wakes up in the morning before 06:00 and comes to the taxi rank where a distribution supplier comes and hands him the daily stack to sell each day. He said that most of the buyers of the *Isolezwe* were taxi drivers at the rank and the taxi drivers from three other surrounding taxi ranks. He spent most of his day going in between parked taxis to sell the

newspaper to taxi drivers, but in some instances he would be called by commuters who are sitting inside a taxi waiting for it to fill up. He said his peak period for selling *Isolezwe* was the mornings, and his targets were taxi drivers. In the afternoon, he said he sold mostly to workers who had just knocked off work and wanted to catch up on news as they would be spending time travelling in traffic. He said that most of his buyers, when it came to commuters, were men who were interested in sport stories, especially football. He sold 30 to 50 copies of the *Isolezwe* daily.

Other than reading about the coronavirus outbreak in *Isolezwe*, Mthembeni (57) who is a taxi driver, said he first heard about the disease on *Ukhozi FM*, which is a Zulu radio station²². He said as taxi drivers, *Ukhozi FM* plays an important role in their driving as it provides half-hourly traffic updates, especially during the morning and the evening peaks. He said that as taxi drivers for outgoing taxis, it is important to tune in to *Ukhozi FM* as they use the N3 freeway, which is one of the busiest national roads in the country as it connects the Port of Durban with the inland cities such as Johannesburg and Bloemfontein.

“*Kuhlezi kune-truck eliwile ku-N3; ukuze ungabambezeleki Ukhozi lukunikeza yonke indaba ye-traffic* [There is always a jackknife truck on the N3; to avoid being delayed, *Ukhozi* provide you with all traffic updates].”

This experience was shared by Nkanyiso (32) a taxi commuter, who indicated that he first heard about the coronavirus during his morning taxi trips to work because in the morning most taxi drivers tune in to *Ukhozi FM*. When the first case of COVID-19 was reported in the country by then Minister of Health, Dr Zweli Mkhize, on 5 March 2020, according to both taxi commuters and taxi drivers, they began paying more attention to news media whether through radio, watching evening Zulu television news bulletins, or reading newspapers. Hardy (2020:657) argues that with the growing threat of coronavirus effects on the body and the economic situation, people across demographic groups desired reliable information and these sources of information varied from blogs to multiple news sources. During the COVID-19 lockdown in South Africa in 2021, 80% of South Africans tuned in to radio (Bosch 2022), which highlights

²² *Ukhozi FM* is a South African national radio station that is owned by the South African Broadcasting Corporation and is based in Durban, KwaZulu-Natal. It caters to the needs of the Zulu-speaking community. Founded in 1960, it is the largest radio station in South Africa and Africa (Wikipedia 2022c).

the absolute importance of local media in understanding current affairs such as the outbreak of the COVID-19 pandemic.

The importance of local media in Africa and South Africa has a long history. The concept of indigenous media in Africa is linked to colonialism and missionaries who quickly realised that effective communication among and with Africans meant using local languages (Salawu 2006:55). The first indigenous language newspapers in Africa were published in Nigeria in 1859, namely *Iwe Irohin Fun Awon Ara Egba ati Yoruba* and *Imvo Zabantsundu* (Black Opinion) in the Eastern Cape, South Africa, in 1884 (Salawu 2006:55). The first Zulu newspaper in KwaZulu-Natal was founded in 1903, namely *Ilanga LaseNatali* (Natal's Sun), now commonly known as *Ilanga*, and is the longest surviving African language paper on the African continent. It is published bi-weekly, on a Monday and Thursday, and with a Sunday edition called *Ilanga LangeSonto* (Salawu 2006:55). As a daily Zulu newspaper, *Isolezwe* was launched in 2002 and its readership is just over 32 000 copies daily (Breitenbach 2021).

Similarly, the history of radio broadcast in Africa and South Africa is linked to colonialism. Through the Native Affairs Department policy in 1940, Radio Bantu was formed to give rise to vernacular programmes that were categorised according to different language groups, such as Radio Zulu for Zulu programmes (Hamm 1991:149). Gunner (2000) writes that radio, despite being a product of the apartheid propaganda machine, through the Zulu radio dramas broadcast on Radio Zulu (now *Ukhozi FM*), has powerfully been able to reflect on communal black life. Mhlambi (2008) argues that *Ukhozi FM* since its inception as an apartheid tool has been able to create unique local forms of modernity; thus making Zulu radio an important part of Zulu people's daily experience. Today, *Ukhozi FM* has the largest listenership on the African continent, with nearly eight million listeners (Bosch 2022). I found that despite the history of indigenous media in the country as a propaganda machine for apartheid, indigenous media sources still play an important role in the daily lives of commuters and taxi drivers, especially during a health crisis like the COVID-19 pandemic because they are written and broadcast in language that my interlocutors understand.

However, social media is starting to play a larger part in information sharing, especially among younger interlocutors. As I spent time at the taxi rank and interacted with taxi commuters and drivers, I found that a significant number of them were active users of

platforms such as Facebook and WhatsApp. Scelo (34), a taxi driver, said he was not a news person; he hardly read newspapers or listened to the radio when driving. However, he had Facebook and TikTok accounts, which is where he first heard about the COVID-19 pandemic. Wahlberg et al (2021:1) argue that the COVID-19 pandemic in many ways was the first digital pandemic; notwithstanding the digital divide. Social media platforms such as Facebook and Twitter have been able to connect people from different contexts across the globe. Taxi commuters and drivers in the study were no exceptions as they relied on both traditional media sources and online sources to understand the outbreak.

The fact that the novel coronavirus was described as the “Chinese virus” following a tweet by the former president of the USA, Donald Trump, illustrates the influence of social media on the understanding of the COVID-19 pandemic (Budhwani & Sun 2020:2). The tweet was based on the scapegoating of the Wuhan farmers’ market as the source of the outbreak (Faas et al 2020:336). Taxi drivers and commuters described to me that they came to know China as the source of the outbreak. Ginger (54) a taxi driver, said that he understood that COVID-19 is transmitted from animals to humans through the consumption of raw meat.

“Uyawazi Ama-China adla noma yini [You know the Chinese eat everything].”

This racialisation of the COVID-19 pandemic is not a new concept. Briggs (2005:276) argues that popular racial discourses shape the construction of disease and patients. Briggs (2005:276) argues that when an epidemic is racialised, health professionals and media reporters place the production and circulation of knowledge about race within the biomedical spheres of communicability. In the case of the COVID-19 pandemic, China and people of Asian descent were used as scapegoats in understanding the pandemic. This racialisation of the outbreak chartered new regimes of racism and xenophobia against people of Asian descent in the USA and other contexts (Hardy 2020:650). In South Africa, in the early days of the COVID-19 outbreak in 2020, reports indicated that Chinese communities such as those in Cyrildene, Johannesburg, experienced stigma and racial stereotyping (Javier 2021). However, during the study, I did not observe any change in interactions between taxi drivers and taxi commuters with people of Asian descent. At the taxi rank in towns, there are several Chinese-owned shops that taxi drivers and commuters kept using as

they did before COVID-19. They understood China as the source of the outbreak, but not people of Asian descent who live in South Africa as carriers of COVID-19. However, the historical patterns of race-based understandings of South African society influenced the COVID-19 understanding in the early days of the pandemic in the country as media reports described the first cases as those who had travelled overseas, who happened to be *abelungu* (whites).

4.3 RACE AND DISEASE: A TALE OF SOUTH AFRICA'S PAST AND PRESENT

In South Africa, the relationship between people, illness, and space is historical and has been used and manipulated for political purposes such as the justification of racial segregation (Horwitz 2001:107). Maylam (1995:24) argues that there is plenty of evidence that makes a strong link between, on the one hand, perceived threats to white health and safety and, on the other hand, the drive to urban segregation. Maylam (1995:24) details how “sanitation syndrome” dominated urban studies to describe moral panic and racial hysteria by white people who increasingly came to associate black urban presence with squalor, disease, and crime. For example, during the bubonic plague outbreak in the 20th century, the response by both public health officials and the colonial state was the call for increased segregation of black people in urban areas (Andersson & Marks 1989:519). This was due to the fear that infectious diseases were not respecters of class or racial boundaries (Andersson & Marks 1989:519). This led to the adoption of wide-ranging legislative measures such as the 1919 Public Health Act, which viewed diseases in racial terms and promoted segregation as one solution to urban health problems (Maylam 1995:27).

When the first COVID-19 cases were reported in South Africa on 5 March 2020, the former Minister of Health, Dr Zweli Mkhize, indicated that it was a couple who had travelled to Italy. According to Siphamandla (38) and Mthembeni (57) both taxi drivers, they assumed the couple was white because they as black people could hardly travel anywhere because travelling requires money. Siphamandla said that only white people could travel overseas because they have the money. This was also during the time when the media sources they were consuming reported a high number of COVID-19-related deaths in Italy and the USA, which are countries they deemed as “white”. Mthembeni said that some of the young taxi drivers who were on Facebook had shown

him photos from overseas of people and the coffins of those who had died due to the novel coronavirus. The assumption from the onset was therefore that COVID-19 was a “white people disease”.

“I mean, white people are weak, and they like travelling. They were the ones who will bring us this disease. We as black people; we only go to Johannesburg. *Uma imali i-right siyaya eKapa* [When the money is right, we then go to Cape Town].”

Both Hardy (2020) and Onoma (2021) argue that scapegoating and “othering” dominate our understanding of a public health crisis, and the COVID-19 outbreak is no different. “Reminiscent of the early days of HIV/Aids, people who are known are seen to be less of threat to health than those with whom personal connection is limited” (Hardy 2020:658). In the case of the coronavirus, the “othering” is entwined with the threat of asymptomatic, invisible spread (Hardy 2020:658). The early days of the COVID-19 pandemic in the country therefore became understood in racial and class terms. Among taxi drivers and taxi commuters in Mpumalanga Township in the early days of the outbreak, the COVID-19 pandemic had race and class: white and rich South Africans who had travelled overseas. During those early days, their vulnerability to the novel coronavirus was linked to their proximity to white people who might be carriers of the COVID-19. Siphamandla (38) a taxi driver elaborated:

“However, at the rank we then realised these white people have black workers, what if they come with this corona but then how many people we commute daily, we know where they work? And then even when we know where they work, how we would tell if they were carrying this corona or not?”

Nhlanhlo (45) was one of the commuters that Siphamandla and other taxi drivers transported daily. She worked as a domestic worker for two white employers. One of her employers believed that since she used taxis, she would be a carrier of the coronavirus and bring it to her house.

“She told me that I now must carry an extra pair of clothes since I am using public transport and I mix with a lot of people, and she is scared that I may end up contracting COVID and bring it to her house. Then one day, I do not know whether she was suggesting or instructing me because she was panicking and was scared that I was using taxis. She said if someone is coughing non-stop in a taxi, I should ask the driver to drop me off or something. What was confusing about this is what if the taxi is already on the freeway, where would I jump off, on the freeway? [laughs].”

She followed the instructions and would carry an extra pair of clothes that she would use when entering the house. Similarly, Zandile (31) another taxi commuter, who worked in the marketing team of a private college before the hard lockdown, said because her and other members of the administration were using taxis, there was a feeling among those with private cars that people using taxis were the ones who would bring the coronavirus to the office. She recounted that there was a moment in a meeting in which one of the senior staff members (Indian) suggested that those using taxis and other public transport modes must carry an extra pair of clothes to wear in the office. However, the suggestion did not see the light as the college was shut down in line with the National State of Disaster Regulations.

The experiences shared by Nhlanhlo and Zandile were not unique; there were similar reports of domestic workers and other employees being asked to change clothes or carry extra pair of clothes to work in Cape Town and Johannesburg during the early days of the outbreak (Anwar & Brukwe 2022). These views are rooted in how townships are viewed as infested by disease and squalor, as alluded to by Maylam (1995). Nhlanhlo, like other domestic workers in Anwar and Brukwe's (2022) study, complied with the instruction because this was set against potential income loss. As a part-time domestic worker, she was paid based on the number of days worked and had no formal employment contract with either of her employers. If she did not comply with the guidelines set by an employer, she would be dismissed as she and the majority of other part-time domestic workers were not covered by the Basic Conditions of Employment Act, despite the existence of regulations for the sector (Anwar & Brukwe 2022).

Willie and Garba (2020) argue that while COVID-19 threatened all sections of society, the black working class and the poor were the most affected as they lived in conditions that made it impossible to follow the COVID-19 safety guidelines, such as frequent hand washing and adequate ventilation. They also carry the extra burden of meeting the needs of suburban middle-upper class South Africans as essential workers in healthcare, retail, and transport services (Willie & Garba 2020). During the first wave of the COVID-19 infections in the country, over 200 supermarket workers tested positive for the virus in Western Cape alone (Willie & Garba 2020). This was due to the absence of occupational health and safety regulations in retail and supermarkets to protect them (Willie & Garba 2020). It is therefore not surprising that I found in the

study that despite their fears and anxiety regarding contracting COVID-19, the taxi commuters continued working and taxi drivers continued transporting those who worked with and in high-risk environments. The risk of contracting COVID-19 was set against potential income disruption, which made them not only biologically vulnerable to COVID-19 but also socially vulnerable to the pandemic.

As COVID-19 spread from leafy suburbs to townships, coupled with delays in developing a vaccine and little or no protection for those either working or using minibus taxis, drivers and commuters had to come up with ways of keeping COVID-19 at bay.

4.4 KEEPING THE NOVEL CORONAVIRUS AT BAY

As more cases of coronavirus were being reported in the country, taxi drivers and commuters became anxious about contracting the virus. The biggest confusion during the early days was how one could contract the disease. Scelo (34), a taxi driver recalled how one morning he was sharing a smoke with a fellow taxi driver, and a rank manager shouted at them saying that they were infecting each other with the coronavirus.

“Then we were shocked at whether corona also infects you through sharing a smoke, but we laughed and kept on sharing it.”²³

Taxi commuters and drivers told me that one of the symptoms of coronavirus they knew was *umkhuhlane* (flu). Skhona (38), a taxi driver said that this referred to *ukukhwehlela okungapheli* (coughing non-stop). He remembered how in the early days of the coronavirus outbreak when someone coughed inside the taxi, there would be this uncomfortable moment and you could see other fellow passengers looking scared. This was before the introduction of the face masks rule during commuting. Since he was a smoker and had sinusitis, his nose got blocked easily and he frequently sneezed, even in the pre-coronavirus era.

“Passengers would be scared if I cough or sneeze, thinking I am spreading corona [laughs].”

²³ During level 4 of the national lockdown, there was a ban on the sale of cigarettes. Minister of Cooperative Governance and Traditional Affairs, Nkosazana Dlamini-Zuma, cited a link between the use of tobacco and COVID-19 transmission (Mabuza 2020).

While Mzamo (34) a taxi driver, said that although he knew that the coronavirus was like the flu, he did not know that it could kill you and why it killed so many people. His biggest anxiety when it came to contracting the coronavirus was that you could not tell if someone had it or not mainly because there was never any testing done for it at the taxi rank.

“Even amongst drivers maybe someone will have it but we would not even know. Also drivers do not now say *banomkhuhlane* [they have flu], you just see them not at work for few days, and they come back saying they are now fine. It will be awkward to keep probing what was wrong in the first place.”

Sandile (53), who is a taxi driver said because he had asthma and a weak chest, it would be easier for him to contract coronavirus. He said that even before the reports that coronavirus began as the flu, he used to suffer from the flu, especially in winter, since he got up in the early hours of the morning.

“I always knew that whenever winter begins, I would be sneezing till the end of winter. [It’s] worse when you have to wake up at 2:30 am. Now with corona also, I still suffer but *ngiyakwazi ukuhlukanisa umkhuhlane ojwayelekile nowe-corona* [I can differentiate between my normal flu or one related to corona].”

Since many of the novel coronavirus symptoms are similar to those of malaria, flu, and the common cold, people tend to self-medicate using medication known to be effective against malaria, flu, and the common cold (see Mudenda, Witika & Sadiq 2020). During my fieldwork, taxi drivers and commuters would tell me the importance of using flu medication, home-made concoctions, and traditional herbs to fight the flu. This is also where everyone would tell me about using over-the-counter medication bought from the pharmacy to alleviate flu symptoms. I remember how, in some cases, I would spot in the taxi driver cabin in the front area of the taxi a bottle of flu medication such as Benylin, Borstol, or Woods²⁴. During one of my commutes, I was sitting in a seat behind the taxi driver, Sibonelo, and he started coughing badly during the drive. He grabbed a bottle of Woods and drank it using the cap of the bottle. Senzo (43) a taxi driver and the only participant in the study who indicated that he had medical aid cover, said most taxi drivers were assisted by “*amakhemisi uma bephethwe umkhuhlane*” (they go to pharmacies when they have flu).

²⁴ These are over-the-counter syrups used for mild coughs and the common cold.

Other than over-the-counter medication, steaming with traditional herbs was another popular technique that both taxi drivers and commuters used to protect themselves against contracting and fighting the novel coronavirus. During the second wave of the coronavirus pandemic in South Africa, which was between December 2020 and February 2021, both taxi drivers, Mthembeni (57) and Ginger (54) told me that they used to steam every day. Another taxi driver, Senzo (43) said his wife would compel everyone in the house to steam.

“I could not even sneeze without her getting worried. She forced all of us in the house, even my five-year-old son, to steam whenever they would sneeze, saying that [sneezing was one of] the first symptoms of corona.”

Nkanyiso (32) a taxi commuter, who lived with his 74-year-old father, who used chronic medication for diabetes, told me that even before the COVID-19 outbreak, his father would go around the township where there is a river to pick up some traditional herbs to use.

“He would look for herbs to help protect our home, to cleanse and steam ourselves. He would encourage us to use those herbs as well. As I said, I kept on job hunting and he would believe sometimes I do not get work because of *nginesithunzi esimnyama* [bad spirits]. So, whenever I go for an interview or to drop off an application, he would encourage me to use some herbs just for cleansing and keeping myself clean. He always tells me you should be as clean from the outside as you are from the inside.”

During the coronavirus outbreak, he continued picking up traditional herbs such as *umhlonyane* (African wormwood), *u-gum tree* (eucalyptus), and *idlonzo* (*Clematis brachiata*), which he would encourage everyone in the house to steam with. Similarly, Nhlanhlo (45) another commuter, told me that her elderly neighbour would go around the township in search of traditional herbs. When she came back with those, she would give them a portion to steam with when having flu symptoms. Cowan (2020:26) argues that the popularity of *umhlonyane* (African wormwood) for fighting the novel coronavirus followed the sensational claim on 20 April 2020 by Madagascar’s president, Andry Rajoelina, that wormwood could cure and prevent COVID-19. Cowan (2020) argues that *umhlonyane* had been long used for coughs, colds, flu, and fever;

among other ailments²⁵. It was therefore no surprise when I asked what they used for steaming to keep the novel coronavirus at bay that they mentioned *umhlonyane* as one of the traditional herbs they steamed with.



Figure 4.2: Packets of *umhlonyane* being sold at the taxi rank at R20 per packet

Source: Author

Even before the COVID-19 outbreak, there were sellers at the taxi rank who sold traditional herbs packaged in bottles locally known as *amabhodlela*. They claim to offer numerous benefits such as boosting your immune system, cleansing the body of evil spirits, and for chronic conditions such as diabetes and high blood pressure. One of the sellers, a man in his mid-50s, sold bottles labelled as Moringa and Moringa powder, the latter of which he told me was effective in treating diabetes. A woman who had come to buy both *ibhodlela* and powder for around R150 told me that she began buying

²⁵ Faced with the growing popularity of *umhlonyane* during the coronavirus outbreak, Minister of Higher Education, Science and Innovation in South Africa, Dr Blade Nzimande, announced that a research team would be investigating several South African herbs for treatment of respiratory infections, signs, and symptoms, including *umhlonyane*, as possible immune modulators and anti-coronavirus therapeutics (Cowan 2020:26).

the product during the coronavirus outbreak in 2020 to keep her immune system strong but she quickly realised that it was effective for her diabetes problem as well. There were also two women who were distributors of a traditional product called UGAZI²⁶, which they claimed could be used as an immune booster and for cleansing purposes as well.

The use of traditional herbs and over-the-counter medication by taxi drivers and commuters in the study can be understood in three related arguments. Firstly, Kleinman, Eisenberg and Good (2006:140) argue that self-recognised episodes of sickness are managed exclusively outside the formal healthcare system. Kleinman et al (2006:140) argue that in society there are three structural domains of healthcare: professional, popular (made up of family, community, and social networks), and folk or non-professional healers. I found that taxi drivers and commuters relied on family and social networks for the treatment of suspected COVID-19 symptoms and prevention. This was motivated by COVID-19 symptoms that are similar to flu and the common cold (Mudenda et al 2020).

Secondly, as alluded to above, a strong immune system is regarded among taxi drivers and commuters as important in fighting disease and illnesses. Here illness and disease extend beyond the biological factors and include perceived interpersonal threats posed by other people, such as the assumption of jealousy from others. For example, Siphamandla (38), a taxi driver who managed his oldest brother's fleet, told me that using *umuthi* (traditional medicine) was an important part of his daily experience because he needed to protect himself from his brother's enemies, who might be jealous of their success in business. As mentioned above by Nkanyiso (32) a taxi commuter, his father collected traditional herbs and used them, even prior to the COVID-19 pandemic, to protect their home and to cleanse them. Here I found *amabhodlela* and traditional herbs not only being used to fight the novel coronavirus, but for other purposes beyond the therapeutic context (Morris 2011:248).

Lastly, the use of traditional herbs and over-the-counter medication is linked to the state of public healthcare in South Africa. The black working class and poor live in conditions that are hotspots for disease, as alluded above. They also have less access

²⁶ UGAZI is “a range of traditional health & lifestyle products that are made with the best natural ingredients to keep your mind sharp and body healthy” (UGAZI 2023).

to healthcare. The public healthcare system in the country serves 80% of the population but is faced with challenges of a shortage of healthcare workers, a lack of medication, long waiting times, a lack of essential medical equipment, etc. (Willie & Garba 2020). In Mpumalanga Township, as discussed in Chapter 3, there are only four public clinics and no hospital. Taxi drivers and commuters told me that these are usually overcrowded; one could therefore spend an entire day waiting for assistance. Thandiwe (35) a taxi commuter, told me that when her aunt, who was a nurse at a private hospital and lived with them, tested positive for COVID-19 at work, others in the house could not go to test because even though the clinic nearby did testing, the results of the test could take up to two weeks to be released. They thus assumed that they were infected but went on with their lives because they did not have any symptoms. These challenges faced by public healthcare facilities also impact on patients' income. By spending an entire day waiting for assistance at a public clinic, those who work in the informal sector, such as taxi drivers, are likely to lose a day's earnings. I found that the reliance on over-the-counter medication and pharmacies is linked to the inadequate services provided by the public healthcare facilities in the country.

4.5 CONCLUSION

In this chapter I discussed the understanding of the COVID-19 outbreak in South Africa from the vantage point of taxi drivers and commuters. By focusing on my interlocutors' understanding of the outbreak, I showed how historical patterns of race and class still shape the understanding of disease outbreak in the country. This chapter discussed how structural inequalities like lack of occupational and safety policies in workplaces such as taxi ranks put both taxi drivers and commuters in harm's way. They are more prone to contracting airborne diseases. Although in this dissertation it specifically relates to COVID-19, these drivers and commuters are more readily at risk of contracting any airborne disease, including TB. In addition, it was the outbreak of the COVID-19 pandemic in early 2020 that again exposed the uneven texture of South African society, especially as it relates to a place like Mpumalanga Township. The existence of Mpumalanga Township is an outflow of apartheid geography and up until the present day it continues to be a space on the margins of the economy that is centred on Durban as a city. Here residents have no alternative but to continue trying

to make a living in these marginal spaces as taxi drivers, domestic workers, etc. It is exactly this point that illustrates what structural violence is. It is not merely a matter of social inequality; it is that inequality leads to increased risk.

CHAPTER 5: ***UMTHETHO UTHI (THE LAW SAYS)***

5.1 INTRODUCTION

The South African government initiated a national lockdown with varying alert levels from 26 March 2020 to 5 April 2022, as mentioned in Chapter 1 (see Figure 1.1). As discussed in the previous chapter, structural violence that both taxi commuters and taxi drivers are exposed to leads to an increased risk of contracting airborne diseases such as COVID-19. In this chapter, I delve further into how the national lockdown exacerbated underlying structural inequalities such as disruption of income for those who make a living in the informal economy as taxi drivers and commuters. For better contextualisation of these experiences, I begin by looking at the experiences of minibus taxi drivers and end with that of minibus taxi commuters.

5.2 TAXI DRIVERS

The South African national lockdown under alert level 5 dictated that only essential workers and essential service providers were allowed to work (Bulled & Singer 2020:1232). Below I discuss how taxi drivers' work had to be restructured during the restricted times. I also discuss the cost implications of the restrictions for minibus taxi drivers' lives and conclude by examining the deployment of the police and the army to enforce lockdown restrictions on minibus taxis.

5.2.1 To work or not work

During President Cyril Ramaphosa's televised address to announce the national lockdown, the term "essential workers" was used to categorise those who were allowed to work during the period. This was confusing for taxi drivers because they did not know whether they were deemed essential workers or not. Mzamo (34) admitted that it was the first time ever in his life that he heard the term "essential worker". For Senzo (43), the term "essential worker" was explained to him by his sister, who worked as a nurse. She told him that essential workers included nurses, security guards, and those working in retail. To add to the confusion, since there was no formal association structure in Mpumalanga Township at the time, there was nobody to whom they could address their questions.

As discussed in Chapter 1, the Mpumalanga Taxi Association is considered “precarious” due to recurring incidents of taxi violence (Ngubane 2016). When I began my fieldwork, there was no official elected taxi association committee²⁷. Legislative issues such as applying for an operating licence and government communications were handled by the regional office based in Pinetown, which is located approximately 30 km from the township, and the daily operation of taxis was handled by various rank managers. It was therefore not surprising that the people who spoke with taxi drivers about the lockdown announcement were the rank managers. They had received communication from the regional office. This communication was in the form of posters that taxi drivers had to put up inside their taxis to inform the commuters how taxis would operate under the first 21 days of the strict lockdown. Sikhona (38) remembered how the rank manager handed over the posters and said if they had questions, the regional office might shed more light in the coming days but for that moment they had to put the posters up to inform commuters. Siphamandla (38), who worked at home for his brother, called his boss to inform him about the regulations. However, his brother was as confused as he was and told him that he would consult with other taxi owners. Similarly, Mzamo (34), who worked as a taxi driver/taxi owner, was as confused as his drivers and other taxi owners.

“A day before lockdown and the regional office was quiet, except that the loading capacity is 70%. Then once again I had to call other taxi owners and ask for some guidance since *phela bona kade bayihamba lendlela* [they have been in this journey longer than me]. They gave me different answers; some would say they would temporarily lay off drivers, others were saying they will use one taxi, others said they will work as normal. Then I was left by myself; I needed to make my own decision.”

Taking into consideration that there were just over 140 minibus taxis operating on this route, with reduced loading capacity and limited operating times, more confusion arose regarding how many taxis should operate daily and how taxi drivers would be compensated. These decisions needed to be made in the context of the absence of employment contracts for taxi drivers (Fobosi 2019; Mmadi 2012). Since Siphamandla

²⁷ A new executive committee was elected late in 2021, which included the association chairperson. However, the administration of the association is still handled by the SANTACO Durban West Office in Pinetown.

(38), Mzamo (34), and Thabo (57) worked at home or for their families, it was easy for them to decide to work during the restricted times because, as Mzamo said:

“I made the decision [that] I will be the only one working because I did not have to worry about getting paid. The money I make will be able to cover fuel for each day.”

However, this meant that he had to temporarily lay off his other four taxi drivers. Siphamandla (38), who worked for his brother, reached an agreement with his brother that he would be the only one working for those first 21 days of lockdown because he would not be paid a wage but would be given an allowance. The allowance was the remaining money after filling up with fuel and would cover his meals and airtime. The other drivers at his house would be temporarily laid off. Thabo (57), who managed his family’s taxis, which were spread across different routes, allowed the drivers to work but they needed to renegotiate how they would be paid taking into consideration the reduced loading capacity and restricted operating times:

“The most owners who took out their taxis were in the Durban route because there an owner has more than five taxis in the route... If you have four, five taxis in that route, that would have meant only one or two taxis would be able to work in a day since there were time restrictions and fewer passengers.”

Scelo (34), Sandile (53), and Ginger (54) managed to sit down with their taxi owners to discuss the impact of lockdown restrictions on their work. Scelo (34), who worked for a taxi owner who only had a single taxi and who worked full time as a teacher, described their relationship as “brotherly”. It was thus easy for them discuss whether he would like to work during the restricted times or not. The taxi owner informed him that even though the taxi he was driving was fully paid for, he would struggle paying Scelo his normal wage if he decided to work due to the restrictions. He decided not to work because he did not want to cause stress to his boss about compensating him. Sandile (53) had been working with his boss for eight years, a taxi owner with eight taxis in total. They had a meeting to discuss the new restrictions with his colleagues. The taxi owner told them that, due to the restrictions, he would not be able to pay them their full wage since the number of commuters would be reduced and the operating times were restricted.

“We all agree with other drivers that we will work in two teams, and we would alternate the weeks between the two teams. So, one team would work a whole week, and the following week that team would be off and allow the other team to work. During that time, my boss was using

old taxis, *izikwele* (Toyota Super T model); only two taxis were new Quantum and still under finance. Everybody was happy with this arrangement.”

Ginger (54), who described his taxi owner as “well-off” and with all his taxis fully paid for, stated that the owner gave all six his drivers the option of working or not. They also discussed how those who chose to work would be paid.

“We considered ourselves lucky because we were given an option to choose whether we would like to work or not. Most taxi drivers around here were just told that the work is done, they can just bring back the taxis to their bosses.”

All six of them decided to work during the restrictions and be paid whatever remained after filling up the taxi. However, Mthembeni (57), Sibusiso (32), and Senzo (43) did not have an option to discuss the lockdown restrictions with their taxi owners. They were instructed by their bosses on the eve of the lockdown to bring back the minibus taxis at the end of the working day. This meant that they would not be working for the 21 days of the national lockdown. Sikhona (38) had a unique experience compared to others. His boss, who had four taxis, told them on the eve of the national lockdown that there was an agreement between taxi owners that no taxis would be operating during the restrictions.

“I was shocked when I woke up the following day; you see I live on the main road, I heard the sound of taxis only to find out that some taxis were working even though our boss had said all owners have agreed that taxis would not operate. But what could I say, we were misled but he was the boss.”

Sikhona (38) said he believed that his boss should have been upfront with them like other taxi owners and told them that he could not afford to pay them or to give them an option to work or not. They all felt misled by this, but the “boss had spoken”. When the restrictions on taxi operations were lifted, he went back to work for him.

However, I found that since the minibus taxi industry in Mpumalanga Township is still structured around family and kinship networks, taxi drivers who are regarded as family members and relatives were given an opportunity to choose to work and to renegotiate their remuneration outside of the taxi association’s wage cap, while those who were merely seen as employees were temporarily disposed of. Additionally, the restructuring of taxi driver work was influenced by factors such as the number of taxis the owner had; the number of routes; the taxi owner’s economic status, as in Ginger’s

case, who described his boss as “well-off”; and whether the taxi was still under finance or not. Many taxi owners in the association had opted to purchase new minibus taxis when the government launched the Revised TRP in March 2019, just a year before the introduction of the national lockdown in March 2020. As alluded to in Chapter 2, a large part of the TRP is the emphasis on fleet renewal through the purchasing of safety-compliant minibus taxis. Since the government only subsidises a third of the purchase price, the remainder is funded by the taxi owner through commuter fares and paid as monthly instalments. Following the announcement of the national lockdown, former Minister of Transport, Fikile Mbalula, promised a three-month repayment holiday for transport providers whose vehicles were financed under the National Taxi Finance programme rolled out by the Small Enterprise Finance Agency (Naidu 2020).

However, the minibus taxi industry rejected the relief programme and indicated that it was not enough and not in line with the taxi industry income model. Minibus taxi operators in cities like Johannesburg protested and demanded to be allowed full loading capacity, arguing that any restriction limited their ability to earn an income and make a profit (Fobosi 2020). To end the protest, the government, through the Minister of Transport, reached an agreement with the taxi industry and announced a R1.8 billion relief package for the sector in 2020, which became known as the Taxi Relief Fund (TRF). However, a year went by without the relief plan being implemented, which compelled the NTA to go to court to force the Minister of Transport to roll out the relief programme (Palm 2021). This was launched in January 2022 and taxi operators and e-hailing services operators could receive a once-off payment of R5 000 for loss of revenue during the national lockdown (Mahlakoana 2022). Based on my personal experience and engagement with taxi owners, many believed that the TRF did not cover even a fraction of their income loss suffered during the lockdown. The relief amount is equivalent to one week’s earnings for a taxi owner in the Mpumalanga Taxi Association. Other grievances related to the application process for the relief, which was done online, such as that taxi owners must be registered businesses and be registered taxpayer with SARS (Palm 2022). The TRF failed to include the taxi drivers, who, as discussed in Chapter 3, are not covered by the UIF. However, the TRF was not the only relief programme launched by the government to provide social relief that excluded taxi drivers. During the implementation of the national lockdown in

2020, the Department of Employment and Labour introduced the COVID-19 Temporary Employer/Employee Relief Scheme (TERS) to offer relief to employers and employees who were not in essential services / essential workers through the UIF (Department of Employment and Labour 2020). This was limited to registered businesses and those working in the formal sector. Since taxi drivers are not registered with the UIF, they could not benefit from the COVID-19 TERS despite having their work disrupted during the lockdown. Below I discuss the impact of the lockdown restrictions on the taxi drivers' lives and their families.

5.2.2 The cost of the restrictions

A survey by Majeke (2003:29) found that, on average, taxi drivers are financially responsible for at least four members of their households. Mthembeni (57) who is married, and whose wife worked as a machinist at a local factory together with his stepson, recalled the events that built up to the beginning of the 21-day lockdown:

“After the president’s speech, my wife came with the letter from her workplace saying they are not essential workers, so the eve of lockdown was their last day. This meant her and my stepson won’t be working, but they were assured they will get that month’s salary. Whilst processing that, the following day, before lockdown, my boss told me that after work, I must hand over the taxi back to him 'cause we won’t work, he won’t be able to pay me anything. I did that and went home.”

Since he was the treasurer of one of the *stokvels* for taxi drivers at the rank, he began receiving calls from fellow taxi drivers wanting to access their funds.

“So, I would spend my days transferring some money to them. Some had it tough because they are renting and have family back home who would be asking for some money to do things. Some were, like me, living with their partners who also subsequently lost work because they were not essential services. They also had kids; it was difficult. The guys will take the little they have and use it.”

Similarly, Sandile (53) is married with two children and was the breadwinner after his wife was retrenched in December 2019 as a machinist at a local factory, just a few months before the lockdown in 2020.

“Since we were alternating weeks at work, one could not make much money [which was] worse for someone like me who is the breadwinner. Even when people were discussing corona, I

would get annoyed and irritated because what I was facing during that time is being unable to provide for my family.”

Since he was one of the oldest taxi drivers around, he spoke to other taxi drivers and rank managers about how unhappy he was with the rotational schedule that his boss had implemented even after the 70% capacity regulation was lifted. He discussed the impact of this on his family. Then, one day, one of the rank managers told him that there was a rank manager who had taken time off due to ill health. Since he was struggling to make ends meet with rotational work, he could work as the substitute rank manager while trying to find another taxi boss. He then opted to leave because in a month he could only work two weeks, which meant that he would not have any income for the other weeks.

“The rank manager wage is lower compared to taxi driving but you get it every day, you do not wait for payday. I kept working as a substitute rank manager for over four months until the guy I was working in his place, his health condition worsened and there was this corona threat, he gave me the green light to work permanently on his position. So, I worked as rank manager since October 2020 and I recently went back to driving in June 2022 with a new owner.”

Scelo (34), whose oldest brother works as a taxi driver on this route, recalled how he had to give up some of his work days to allow his brother to work as his “substitute”. This was because the taxi his oldest brother was driving broke down and the owner of the taxi did not have the funds to repair it. This left his brother temporarily unemployed for a period of four months.

“He is old and has responsibilities such as having kids, I felt bad for him, so we would take turns with my taxi. He worked as my substitute so that he can have some money for basics like airtime, bread, and prepaid electricity. At least with me, I only have one child and he is still young; he is like five years old.”

Similarly, Sikhona (38) said that the continued lockdown restrictions meant that there were fewer commuters using taxis and therefore less income. This impacted his boss’ savings and created an inability to cover the mechanical problems of the taxi, as in the case of Scelo’s oldest brother.

“What really made matters a little difficult with lockdown is that the taxi I am driving broke down and due to the lack of funds from my boss, it took a whole month for it to be fixed. Since one was aware of the situation with fewer passengers, I became even lazy to call and check with my boss whether the taxi has been fixed or not. I would just live in hope that he would call once

it had been fixed. You cannot also go and look somewhere else because most owners are dealing with a lot and drivers are also not using substitutes since the conditions are difficult for everyone.”

As discussed in Chapter 3, taxi drivers are compensated for the number of days worked. When a taxi has broken down and the driver cannot work, they do not receive any income. Sikhona (38) told me that when he could not work due to the lockdown restrictions and later mechanical problems, he relied on his live-in partner who worked in retail. Some taxi drivers are not from the township. Like Ginger (54), they have families they left in the rural areas and must send money to weekly or for any emergencies. Due to the precarity of the taxi drivers’ work, taxi drivers hardly have any savings as the income is unstable and low. However, I found that, as indicated by Mthembeni (57), taxi drivers “*badlala izi-stokvel*” (“they are *stokvel* members”). However, most of the *stokvels* are for a 12-month investment period and are used for a purpose, as in the case of Scelo, to finish building his home in the rural area. Sibusiso (32) told me that the only reason he had any savings during the lockdown is because he had saved his *stokvel* earnings from December 2019 because he was planning on quitting his taxi-driving job after the 2020 Easter holidays. He had begun working in taxis at age 14 as *uscabha* to earn money for himself since his mother had passed away when he was 10 or 11. Over the years, he had been able to save enough to finance his Code 10²⁸ driver’s licence with the help of his uncle, a taxi driver, who later helped him to find a job as a taxi driver as well. In 2020, he had made enough savings from the *stokvel* to upgrade his licence to Code 14 and to look for a job in the freight industry. A Code 14 licence is considered more intensive than the other driving codes and needs more practice since it involves driving a vehicle over 16 000 kg with a trailer. Since there is no time off for taxi drivers, those who plan to obtain Code 14 often temporarily quit their jobs to attend driving lessons. For many taxi drivers in Mpumalanga Township, the freight industry is considered attractive as it is more formal than taxi-driving work. However, Sibusiso (32) explained how the lockdown made him reconsider his option of quitting his taxi-driving job:

“My older uncle who was working as a truck driver lost his job; also my younger brother who was working as a messenger in one of the companies in town also lost his job. That is when I

²⁸ In South Africa, you need a driver’s licence to drive on the country’s roads. This uses various codes for the type of vehicle you are qualified to drive (Fundiconnect 2022).

realised that this the job market was tough and I would be wasting money by going to do my Code 14. Like every day in the township, you would wake up and go outside *uzwe kuthiwa usbanibani akasasebenzi or badilizwe* [you would hear that so and so is no longer working or has been retrenched].”

When the restrictions on operating times and loading capacity were lifted, he went back to work as a taxi driver. He told me that for now he was keeping his taxi-driving job because there was no hope in the job market. Sibusiso (32) and Mthembeni (57) mentioned to me that even former taxi drivers who had left for formal jobs were back at the taxi rank; some working as substitutes or as permanent drivers.

“It’s like life is going backward. *Kodwa sothini, impilo. Okwamanje umuntu uzama lokhu okuncane anakho and work ngakho.*[But what would we say, it’s life. For now, you use the little you have and work with it].”

South Africa still grapples with structural inequalities and a high unemployment rate. Sectors such as minibus taxis offer employment opportunities for those who cannot be absorbed by the formal sector. The lockdown restrictions meant that taxi owners with no government support through subsidies had to restructure the taxi drivers’ working arrangements. This, coupled with the costs associated with purchasing a new vehicle as per the TRP guidelines, meant that taxi owners during the restrictions faced an increased financial strain as they, like the taxi drivers, relied on daily takings with little or no savings at their disposal. The taxi drivers told me that at least three or four taxi owners on this route ended up having their vehicles repossessed due to the failure to pay the monthly instalments; thus resulting in shared precarity for both taxi owners and their drivers. The lockdown restrictions exacerbated inequalities for those who derive an income from the informal sector such as taxi drivers and taxi owners, which further deepened the employment precarity of taxi drivers.

Below, I discuss the policing of the restrictions in the minibus taxi industry, which the taxi drivers told me was an increased burden they had to deal with during the lockdown.

5.2.3 Policing the pandemic

The securitisation of health is not a new phenomenon that only emerged during the COVID-19 pandemic. For example, United Nations Security Council Resolution 2177 in response to the West African Ebola outbreak provided justification for the use of law

enforcement agencies to impose quarantine and enforced containment on a large scale (Parker et al 2020:666). In South Africa, the deployment of the country's army during the national lockdown was the largest deployment in the country's history (Manderson & Levine 2021:56). Just over 70 000 soldiers were deployed to curtail social movement and enforce curfews, such as those placed on taxi operations, which made South Africa's lockdown the harshest implemented anywhere (Levine & Manderson 2021:393). When I began my fieldwork at the tail-end of 2021, the number of soldiers and police deployed in and around the taxi rank had decreased as the country was on adjusted alert level 3 of the national lockdown. However, still fresh on taxi drivers' minds were visuals of soldiers and members of the South African Police Service patrolling the taxi ranks and ensuring that taxi drivers were not sitting in groups. Most taxi drivers told me while they were used to having police such as the Municipality Unit, Durban Metro Police²⁹ around the taxi ranks and during roadblocks, they feared having members of the defence force in their vicinity. Siphamandla (38) said:

"Police are fine, but with soldiers, its violence and no explanation."

He grew up in Mpumalanga Township during the early 1990s to early 2000s, which was a period of heightened political violence (Bonnin 2004). He told me that he had lost a family member at the hands of the defence force during that period and seeing the army deployed to monitor guidelines brought back those memories. He further said:

"*Sathi sifuna ukusebenza so kumele sisebenze* [We said we wanted to work, so we must work]."

Ginger (54) recalled how the police were just everywhere and "*bebengadlali*" ("they were not playing around"); they would stop you and lecture you about operating times and they would shout at drivers for standing in groups.

"*Umsebenzi wamatekisi ubusuphenduke owamaphoyisa* [Taxi operations were now police operations], they were now rank managers asking you when you are loading passengers, where are they going."

²⁹ Municipal police forces are found in most metropolitan cities in South Africa, Durban, Johannesburg, Tshwane, Cape Town, etc. Municipal police forces are responsible for traffic policing and enforcing local by-laws within a municipality (Wikipedia 2022d).

They told me that during the early days of the hard lockdown, all taxi operations were pick-ups and drop-offs as taxis were not allowed to spend much time parked idle at the taxi rank. They were not allowed to chat face to face with one another and there would be police hovering around. Since there were fewer taxis as some taxi owners had withdrawn their taxis, they described this period as lonely. Siphamandla (38) said that they communicated with one another via WhatsApp. This form of communication was also used by taxi drivers who were not working to check on those who were working whether it was possible to work or not. As restrictions on taxis were eased, all taxi drivers came back to work but new commuting guidelines were introduced.



Figure 5.1: A taxi being sanitised

Source: SANTACO KwaZulu-Natal Facebook page

These guidelines included the compulsory wearing of face masks during commuting, hand sanitisation of commuters, and adequate ventilation through opening of windows. However, the taxi drivers were confused regarding the enforcement, monitoring, and costs associated with the guidelines. According to the taxi drivers, the rank manager brought posters from the eThekweni Metropolitan Municipality with guidelines to be posted on the passenger door of each taxi with the message “No mask, no entry”. However, there was no mention about who should ensure that the commuters wore

their masks before boarding a taxi and while commuting. This also applied to hand sanitisation and who should ensure that commuters were sanitised before or during commuting. Thabo (57) said:

“If government says these are regulations, they must deploy people to ensure that those regulations are respected; we as drivers are not here to enforce regulations, we are here to work.”

Similarly, Siphamandla (38) said that the government should have employed COVID-19 officers, as in schools, and deployed them at taxi ranks to ensure that the guidelines were followed.

“I am here to ensure people get to where they are going safe and on time, I was not hired for COVID... I am also working here; I would never pass the passenger at a stop just because they are not wearing a mask. Sometimes *badlala ngathi* [they play with us].”

Taking the issue of commuting guidelines further, the taxi drivers mentioned how the commuting guidelines were abused by law enforcement agencies to make quick money from taxi drivers in the form of bribes. Mzamo (34) and Scelo (34) said that when a taxi was stopped at a roadblock, the police wanted taxi drivers and commuters to have their masks on and the taxi driver to show them a bottle of hand sanitiser. Mzamo recalled how in one incident he had to pay a R1 000 fine when one of his drivers was stopped by the police and he was not wearing a face mask.

“You can go around the rank, there are so many drivers who ended up paying that R1 000 fine, worse from township police because they love quick money, and they were shining during COVID.”

For the taxi drivers, the implementation of the commuting guidelines put them in the firing line with law enforcement authorities, who used the guidelines to make quick cash out of them. This abuse of authority by law enforcement agencies in the minibus taxi industry is not new in South Africa and other African contexts. Both Dumba (2017) and Agbibo (2020) argue that bribery and corruption by law enforcement agencies in the paratransit industry have become the fabric of the industry’s work day. Agbibo (2020:178) states that refusing to pay the required bribe can be a costly mistake by paratransit drivers, which could lead to detention at a police station or having their vehicles impounded. For taxi drivers, commuting guidelines such as mandatory wearing of face masks needed to be complied with to avoid being arrested or fined

rather than as a safety precaution against contracting the novel coronavirus. In our talks, they would often tell me “*umthetho uthi*” (“the law says”) regarding their understanding of the COVID-19 guidelines and implementation.

Further confusion that arose around implementing and complying with commuting guidelines was who should cover the costs of face masks and hand sanitisers between taxi drivers and their bosses, or even the taxi association. Sandile (53), who worked as a rank manager during the peak of the COVID-19 pandemic, said the issue of masks and sanitisers was between the individual taxi owner and their taxi driver. He said there had never been a time when they were given sanitisers to sanitise commuters as well.

“Then a person would ask me about sanitiser, but sanitiser costs money and he or she is still paying the same fare she was paying before lockdown, but they still want sanitiser on top of that. If you would say, we will buy sanitisers for passengers, but we will also increase taxi fares, they will be running amok on social media pages swearing at us, but you will never hear them swearing at shops for increasing prices.”

In Chapter 3, I discussed how taxi drivers are responsible for fuel and other minor mechanical costs that a taxi may encounter in a day’s work. During the COVID-19 pandemic, it was expected that taxi drivers would buy their own face masks and hand sanitisers for themselves and commuters. Except for Mzamo (34), who worked as taxi driver/owner, all the taxi drivers told me they bought face masks, which were mostly disposable ones, and hand sanitisers from their own pockets. Mzamo said:

“Maybe it helps to work with people your age. Even when one asks money to buy a box of masks or tells me they bought a box of masks, I do not have an issue if they have receipt as proof. As I said before, I once paid a fine for a driver for not wearing a mask because he did not have that much money on him at that point. Maybe it helps that I am also a driver, so I understand most of the things they go through and try to meet them halfway.”

I found during my taxi trips that most taxis had bottles of hand sanitisers by the taxi driver’s side; however, in all cases these bottles always looked full and unused. A 500-ml bottle of liquid hand sanitiser, which was popular among taxi drivers, with 70% alcohol in 2021 cost ±R100, which had to come out of their own pockets. Taxi drivers were therefore very selective who they shared hand sanitiser with. Siphamandla (38) told me he only shared his hand sanitiser with someone sitting on the front with him because they assisted him with counting the fares. Scelo (34) said he kept a bottle of

sanitiser in his front cabin just in case there was a roadblock or when the commuter sitting in the front asked for it. He said there was never a situation where a commuter asked him for sanitiser.

“Commuters do not trust sanitisers from drivers because they always think the worst of us, maybe assuming we are using fake sanitisers.”

As I spent time at the taxi rank, I began to be drawn into conditions around the rank such as the lack of running water and hygienic facilities, which are some of the factors that contribute to the spread of airborne disease such as COVID-19. Other than taxi drivers, at the taxi rank in the Durban CBD there were four car washers who made a living from washing taxis. There were also two women who sold cooked meals. Since there were no taps around the taxi rank, the car washers and food sellers used water fetched from public toilets across the street using 20-litre buckets. This water was reserved for washing taxis for car washers and cooking and washing utensils for the two food sellers. Since there was a lack of a drainage system and no dedicated spot for washing taxis, they washed them where they were parked. This resulted in puddles of water found around the rank, which mixed with litter and urine as some taxi drivers and commuters may be lazy to cross the street to urinate and urinated behind the parked taxis. Municipal cleaning staff come only every second day to empty the bins and to pick up litter. This results in a stench, especially on warmer days in summer.



Figure 5.2: Car washers going about their day

Source: Author

Despite taxi drivers spending most of their days at the rank, especially during off-peak hours, they do not have access to running water. They put together money to buy bottled water and cooldrinks from the surrounding shops. But this water is only reserved for drinking, not for washing hands. Despite having hand sanitisers in their taxis, drivers would not use them before having a meal. Based on their networks, and being team members and friends, they share meals and mealtimes. The meals are bought from the food sellers at the rank or at nearby fast-food restaurants and shared. This includes the bottled water or cooldrinks that are usually bought alongside one or two paper glasses, which are also shared when drinking. When the lockdown in South Africa was initiated, there were concerns over how the restrictions would be implemented considering the inequalities in the country and the lack of adequate water, sanitation facilities, and housing (Wahlberg et al 2021; Team & Manderson 2020). Lack of access to water and sanitation illustrates this concern and is an example of structural inequality regarding preventing diseases such as COVID-19.

In my further engagement with the taxi drivers on commuting guidelines and compliance, I found that most of them blamed the commuters for non-compliance and said this it was because the commuters knew that the taxi drivers would be arrested if the guideline of mandatory mask-wearing was not enforced, not the commuters. During my time in the field, when I took quantitative notes on commuting guidelines compliance between taxi drivers and commuters, with the focus on the wearing of face masks, I found that in the majority of trips I recorded, the taxi drivers were the ones who did not wear their face masks despite the mandatory mask-wearing regulation in place. From September 2021 to December 2021, mask-wearing for outgoing taxis was over 90%. In most cases it would be the driver who was not wearing a mask, while the majority of the commuters wore their masks. This was summarised by Ginger (54), who told me:

“What I noticed also is that passengers remember to put on their masks if the driver is also wearing one, but if you as a driver are not wearing one, they would also not wear one. The passengers would see that you as a driver, you obey the rules, they would follow suit. Sometimes passengers behave like children and want to see you leading by example or you [must] remind them to put on their mask.”

Both Mthembeni (57) and Sandile (53), thought that the mandatory mask-wearing guideline was not followed by the drivers themselves, especially the young drivers.

Sandile said that when he worked as a rank manager during 2020/2021, he used to receive several complaints from commuters regarding taxi drivers who drove without their masks on.

“Then I would say can they show me the driver, then the passenger would say they fear for their lives. Sometimes you will tell the driver that passengers are complaining, then they would ask who saw them.”



Figure 5.3: Disposable face mask left hanging inside a parked taxi

Source: Author

In my conversations with the taxi commuters, I found that as much as commuters knew what the commuting guidelines were, they did not report non-compliance. This was motivated by fear of violence associated with the minibus taxi industry and the unequal power relations that exist between taxi drivers and taxi commuters, where commuters see themselves as being at the mercy of the taxi drivers.

This was summarised perfectly by Thandiwe (35) a commuter, who said:

“It is futile to report anything to rank managers because they would rather believe a taxi driver than a passenger, *ngoba kade basebenzisana nabo, bayabazi* [they have been working with each other for some time and they know one another].”

Taxi commuters, despite being the backbone of the minibus taxi industry, are still located on the margins. Despite the existence of clear reporting lines for commuters to report taxi drivers’ misconduct to the Mpumalanga Taxi Association, I found that commuters hardly report taxi drivers. This may be what Thandiwe described above; that since the authoritative figure is the rank manager, commuters feel that the rank managers are loyal to the taxi drivers because they all work together. Therefore, despite the adoption of commuting guidelines during the COVID-19 pandemic by the taxi association, the non-compliance of taxi drivers on the ground was never dealt with, except in cases where there were police officers.

Below I discuss the commuters’ experiences of the national lockdown.

5.3 TAXI COMMUTERS

I began my exploratory fieldwork in the last week of September 2021, two months following the deadly July 2021 civil unrest. The unrest took place in KwaZulu-Natal and Gauteng, with KwaZulu-Natal being the most affected province. The unrest followed the imprisonment of former president Jacob Zuma for contempt of court, which led to widespread looting and violence that left over 350 people dead (Africa 2022). President Cyril Ramaphosa labelled the July civil unrest as an insurrection, which is an orchestrated effort to destabilise the country, sabotage the economy, and undermine constitutional democracy (Africa 2022). However, some social commentators have linked the unrest to the triple challenges facing South Africa: poverty, unemployment, and inequality, which were further worsened by the COVID-19 lockdown restrictions (Africa 2022). The July civil unrest became a critical aspect of my fieldwork experience because in my engagements with both taxi drivers and taxi commuters, they pointed at the COVID-19 pandemic and the national lockdown as the driving forces of the unrest. Commonly described as *umlutho* (looting), they would include it in their experiences of the COVID-19 pandemic. While they would often acknowledge the health threat of the COVID-19 outbreak, their biggest worry was the

tough economic times they were facing because of the restrictions, which they believed became fertile grounds for the unrest. Both commuters and taxi drivers would tell me “*abantu abasebenzi, imsebenzi iqedwe I-COVID*” (“people are unemployed, COVID finished jobs”) to explain and justify the civil unrest in July 2021.

5.3.1 Shared precarity and poverty

In my first few days in the field, I noticed a decrease in the number of commuters using taxis. Taxi drivers and sellers at the taxi rank told me that the decrease in the number of commuters was the result of both the national lockdown restrictions and *umlutho* (looting). The majority of shops and buildings around the CBD had been looted, damaged, and in some cases destroyed by fire during the unrest. Msawakhe (46), who has been an informal seller at the Mpumalanga Taxi Association in the Durban CBD for over 15 years, told me that before the COVID-19 pandemic and the unrest, he would come to sell seven days a week and would make anything between R350 and R400 daily. He would then put R150 aside for the following day’s stock, R50 for taxi fare, and the rest to take home. However, since there were fewer people using taxis and fewer people having disposable cash to spend on snacks and cooldrinks, he only came to sell four days a week.

“This is because I would not make enough money to buy stock, pay for taxi fare and have something to take home. I opted to reduce my days even though that meant losing some money, but it better to not waste money to come and sell and not receive anything from. Things are bad all round, even when you sit with taxi drivers and chat, they would tell you that fewer people are using taxis and *abelungu bayakhononda izimali azikho* [taxi bosses are complaining because there is no money]. But what can you do? You can’t force unemployed people to come and take a taxi; what would they use to pay for the taxi since they are unemployed?”

Nkanyiso (32) was one of the taxi commuters whose employment was affected by the lockdown restrictions. When the lockdown was announced in 2020, he was working as a logistics intern at an international courier company. Due to the lockdown, his internship contract was terminated. He said even though the restrictions were eased by the end of 2020, he was unable to get a job because nobody was hiring. The conditions were made much worse by *umlutho* in July as most places in the warehousing and logistics industry were damaged. The only stable income they had at home was the old age pension grant received by his 74-year-old father as his younger brother was also unemployed. He remained unemployed until December

2021, when he received permanent work in client relations at a logistics company in Durban.

Nhlanhlo (45) worked as a domestic worker and was the breadwinner for a household of seven people. She said that the lockdown, together with *umlutho*, put huge financial pressure on her domestic work salary. She said that prior to the lockdown and *umlutho*, her youngest sister and her 24-year-old son would often find temporary work at local factories to supplement her salary but with looting, most of the factories were temporarily closed. They therefore had to rely on child support grants for her 14-year-old daughter and two of her youngest sister's children.

“But then what else could one do because social grants are not something you can live with. Life in the township is expensive, electricity [must be] paid for, water needs to be paid for and you still have to buy food. Then also when you are all at home, you have to cook at least three times a day. We were just living for a day as long as we were not dying from hunger.”

Wahlberg et al (2021), Bulled and Singer (2020), and Levine and Manderson (2021) all discuss how the South African national lockdown worsened the country's inequality, especially for those in low-income communities and in precarious employment such as those working in the informal sector. This was seen in both the taxi drivers and taxi commuters who, faced with restrictions, had their income disrupted, which undermined their ability to provide for themselves and their families, especially as they had no savings at their disposal due to unstable and low income derived from their informal work. Even though the government in 2020 announced a special COVID-19 social relief of distress (SRD) grant valued at R350 to assist those who were either unemployed or did informal work, only Msawakhe (46), the informal seller indicated to me that he had benefitted from this grant. This was during the first phase of the grant in 2020. However, the SRD grant was cancelled by April 2021 even though the country was still on alert level 4 of the lockdown (Pithouse 2021). Msawakhe said when the grant was reintroduced following the July civil unrest in 2021, he was not able to re-apply because he had not made time to ask someone with a smartphone to help him apply like before. To apply for the SRD grant, you need a smartphone or assistance from someone who has one because you can only apply for it online or through the WhatsApp platform.

Following recommendations from the independent expert panel tasked with investigating the causes of the July 2021 civil unrest, the SRD grant was reintroduced with expanded eligibility in August 2021 (Black Sash 2023). Those who were unemployed caregivers who received child support grants became eligible to apply for the SRD grant (Black Sash 2023). Since all my commuter interlocutors were employed, even though some informally such as in domestic work and early childhood development, like Thandiwe (35), they did not apply for the SRD grant. Some taxi drivers like Ginger (54) and Sandile (53) also told me that they did not apply for the grant because “*vele bayasebenza*” (“they were employed”). This was interesting for me in this study because in previous studies, such as those by Mmadi (2012) and Fobosi (2019), taxi drivers did not view themselves as being in formal employment. However, in this study, I found that the reason the taxi drivers cited for not applying for the SRD grant was because they saw themselves as employed and therefore not meeting the criteria for the grant. In contradiction, however, they were still not registered with the UIF and therefore could not benefit from COVID-19 relief programmes as discussed above.

5.3.2 Compliance in scarcity

Manderson and Levine (2020) and Shumba et al (2020) discuss how, as the COVID-19 outbreak spread to various contexts across the globe, the precautionary measures of social distancing, frequent handwashing, and “sheltering in” became impossible in those contexts. In my engagements with commuters regarding the COVID-19 safety precautions, they would, like the taxi drivers, mention the difficulties associated with compliance, especially at the household level. Nomonde (45), a nurse, said that during the height of the COVID-19 pandemic, she tested positive for the novel coronavirus three times. She was given time off to quarantine every time; however, it was impossible for her to isolate in a household she shared with her sister, who worked at a food production factory, and their children. Similarly, Thandiwe (35) shared how her aunt, also a nurse, tested positive for the novel coronavirus in January 2021 but was unable to quarantine herself because they shared the family house.

“The biggest challenge of coronavirus is how do you isolate or keep indoors in the township because you know people are always coming to your house, especially relatives, when they hear that you are not feeling well. I mean, our extended family lives around here, having my

aunt as the eldest around the house, our relatives will think about us as kids and whether we are coping with her being sick. Then my cousin who works in taxis also kept going to work because he did not have any symptoms, except that he was living in the same house as someone who had tested positive.”

In South Africa, as argued previously, urban townships are densely populated and lack hygiene facilities, which makes them a breeding ground for spreading the virus (Bulled & Singer 2020:1236). These settlements highlight the public health limits to contain the spread of COVID-19 at the household and community levels. Manderson, Burke and Wahlberg (2021:396) question what the national lockdown means in an unequal nation like South Africa, which struggles to replicate the strategies to limit the spread of COVID-19 and for the sake of its survival must often ignore those strategies. I found that while commuters understood the reasoning behind the implementation of the lockdown restrictions in terms of public health interventions, they felt that the restrictions did not take into consideration their daily realities and their attempts of survival. Related to this is how the commuters were expected to observe COVID-19 safety precautions in usually overcrowded and poorly ventilated minibus taxis.

5.3.3 Commuting guidelines



Figure 5.4: Commuting guidelines

Source: Author

When I began my fieldwork using taxis from the township to Durban, I noticed two new additions relating to commuting with taxis: firstly, all taxis belonging to the Mpumalanga Taxi Association had posters placed on the commuter door, with a “No mask, no entry” message from the eThekweni Metropolitan Municipality. Another noticeable feature was the sale of disposable face masks; they were sold everywhere in the vicinity. These face masks were sold by those who were locally known as *amaphara*³⁰. They sold these disposable face masks from R12 to as little as R5, depending on your negotiation skills. As per the commuting guidelines, the wearing of masks was mandatory for commuters during taxi trips. *Amaphara* are one of the features around taxi ranks in Durban and they occupied a murky place at the taxi ranks. Taxi drivers tell you that *amaphara* are opportunists who rob unsuspecting taxi drivers and commuters, but at the same time use *amaphara* for cheap labour such as washing their taxis at a discounted price. Commuters would often also tell me that taxi drivers were customers of *amaphara*, who sold them stolen goods such as mobile phones at a cheap price.

I was therefore surprised to see during the lockdown that *amaphara* had become enforcers of the mandatory mask-wearing guidelines. They would stand at the entrance of the taxi rank for outgoing taxis and would spot any commuter walking towards a taxi without wearing a face mask and they would circle around that commuter, convincing him/her to buy the disposable face mask before boarding a taxi because “*usho njalo umthetho*” (“the law says”). In some instances, *amaphara* would stand in front of a taxi that was waiting to fill up and shout “*R5 ama-masks if uyikhohliwe amaphoyisa ayabopha*” (“R5 for a mask, if you have forgotten it, the police will arrest you”). To avoid being followed by *amaphara* when walking towards taxis, some commuters would put their face masks around their chin or hang it around their wrist. It was interesting to observe that the disposable face masks were only sold to taxi commuters, but not to taxi drivers, who walked around and even drove without a face mask on. There were few occasions where taxi drivers without face masks would grab a pair of disposable face masks from *amaphara* without paying for it and

³⁰ The term *amaphara*, possibly derived from “parasites”, entered into South African public culture in the 2010s to refer to petty thieves who are addicted to a heroin-based drug locally called *whoonga* or *nyaope* (Hunter 2021).

amaphara would not complain because they were only allowed to be around the taxi rank at the mercy of the taxi drivers.

In April 2022, President Cyril Ramaphosa announced the lifting of the COVID-19 restrictions but kept the mandatory mask-wearing regulation in place for indoors and while commuting. However, when I went to the rank the following day after the president's speech, *amaphara* told me that they were no longer selling masks because "*i-COVID iphelile*" ("COVID has ended"). Two of them went back to selling loose cigarettes and sweets, while others kept hanging around the rank to either assist commuters with carrying luggage or begging for money as in the pre-COVID pandemic times.

As highlighted above, when I began my fieldwork, the number of law enforcement authorities around the taxi rank decreased. They would come around the taxi rank on a few occasions and were mostly interested in traffic-related compliance matters such as checking the validity of the taxis' vehicle disks. Compliance with commuting guidelines was therefore left to the taxi drivers and *amaphara*. However, the commuters mentioned to me that the taxi drivers only spoke about mandatory mask-wearing when they had received information on possible roadblocks and police presence along the route. I therefore found that the *amaphara* had been able to fill the vacuum of enforcement of commuting guidelines created by the absence of police and taxi drivers' blasé attitude towards the guidelines. Playing on the language of fear, *amaphoyisa ayabopha* (police will arrest you), the *amaphara* occupied the role of enforcers, which legitimised their presence at the taxi rank. The use of police and arrest references by *amaphara* to entice commuters into buying disposable face masks is historical and relates to how black South Africans view law enforcement authorities. Manderson and Levine (2021) argue that the deployment of the army and police in townships during the lockdown caused as much fear as COVID-19 itself, if not more. Black people in townships feared dying at the hands of the police more than dying from COVID-19 (Manderson & Levine 2021). By observing commuting guidelines, both minibus taxi drivers and commuters were thus able to avoid any possible harassment from or arrest by the police.

5.4 CONCLUSION

The field research conducted with my interlocutors showed how the lockdown pushed some people further into poverty, specifically as it relates to the taxi industry. Although the lockdown was initially hailed as showing foresight, in practice my interlocutors were thrown into a state of precarity. The living conditions at the household level and conditions around taxi ranks made it impossible to comply with COVID-19 preventative measures such as frequent hand washing, isolation/quarantine, etc. The deployment of the law enforcement agencies to monitor compliance with restrictions reignited fears of police brutality and abuse among taxi drivers and commuters; thus making them fear the police more than COVID-19. Although some relief was offered by the government, this was inadequate and did not compensate for the loss of income. The implications of the lockdown were dire for those whose sole income was derived from taxi operations.

CHAPTER 6:

SATHI SIFUNA UKUSEBENZA, SIYASEBENZA (WE SAID WE WANT TO WORK, NOW WE ARE WORKING)

6.1 INTRODUCTION

This study investigated commuting during the COVID-19 pandemic with the focus on minibus taxi drivers and commuters in Mpumalanga Township, Durban, South Africa. The study is an intersection of the anthropology of health and scholarship on structural violence as it relates to the minibus taxi industry in South Africa. This was an ethnographic study and I sought to give a voice to my interlocutors. By this I mean that I sought to ensure that those from whom I gathered data for this dissertation had a real voice in the text that I produced, so that it is their lifeworld that informed my overall findings and conclusions.

In this dissertation, I examined diseases, such as COVID-19, from both a biological and social perspective. According to Singer (1990:182), this means viewing diseases as a combination of both biological and social processes. Using the theoretical framework of structural violence, I argued that the everyday lived experiences of taxi drivers and commuters make them vulnerable to contracting airborne diseases such as COVID-19 and render them unable to avoid high-risk situations such as commuting. These are people who generate their income from the informal economy. As discussed in Chapter 4, they work without any form of employment protection as they work without employment contracts and occupational and safety workplace policies and have less access to healthcare. This intersects with biological vulnerabilities that increase the risk of contracting not just COVID-19 but any other airborne disease. The structural violence to which my interlocutors are exposed is born out the deep inequality that characterises the larger South African economy. This illustrates the point that the structure of society affects the degree to which an individual or group is vulnerable to extreme human suffering (Farmer 1996:275).

In addition, the minibus taxi industry in South Africa mirrors the daily reality of the violence that the majority of black people in the country still experience despite colonialism and apartheid having been formally abolished. Apartheid spatial geography still structures access to the economy for many and, as such, the taxi

industry continues to operate within this space – on the fringes of the public transport system in the country. Especially as the post-apartheid government has failed to extend public transport subsidies to the sector, which is one of the few genuinely indigenous industries in the country. Also, through its adoption of the TRP, the government further perpetuates structural violence in the minibus taxi industry. By insisting on specific types of taxis, financed by the taxi industry itself, the vitality of the taxi industry is even more precarious than it was before. The point that I made throughout this dissertation is that the outbreak of COVID-19 exacerbated the underlying inequalities in the country, but more so specifically as it relates to the minibus taxi industry. Below I discuss two themes that emerged from the study that need further interrogation: the government's intervention to formalise the minibus taxi industry, and how the precarious conditions created by restrictions to curb the spread of COVID-19 might have exacerbated the 2021 July civil unrest.

6.1.1 The government and the minibus taxi industry in South Africa

When the minibus taxi industry came into being as a response to apartheid spatial design, the apartheid state met it with hostility and criminalised the operation of minibus taxis (see Boudreaux 2006). The apartheid government wanted to restrict the movement of black people in urban areas and to protect both the state rail and public/private bus companies from competition, as argued in Chapter 2. This meant that the minibus industry was not recognised as part of the public transport modes in the country. When minibus taxi operators found a loophole in the Road Transportation Act of 1977, the apartheid state allowed minibus taxi operators to operate legally but made the operating environment hostile (Sebola 2014). It was only at the tail-end of the apartheid regime in 1987 that the government deregulated minibus taxis, which left the running of minibus taxis in the hands of powerful taxi associations, which became known as mother bodies. Following the democratic elections in 1994, while the minibus taxi industry was operating with self-regulation, it was engulfed with problems of oversaturated taxi routes that led to increased taxi violence and issues of commuter safety (Sekhonyane & Dugard 2004). This led to increased calls for the democratic government to initiate some form of government regulation of the minibus taxi industry (Sekhonyane & Dugard 2004). The government introduced the TRP in 1999. While the TRP has several interventions on how the minibus taxi industry can

be formalised, the focus has been on fleet renewal through purchasing specific types of minibus taxis that are deemed to be safety compliant.

The introduction of the TRP has seen an increased interest by capital (financing institutions) in minibus taxis. However, it must be understood that the introduction of funding for minibus taxi purchase is not a new phenomenon that came with the TRP. Khosa (1994:57) traced the entrance of financial houses into the minibus taxi industry back to the 1980s following major lobbying by the minibus taxi industry governing body at the time, the South African Black Taxi Association. Previously, taxi operators funded the purchase of vehicles from their own pockets through family savings and *stokvels* (Khosa 1994). However, the availability of funding resulted in minibus taxis not owning their vehicles outright; thus changing the ownership patterns of minibus taxis in the country (Khosa 1994). The entrance of capital into the minibus taxi sector benefitted finance houses, which could charge high interest for loans and contributed to the recovery of the motor manufacturing industry in the country (Khosa 1994:69). However, it also led to an increased financial burden as taxi operators come from poor backgrounds and the business was a survival strategy in an economically exploitative urban environment (Khosa 1994:62). Despite this shortcoming, when the post-apartheid government launched the TRP, it followed the same model of encouraging enterprise culture and bringing the taxi industry to the formal economy through establishing working agreements between the sector and financial houses, car manufacturers, and insurance companies. As discussed in Chapter 2, the TRP's focus on fleet renewal is a one-size-fits-all strategy that pays little attention to affordability and the differential contexts in which minibus taxis operate (Sebola 2014). Bahre (2014:590) argues that this form of formalisation needs to be understood using the concept of trickle-up economics where the minibus taxi industry's income trickles up to the state, to businesses, and to taxi association leaders. This leaves the so-called beneficiaries, such as the taxi operators, under severe financial pressure as they are forced to buy and maintain vehicles that they cannot afford (Bahre 2014:590). This also has a negative impact on taxi commuters, who are still not beneficiaries of public transport subsidies and must pay high fares to make up for the shortfall in minibus taxi operators' monthly earnings. This also has dire consequences of minibus taxi drivers who work under pressure to meet the daily financial targets set by their employers, as discussed in Chapter 3. To be clear, the argument here is not against some degree of

formalisation in and of itself. Instead, the argument is that the specific focus under the TRP constitutes a familiar form of top-down intervention that does not take into consideration the needs from below.

In this study, I was interested in the response by the minibus taxi industry to health emergencies such as the COVID-19 outbreak. I found that the funding model and the financial state of the minibus taxi industry play a huge role in how the sector responded to the outbreak. I found that the lack of public transport subsidies and monthly financial obligations to pay for new safety-compliant vehicles made the minibus taxi industry even more precarious. The outbreak of COVID-19 in early 2020 further deepened this as the response to the outbreak resulted in restrictions that limited minibus taxi operations through reducing taxis' loading capacity and restricting their operating times. This directly affected the only source of income for minibus taxis, namely taxi commuters. This led to a socio-economic crisis for minibus taxi operators and taxi drivers. Since the majority of taxi operators live from hand to mouth, they hardly had any savings to financially proof their taxi businesses. This, as discussed in Chapter 5, was exacerbated by the government's decision to initially not prepare any relief programme for the taxi industry. This compelled minibus taxi operators in Mpumalanga Township to restructure their work, which resulted in taxi owners temporarily disposing of taxi drivers in an environment where taxi drivers are paid according to the days worked and work with no employment protection such as being registered with the UIF. The delays in introducing a relief programme for the sector also resulted in some taxi operators failing to meet their monthly financial obligations, which led to their vehicles being repossessed and resulting in job loses for those who were employed as taxi drivers. The government's decision to limit the TRF to minibus taxi operators meant that taxi drivers did not receive any state relief for loss of income suffered during the lockdown. Taxi drivers could not also benefit from other two relief programmes, namely the SRD grant and the COVID-19 TERS as discussed in Chapter 5. This as taxi drivers view themselves as employed but are still not covered by the UIF, an anomaly that the government has failed to address thus further deepening the employment precarity of taxi drivers more so during a health emergency like the COVID-19 pandemic.

6.1.2 The July civil unrest

As argued in Chapter 5, the unrest became of interest to me during my fieldwork for two reasons. Firstly, I began my fieldwork about two months after the unrest; the unrest was therefore still topical among my interlocutors. Secondly, my participants kept referring to the unrest when we discussed the COVID-19 pandemic and its impact on their lives. Those who have written about the unrest, such as Pithouse (2021) and Africa (2022), agree that the structural inequalities further exacerbated by the COVID-19 outbreak drove the unrest, coupled with other factors such as the ruling ANC's factional politics and issues of service delivery, especially in townships. This also relates to the government's failure to prepare adequate social relief when the lockdown was implemented in 2020. As discussed in Chapter 5, even though the government introduced the SRD grant in May 2020, the scope of the relief was limited (Black Sash 2022).

The COVID-19 restrictions, as discussed, resulted in income loss for those who derived income from the informal sector as taxi drivers, informal sellers, and domestic workers. The decision by the government to terminate the SRD grant in April 2021 but keeping the country under adjusted alert level 4 of the lockdown added to the frustrations on the ground. This meant that those who had previously benefitted from the SRD grant were no longer receiving it but were also unable to look for work or go back to work as most sectors of the economy were still operating under strict conditions. The unemployment rate in 2021 stood at 42% and youth unemployment at 74.7% (Pithouse 2021). As argued previously, in my engagement with my interlocutors, there was a strong link between the COVID-19 response by the government and the civil unrest. While they often acknowledged the health scare of the COVID-19 virus, there was a feeling that the response by the government did not take into consideration their daily lived experiences, more so relating to work and earning an income. As indicated in Chapter 5, when I asked about the unrest, they would tell me "*Abantu abasebenzi, imsebenzi iqedwe i-COVID*" ("People are without jobs, COVID finished jobs"). The feeling was that the government should have done more to ensure that the virus spread was curbed, without leading to job losses. While the structural inequalities predated the outbreak of COVID-19, the response to curb the outbreak further deepened these as the government also failed to extend adequate relief to those who were victims of structural vulnerabilities. In this dissertation, I thus

take the view that the 2021 July civil unrest must be understood in light of the failure by the government to provide adequate relief measures to those living in poverty, especially as the restrictions further constrained the survival strategies of those who derive their income from the informal sector.

6.2 CONCLUSION

The theory of structural violence examines how everyday acts and events plague the socially vulnerable and cause physical and psychological harm and even death. These acts have been normalised as they are embedded in long-standing social structures (Farmer et al 2006:1686). In this dissertation, I was able to capture how the everyday lived experiences of minibus taxi drivers and taxi commuters put them at risk of contracting airborne diseases such as COVID-19. For me to understand that, I had to reflect on the structural composition of South African society. Here, I discussed how apartheid policies such as Group Areas Act shaped the spatial geography of the country. This resulted in the creation of black townships such as Mpumalanga Township and led to the formation of the minibus taxi industry. I discussed the impact of these policies on access to resources such as healthcare, employment opportunities, and the overall structure of the economy. By paying attention to these structural forces, I was able to discuss how they intersect with biological vulnerability to co-produce risk and hazards. The overall argument of this dissertation is that *existing social, political, and economic factors intersected with the COVID-19 virus to exacerbate the already existing precarity of those who work in and use minibus taxis.* I was able to draw on how the intersection of minibus taxi operations, the working conditions of taxi drivers, minibus taxi ownership, funding, and government policies amplified this precarity even more during a health emergency such as the COVID-19 outbreak. I therefore call for the improvement of the minibus taxi industry as a matter of social equity. Minibus taxis continue to be not only the most popular mode of public transport in the country, but they also play a huge role in providing employment for those who cannot be absorbed by the formal sector (Boudreaux 2006). This improvement will require extending discussions on safe commuting beyond vehicle safety. This means the extension of subsidies to the minibus taxi industry. Subsidies are important to contain commuter fares, but they can also improve the working conditions of taxi drivers who constantly work under pressure to meet daily targets.

Related to this, the government must re-examine the funding model for the minibus taxi industry through the TRP, which can be understood as a one-size-fits-all approach that perpetuates financial violence against minibus taxi operators, who are thrown into debt they cannot afford to pay, especially given inadequate government assistance.

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APPENDICES

Appendix A: Ethical clearance



COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

14 December 2021

Dear Ms. Hlengiwe Khululiwe Kweyama

Decision:
Ethics Approval from 14 December 2021 to 14 February 2024

NHREC Registration # :
Rec-240816-052
CREC Reference # :
55716032_CREC_CHS_2021

Researcher(s): Name: Ms. Hlengiwe Khululiwe Kweyama
Contact details: 55716032@mylife.unisa.ac.za
Supervisor(s): Name: Dr IE Marais
Contact details: Maraiie@unisa.ac.za

Title: Commuting in a COVID-19 world: Stories of minibus taxi commuters and minibus taxi drivers in Durban, South Africa

Degree Purpose: MA

Thank you for the application for research ethics clearance by the Unisa College of Human Science Ethics Committee. Ethics approval is granted for three years.

The **low risk application** was reviewed by College of Human Sciences Research Ethics Committee, in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College Ethics Review Committee.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the



University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.

5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data require additional ethics clearance.
7. No fieldwork activities may continue after the expiry date (**14 December 2024**). Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

The reference number 55716032_CREC_CHS_2021 should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.

Yours sincerely,

Signature:



Prof. KB Khan
CHS Research Ethics Committee Chairperson
Email: khankb@unisa.ac.za
Tel: (012) 429 8210

Signature: PP



Prof K. Masemola
Executive Dean: CHS
E-mail: masemk@unisa.ac.za
Tel: (012) 429 2298



University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

Appendix B: Participant information sheet and consent form

Title: *Umthetho uthi*: Commuting stories of minibus taxi commuters and taxi drivers during the COVID-19 pandemic in Durban, South Africa

Dear Prospective Participant

WHAT IS THE PURPOSE OF THE STUDY?

The purpose of the study is to gain the experiences of minibus taxi commuters and drivers about commuting during the COVID-19 pandemic. The study will use semi-structured interviews and participant observation to gain insight into these experiences. The study hopes that the findings gained will help in shedding light on how the minibus taxi industry responds to health emergencies. The overall aim is for the betterment of the minibus taxi industry for both commuters and taxi drivers.

WHY AM I BEING INVITED TO PARTICIPATE?

The study values the subjective experiences of both minibus taxi commuters and drivers.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?

The study involves semi-structured interviews and participant observation to explore the understanding of the novel coronavirus within the minibus taxi industry context and to explore whether the pandemic has influenced how both the commuters and drivers interact with the minibus taxis. The interviews will be recorded through the use of a recorder or through note-taking, depending on the participant's preferences.

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?

Participating in this study is voluntary and you are under no obligation to consent to participate. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a written consent form. You are free to withdraw at any time, without giving a reason.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

Minibus taxis play a critical role in the lives of majority of black urban South Africans. They facilitate mobility and social equity. Therefore, your experience will be critical in understanding or offering solutions on how the industry can deal with health emergencies.

ARE THERE ANY NEGATIVE CONSEQUENCES FOR ME IF I PARTICIPATE IN THE RESEARCH PROJECT?

There should be no negative consequences for participation but if you experience any distress from the process, I will advise on the counselling services available at our local community health centre.

WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER AND MY IDENTITY BE KEPT CONFIDENTIAL?

Your name will not be recorded anywhere and no one will be able to connect you to the answers you give. You will be given a pseudonym and you will be referred to in this way in the data, any publications, or other research-reporting methods such as conference proceedings.

Any data obtained will be used for journal articles, books / book chapters, workshops, and conference proceedings.

HOW WILL THE RESEARCHER(S) PROTECT THE SECURITY OF THE DATA?

Hard copies of your answers will be stored by the researcher for a period of 10 years in a locked cupboard / filing cabinet on the Muckleneuk campus for future research or academic purposes. Electronic information will be stored on a password-protected computer. Data will be backed up to a cloud-based service, and protected by a password. Future use of the stored data will be subject to further research ethics review and approval if applicable.

WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?

There will be no payment for participation in the research.

HAS THE STUDY RECEIVED ETHICAL APPROVAL?

This study has received written approval from the Research Permission Sub-Committee of the Senate Research, Innovation, Postgraduate Degrees and Commercialisation Committee (SPRIPCC) Ethics Review Committee of UNISA (2020_RPSC_049). A copy of the approval letter can be obtained from the researcher if you so wish.

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

If you would like to be informed of the final research findings, please contact me on 55716032@mylife.unisa.ac.za.

Should you require any further information or want to contact the researcher about any aspect of this study, please contact Dr I.E. Marais on maraiie@unisa.ac.za.

Thank you for taking time to read this information sheet and for participating in this study.

Thank you.

Hlengiwe Kweyama (Miss)

CONSENT TO PARTICIPATE IN THIS STUDY

I, _____ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits, and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet.

I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable).

I am aware that the findings of this study will be processed into a research report, journal publications, and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I agree to the recording of the interview.

I have received a signed copy of the informed consent agreement.

Participant's name & surname..... (please print)

Participant's signature.....Date.....

Researcher's name & surname..... (please print)

Researcher's signature.....Date.....

Appendix C: Research questions

Minibus taxi commuters (English)

- How long have you been commuting with taxis?
- What are some of the activities you use taxis for?
- Do you have/use alternative mode(s) of transport?
- How do you protect yourself generally when commuting?
- How are you protecting yourself from COVID-19 whilst commuting?
- What is the cost of this?
- How do other people protect themselves?
- Do other commuters follow the regulations for taxi commuting during the COVID-19 pandemic?
- How are people handled if they do not follow the rules?
- Share your experience of lockdown and its impact on your taxi commuting experience; i.e., during level 5 (hard lockdown) when taxis operated at certain times and under curfew.

Abagibeli bamatekisi/amakhumbi (isiZulu)

- Unesikhathi esingakanani usebenzisa amatekisi/amakhumbi?
- Iziphi izindlela ozihamba ngamatekisi/amakhumbi?
- Ngabe khona olunye uhlobo lesithuthi obuye usisebenzise?
- Uzivikela kanjani uma usebenzisa amatekisi/amakhumbi?
- Uzivikela kanjani uma usebenzisa amatekisi/amakhumbi ngesikhathi sokhuvethe?
- Ngabe lokuzivikela kuhambisana nokusebenzisa imali ethe xaxa?
- Abanye babagibeli ngabe khona izindlela abazivikela ngazo nabo?
- Ngabe abanye abagibeli bayayilandela imigomo yokuzivikela ebekelwe imboni yamatekisi/amakhumbi?
- Laba abangahambisani nalemigomo ngabe baphathwa kanjani?
- Awuchaze ngesimo sikathanqa nomthelela waso ekugibeleni kwakho amatekisi/amakhumbi isibonelo, ihlandla lesihlanu lapho amatekisi ayesebenza ngezikhathi ezithile.

Minibus taxi drivers (English)

- How long have you been working as a taxi driver?
- How do you protect yourself generally when driving?
- How are you protecting yourself from COVID-19 whilst driving a taxi?
- What is the cost of this?
- How do other people protect themselves?
- Do other commuters and drivers follow the regulations for taxi commuting during the COVID-19 pandemic?
- How are people handled if they do not follow the rules?
- What are your thoughts on how the taxi association has handled the response to COVID-19 from the perspective of minibus taxi drivers (compliance with guidelines such as deep cleaning of vehicles, provision of hand sanitisers, compulsory wearing of face masks, and ensuring that commuters are complying, health checks, and time off when sick, psychosocial support)?
- Share your experience of lockdown and its impact on your taxi commuting experience; i.e., during level 5 (hard lockdown) when taxis operated at certain times and under curfew.

Abashayeli bamatekisi/amakhumbi (IsiZulu)

- Ngabe unesikhathi esingakanani usebenza njenomshayeli wetekisi/amakhumbi?
- Uzivikela kanjani uma usebenzisa amatekisi/amakhumbi?
- Uzivikela kanjani uma usebenzisa amatekisi/amakhumbi ngesikhathi sokhuvethe?
- Ngabe lokuzivikela kuhambisana nokusebenzisa imali ethe xaxa?
- Abanye babagibeli ngabe khona izindlela abazivikela ngazo nabo?
- Ngabe abanye abagibeli bayayilandela imigomo yokuzivikela ebekelwe imboni yamatekisi/amakhumbi?
- Laba abangahambisani nalemigomo ngabe baphathwa kanjani?
- Ungakwazi ukukhuluma ngendlela ocabanga ngayo ukuthi usoseshini uyisingathe ngendlela indaba yokhuvethe (ukusetshenziswa kwezibulala magciwane ezandla, ukuqinisekisa ukusetshenziswa kwa-masks abagibeli nobashayeli, kanye nokufundisa ngokhuvethe kubagibeli, ukuhlolwelwa kwezempilo, ukunikezwa isikhathi sokuphumula uma uzizwa ungaphilile kanye nokululekwa

ngokwezengqondo uma uzizwa unesithukuthezi noma usola ungenwe ukhuvethe)?

- Awuchaze ngesimo sikathanqa nomthelela waso ekusebenziseni kwakho amatekisi/amakhumbi isibonelo, ihlandla lesihlanu lapho amatekisi ayesebenza ngezikhathi ezithile.

Appendix D: Commuting guidelines: Notes

Date	Weather	Alert Level	Taxi Model	Opened Windows	Mask-wearing	Sanitiser Availability	COVID Posters

Appendix E: Participant profile

Name	Age	Gender	Occupation
Ginger	57	Male	Taxi Driver
Msawakhe	46	Male	Informal Seller
Mthembeni	57	Male	Taxi Driver
Mzamo	34	Male	Taxi Driver
Nhlanhlo	44	Female	Domestic Worker
Nomonde	45	Female	Nurse
Nkanyiso	32	Male	Client Relations
Sandile	53	Male	Taxi Driver
Scelo	34	Male	Taxi Driver
Senzo	43	Male	Taxi Driver
Sikhona	38	Male	Taxi Driver
Siphamandla	38	Male	Taxi Driver
Sibusiso	32	Male	Taxi Driver
Thabo	57	Male	Taxi Driver
Thandiwe	37	Female	ECD Teacher
Zandile	31	Female	Academic Support
Zikhona	62	Female	Stay-at-home Mother