

THE *UKUHLONIPHA* CODE OF RESPECT: GENDER AND
CULTURAL TENSIONS AROUND THE ZULU NURSES.
THE CASE OF THE EMMAUS MISSION HOSPITAL.¹

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Abstract

The intention of this article is to show how the acquisition of a Western school education - especially from the mission schools in the then Zululand and Natal - empowered women to attain relative independence from Zulu patriarchy. The author of this article drew on cultural hermeneutics as explained by Musimbi Kanyoro (Introducing feminist cultural hermeneutics 2002:66), which is a way of looking critically at culture as capable of oppressing sections of society. The article will argue that the Zulu women nurses challenged the *ukuhlonipha* code of respect, which Benedict Carton (2000:50) explains thus:

In *ukuhlonipha*, a custom of deference, male and female youths and married women avoided male elders as means of respect and homage.

Although the *ukuhlonipha* code in its broader sense also covers the respect shown by any young person to any older person irrespective of sex, this article refers to the *ukuhlonipha* code as it is primarily observed by children and women in relation to men, as defined by Carton. By means of interviews, this article uses the case of the Emmaus Mission Hospital of the Berlin Mission Society (BMS) to show that the turn of events in which women managed to undermine Zulu patriarchy and androcentrism, was inevitable. As Sue Russel (sic) wrote in her book *Conversion, identity and power* (1999), those people who have knowledge and resources that are sought by others

acquire power, as those who seek these resources will gather around them for as long as they need those resources. The cultural tensions within the hospitals were enormous, but the women nurses were empowered enough to surmount them.

1 INTRODUCTION

The *ukuhlonipha* code of respect has been upheld by the Zulus and other tribes such as the Xhosas, the Tswanas and the Vendas from time immemorial, as a way to regulate family and clan relationships and to achieve harmonious co-existence. In a Zulu patriarchal society, the conduct of women and younger people was especially monitored through the *ukuhlonipha* code, in order not to disturb the andocentric life. In English the *ukuhlonipha* code is similar to the general understanding of the showing of respect. The *ukuhlonipha* code demanded especially of women to show respect to men in their behaviour, speech and general conduct, particularly in performing certain rituals of avoidance. With the introduction of schools and the adoption of Western culture especially at the mission stations, the *ukuhlonipha* code was challenged.

This article looks at the Emmaus Mission Hospital of the Berlin Mission Society (BMS), where the *ukuhlonipha* code was directly challenged by the trained Zulu nurses. The Emmaus mission is situated in the land of the Amangwane tribe near Bergville in the Drakensberg Mountains, about 150 km from Pietermaritzburg. Western medicine was introduced there by missionary Christiaan Schumann in 1930 and in 1947 a hospital was established by Dr Magdalene Schiele when she was stationed there with her missionary husband Rev Bernhard Schiele.

Through the use of interviews and literature, this article is going to employ cultural hermeneutics in order to investigate the role of gender in Zulu culture. Although the explanation of cultural hermeneutics by Musimbi Kanyoro comes from feminist theology, it is valid for this article as the *ukuhlonipha* is grounded in the ancestral religious-cultural beliefs. This article will adopt Kanyoro's explanation of

cultural hermeneutics, as it does not condemn African culture *per se* but only some of its negative aspects. Kanyoro writes (2002:66),

Despite this seemingly holistic notion of religion, it is also a fact that African religions or cultures are neither free from negative practices nor are they immune to external changes. The unity of the community, as well as the power of the community, is one area that continues to be challenged most from the pressure of modernization. Not all factors considered to be good by the community benefit all members of the community. At other times, the pressure to adhere to community norms become as oppressive as it can be helpful.

Since this article does not seek to criticise the Zulu *ukuhlonipha* code as if it were void of any good, it employs cultural hermeneutics to highlight in the *ukuhlonipha* code and the Zulu patriarchal culture both the elements of empowerment and disempowerment. Let us now discuss how in the Zulu culture women were socialised to be subordinate to men; how they were raised with no voice to question culturally entrenched patriarchy.

2 THE SOCIALISATION OF ZULU WOMEN IN THE 1930s

When a Zulu child is born, it is traditionally introduced to the ancestors who are supposed to have participated in its procreation (Berglund 1976:94,100,117, 207). The child is integrated into the life of the living through a number of family and clan rituals like the rites of passage *ukubikwa* and *imbeleko*, and later, for post-adolescent girls, *umemulo*. (Ntsimane 2005:36-37). Among other things, these rituals invoke and maintain the presence and protection of the ancestors over the child, from the cradle to the grave. In return for the protection from all forms of harm and danger, and for the provision of life's needs, the child's parents and later, when older, the child itself, must conduct themselves as demanded by the ancestors. The religio-cultural rituals mentioned above thus celebrated the arrival of a child and fortified the child against life's challenges. They do no harm to the child, and their practice should therefore be encouraged.

The traditional way of raising children aims at inculcating in the children a culture of respect for Zulu customs which in the late 1800s and early 1900s were basically patriarchal and androcentric. If the Zulu culture at that period was patriarchal and androcentric, it means that girls and women were at the lower end of these systems. The girls were raised to acknowledge that men were in charge of life as lived in the community and that their existence was largely geared towards supporting the welfare of men. In order to please both men and the ancestors, women therefore strove to conduct their lives according to the expectations of a society which was governed by men. Women were honoured if they were living in their father's or their male guardian's homestead. When they left their father or guardian's homestead, they went, by way of marriage, to live in the homestead of their husbands. Any woman who had no male association for protection was vulnerable and without honour (Ntsimane 2006:30).

Let us briefly look at how the Zulu culture socialised women to conduct themselves in a manner that pleased men and ancestors. This manner of conduct, called the *ukuhlonipha*, although it included all people of traditional Zulu society, was largely expected to be seen practised by women and children. Subsequent to that we shall look at how the formal Western school system, in collaboration with the church, inculcated another form of respect, which was contrary to the *ukuhlonipha*. That way we will be able to analyse how women nurses challenged Zulu patriarchy and acquired power through their knowledge.

2.1 Cultural socialisation and the *ukuhlonipha*² code

All societies have a code of respect which is designed and modified through the ages in order to maintain peaceful co-existence. Such codes govern conduct towards people of a certain age, gender and class. As in other societies, the *ukuhlonipha* has been practised among the Zulu people for ages. In English, the *ukuhlonipha* is similar to the showing of respect to people in positions of power and authority. This means that the *ukuhlonipha* is a visually perceptible form of respect. It manifests itself in the behaviour towards, or the behaviour in the presence of the party so respected. It is also

manifested in the avoidance of certain behaviour towards, or in the presence of the party so respected.

When the *ukuhlonipha* is manifested in the avoidance of certain behaviour, among the Zulus the concept broadens slightly and is called *ukuzila*, that is, avoidance. The definition Benedict Carton gives of *ukuhlonipha* (cited above) also points out the aspect of avoidance. Respect is shown by avoiding physical or eye contact with certain people and by not addressing them, or by avoiding certain actions, places and words. For example, a betrothed has to avoid all forms of contact, including eye contact, with her prospective father-in-law, and as a married woman later, with her father-in-law. A newly married Zulu woman is not allowed to be anywhere near her father-in-law and his brothers when they are having a meal. All women and men are to be careful not to pronounce the name of their father-in-law or say any syllables that may sound like his name. Carton (2000) provides an example: "If a homestead head's name was *Moya*, 'wind', his wife could use an alternative like *Mphefumulo*, 'breath'. Or she could call her husband 'Father of So-and-So', So-and-So being the name of one of his children." The Zulu language has many substitute nouns and verbs that can be used to avoid mentioning the "sacred" words. This form of *ukuhlonipha* is practised over and above the common use of the third-person form of address by both women and younger men, should they have to address an older person. As the *ukuhlonipha* is about showing respect, it has to be seen, especially by those at whom it is directed. In the absence of certain people, or if away from certain places, people behave as they please and are not said to be disrespectful.

Different expectations of the *ukuhlonipha* apply to boys and girls as they grow up. Girls are specifically groomed to show respect more than boys. Axel-Ivar Berglund (1976) is among the few anthropologists who have written about the *ukuhlonipha* and its various perspectives. With regard to the relationships between men and women, custom demanded that women avoided touching or speaking directly to men, especially those related to their lovers or their husbands. The mission school system changed some traditional Zulus into *amakholwa* (singular *kholwa* - that is, Westernised, and

especially converted Zulus) - and this also affected the practice of the *ukuhlonipha* code.

2.2 The mission schools' socialisation and the creation of the *kholwa* culture

Schools have been used by missionaries and colonial governments all over southern Africa to change the culture of indigenous people by introducing Western education. In fact, the formal Western school system has a culture of its own, which has to be adopted in order to succeed in that system of education. Along with literacy and numeracy, the learners were also taught how to behave in a manner that was acceptable in terms of Western standards. The manners and the conduct inculcated in Zulu learners were directly contradictory to the manners taught in a traditional Zulu homestead and village. Axel-Ivar Berglund, a Lutheran missionary from Sweden who has written extensively on Zulus and their symbolism, has observed the shift that occurred in raising children the traditional way and the "Western way", or the *kholwa* way.

We need to bear in mind that the missionaries' chief objective in living among the Zulus was to convert them from their traditional religion to Christianity. The mission societies used formal schools to introduce to Zulu learners the new way of life and make them adopt it at the expense of their own. Schools introduced various minor changes in the behaviour of Zulu learners which, when added up, can be said to have been a victory for the Western culture propagated by the missionaries. As any war is won in a number of battles, these minor changes which Berglund writes about, count for much. He observed changes in the tradition which forbade learners to look directly at an adult person and to initiate a greeting along with an enquiry about the adult person's health. "The schools have taught quite the contrary", Berglund (1976) wrote. "A school-boy of about 12 years told me that the first thrashing he received at school (he related many instances of such treatment) was on the second day of school when he failed to greet his class-teacher!"

Knowing the way Zulus were traditionally socialised, we shall be able to appreciate the changes brought about by the missionaries through

the mission schools. Although Berglund laments the changes brought about by missionaries and their schools, we shall later see how nurses used these changes as a weapon to undermine and modify to their advantage the *ukuhlonipha* code as supported by patriarchal and androcentric culture. The tension is between maintaining what is Zulu and handed down by the ancestors on the one hand, which Berglund supports, and on the other hand, the training the Zulu nurses acquired from Western strangers, which equipped them to challenge Zulu patriarchal hegemony. Berglund (1976) laments,

Christian interference with the cult of the fore-fathers, respect for and general behaviour towards them was detrimental to the complete life-approach of the Zulu. When the missionaries started their evangelization and education work, it was precisely at this juncture that they aimed. The fore-fathers were discredited, at times ridiculed, on other occasions their existence denied. Besides the downfall of moral standards and of parental authority which to a very great extent rested on the cult of the fore-fathers, I dare to suggest that we have here the key to the readiness with which the converted and schooled Zulu so readily adopts Christian and Western life approaches with attached cultural elements.

Having adopted Christianity, or at least some tenets of the Western culture, and abandoned in part or in total the Zulu culture for its patriarchy, the women *amakholwa* seized the opportunity to train as nurses in mission hospitals when the opportunity availed itself in the 1930s.

3 THE EMERGENCE AND RISE OF THE ZULU NURSES

When Christiaan Schumann, the BMS missionary, employed the first nurse, Nukuna, to help the women in the tribe of the Amangwane as a midwife, he was faced with opposition. Lawrence Zikode ([sa]:15-16), an elder in the Emmaus church, reported on this opposition purely from an androcentric perspective in his self-published booklet, *History of Emmaus Mission*.

Missionaries and their wives did always offer First Aid, but in 1930 Rev. C. Schumann arranged that Doctor Freestet from Weenen came every other week to Emmaus and that a clinic was available for which a staff nurse, Millicent Nukuna, a Xhosa, was employed. She had to visit homes where there were expecting women. When she started men in the community said: "Rev. Schumann is only wasting money paying this nurse; our wives know what to do, when they are expecting children".

It is interesting to note that it were the Amangwane men who opposed midwifery, and not the women who were vulnerable in the case of difficult deliveries. The women had no voice - even about their health.

Initially African men were recruited to work as nurse aides and orderlies, especially in the mines and industrialised centres of South Africa. While black men served as nurse aides, the women nurses were almost exclusively white religious sisters, who mostly came from abroad. Black women had to face various difficulties if they wanted to be trained as nurses. Charlotte Searle, one of the early developers of the nursing profession in South Africa, mentions a number of impediments to the entrance of young black women into the nursing profession. Although Searle writes in general about the nursing profession, her observations are also valid for the Zulus of Natal and Zululand of the 1930s (Searle 1965:268):

Tribal prejudices, a lack of sufficient secondary facilities, the poverty of the people, a tendency of Bantu parents to give preference to their male children in secondary school opportunities, early marriage of young women, the *lobola* system, a drive by the Cape educational authorities to absorb women with secondary education to higher primary education into teacher training schemes, and use Bantu hospital beds in urban areas for the training of White nurses had all tended to retard the training of Bantu women as professional nurses.

Nursing became gendered in the late 1800s, when religious sisters were used as nurses in government hospitals. Men used to serve as nurses and orderlies during the wars, and in the mines of Kimberley. Later, in the 1930s, the mission hospitals which were being established at the time began to train non-religious black women in small numbers, and at an elementary level of nursing, as helpers. Shula Marks observes that “(i)t was only when confronted with the dire shortage of nurses during the Second World War that the authorities turned to the problem of training black nurses on any scale: as General Pienaar put it to a conference on Nursing Education held in Pietersburg in 1948, ‘if the European nursing shortage was to be overcome, more non-European nurses must be trained’ (Marks 1994:91).”

Unlike in the case of men, who did not have a clear and conspicuous uniform, the trained women wore white uniforms that made them easy to identify in their communities. Like all uniforms, the nurses’ uniform suggested that they belonged to a group and were under a certain discipline with a certain conduct expected of them. For the group, the uniforms symbolised power of a controlled nature. Paradoxically, the nurses’ uniform was empowering to black nurses - it symbolised knowledge and resources. It gave honour and respectability to the wearer. Through interviews among the Zulu *manyano* (church women’s group), Beverly Haddad (2000:282) learnt that uniforms, in that case church uniforms, provided the wearer with respect and status where she had none. Similarly, for nurses uniforms were literally and figuratively a symbol of their dignity and autonomy from male domination.

Nursing served as a way to empower women to control a larger and sophisticated institution like a mission hospital and to have a voice in decision-making forums. With the much-needed cash, women nurses became both independent of men and dependable to men. Following their training as nurses, Zulu women had knowledge and resources and felt empowered.

4 THE RE-ORDERING OF POWER RELATIONS IN THE HOSPITAL ENVIRONMENT

The fact that gender roles differ significantly from one society to another and from one historical period to another, is an indication that they are socially and culturally constructed (Kanyoro 2002).

When the black nurses took up their jobs in the Emmaus Hospital, tensions were inevitable. The women were going to change from what their parents and their grandparents had taught them was the proper and dignified Zulu way of life. What the custodians of the Zulu culture in Emmaus and elsewhere disregarded, was what Kanyoro meant in the quotation above. What she meant was that as different gender roles are constructed by society (as we have seen in the two subsections above), such roles can also be reconstructed and modified by the same society in the course of history. Such modification happened in the Ceza Mission Hospital of the Swedish Mission Society in Zululand. In order to demonstrate the power acquired through knowledge, and the changes brought about in young Zulu women by training them as nurses, the authors of *Ceza a roundabout way* (Adolfsson & Berntsson 1983) give an example of a young nurse who convinced an *umnumzana* (head of a homestead; plural: *abanumzana*), not to take his son away from the hospital to an *inyanga* (a healer).

The authors also mention the fact that the trained Zulu nurses shared their newly acquired education with their people and convinced them of the value of Western medicine (Adolfsson & Berntsson 1983:157):

The young girls sometimes start their training with such ideas. It is important then that teachers and students understand each other, and know each other's cultural and religious background. It was interesting to see how knowledge of anatomy and physiology sometimes opened the students' eyes to reality and could help to make clear what had seemed mysterious before. And we noticed how our students could soon explain to their relatives what might be the causes of their illness and the means of

treatment. They could explain to their patients too and this could diminish the fear of the patients when they were confronted with new strange things in the hospitals.

The Zulus coming to the hospitals to seek treatment had great respect for the young Zulu women who were conversant with the health system of the white people. The nurses had knowledge which gave them the power to provide health, or at least nurse any patient in the hospital.

While men acting as the *abanumzana* could be in charge of almost all the spheres of influence, their influence did not transcend clearly demarcated spaces at mission hospitals. Similar to mission schools, mission hospitals had their own code of conduct which all had to adhere to, irrespective of gender and social status. In a personal interview, Matron Sibongile Dlomo (not her real name) told of two similar incidents, one in King Edward VIII Hospital in Durban and the other in Emmaus, where *abanumzana* refused to be treated by nurses as young as their daughters. Since even their daughters did not wash them, they chose to leave the hospitals without treatment.

The Nurses' Pledge of Service, which is the oath of all nurses registered with the South African Nursing Council, compels the nurses to provide service indiscriminately. In fact, the pledge clearly goes against the "spirit and the letter" of the *ukuhlonipha* code when the nurses pledge, among other things, "I will not permit considerations of religion, nationality, race, or social standing to intervene between my duty and my patient."³ The Nurses' Pledge of Service, the Hippocratic Oath, and the constitution and rules of the mission hospital regulated life within the hospital confines. Like the mission schools and the mission stations, the mission hospitals had a code of conduct different from that expected by the Zulu patriarchal society, where men made decisions that all had to agree with.

As a necessity, rather than as a self-driven initiative, women nurses had to transcend what was frowned upon in their communities. For instance, the *ukuhlonipha* code barred women from interacting with men other than their husbands on matters of sexuality. Sexuality was a taboo topic. Nurses had to discuss sexually transmitted illnesses

with men, including older men, and nurse men who contracted such illnesses. The foundations of the *ukuhlonipha* code and patriarchy were shaken as the men sought help from these women.

Two types of nurses emerged from the training they received, namely those who despite their training conformed to the patriarchal system of oppression, and those who rocked the boat and used their training to undermine patriarchy and androcentrism. Life was no longer going to be dominated by and centred around male figures, irrespective of their knowledge and resources. Later in this article we shall see how women members of the Black Peoples' Convention of the late 1960s and the 1970s rebelled against male domination when they had equal or better education qualifications. Those who rocked the boat realised that their training was empowering and that they were no longer in a subservient and unimportant position before men. Their training empowered them to challenge the patriarchal culture and undermine androcentrism.

The Zulu patriarchy was supported by a number of strong cultural institutions and practices like *ilobolo* (bride price), *ukwemulisa* (the coming of age of young women), *ukuhlaba* (slaughtering), *ukukhuluma emsamo* (ancestors' rituals), *ukubusa* (governance), *ukungcwaba* (burial) and others. As patriarchy pervaded all spheres of a Zulu person, unlike in other cultures in Africa where it was modified and undermined, the patriarchal framework seemed to be virtually unchallengeable. In fact, it was not safe for women to be seen to question the merits of this culture. As Kanyoro (2002:15) observed, "Within this framework of operation, women have been socialised into a state of numbness where questioning the cultural is perceived as dangerous trend." In some cultures where men were dominant over women, the women found ways to challenge and interrogate the validity of that domination. In the East African tribes of Rwanda, Burundi, Tanzania and Uganda, there are religious cults exclusively for women. These women serve as mediums through which the gods speak to the tribes. According to Iris Berger, who used a certain Lewis for her research, these women used their positions as spirit mediums in order to challenge patriarchy. Berger (1976:167-168) writes,

Lewis argues that such therapeutic pretensions simply masked the cults' real aim of protest against the dominant sex, offering women both protection from male exactions and effective vehicle for manipulating husbands and other male relatives. He terms such cults peripheral - that is, they play no direct part in upholding the moral codes of the societies in which they appear, and they are often believed to have originated elsewhere.

Although the East African cults provided space for attacking male domination at home and in society, that space lasted for the duration of the trance. Impenetrable as it seemed, Zulu patriarchy suffered lasting blows from the training of nurses. As in the case of the nurses under Matron Evelyn Sommerfeld and Matron Sibongile Dlomo, they were empowered to be in charge of the sophisticated Emmaus Hospital and the male patients who came there for help.

5 THE "SISTERS" AND NEW IDENTITIES: BETTER TRAINING BESTOWED MORE AUTHORITY

The title of "sister" in the nursing profession originates from the thirteenth century Christian religious sisters who were also nurses. These members of the tertiary orders (sisters), who also tended the sick, are credited to have been the first formal nurses whose example is followed today and who were emulated by members of other religions (Encyclopaedia Britannica 2005). The religious "sisters" were therefore not necessarily called such because of their level of training as nurses, but because of their calling into a religious community life. When black nurses qualified to be in charge of sections of the hospitals, their qualification gave them the responsibilities previously held by white religious sisters. They also became "sisters" by virtue of training.

With their more advanced training and new qualifications, some black nurses were given more authority over the mission hospital. These were a selected few, a cut above the rest. Due to the ethos of *ubuntu* which espouses egalitarianism, one Sister Ndaba of Emmaus was reluctant to take the position of Assistant Matron when it was offered

to her. Matron Evelyn Sommerfeld explained the situation in a personal interview with the author of this article:

What I wish to have changed was that our Zulu, Xhosa and Sotho nurses would be more able to take over more of the work that one did - take more responsibility. And, as I said, I only got a little bit done with Sister Ndaba, who I got to be my vice-matron. It's very hard. She was not happy in this position, because of other sisters who did not accept it. They told her that she would tell me everything. I could not make them understand how important it was for them to take over this post; it was for their own good and for their people. That was very important, and I had the feeling I could not make them understand that.⁴

This powerful breed of educated black women had moved into the territory reserved for white women and had adopted the same no-nonsense attitude that the white sisters displayed. A collision between the Zulu nursing sisters and the custodians of the *ukuhlonipha* in the village and in the mission station was probably inevitable. In a disagreement on the usage of the hospital chapel and the attendance of nurses at chapel services, Matron Sibongile Dlomo came on the collision path with Mr Lawrence Zikode, an elder in the local Lutheran parish. In a personal interview with the author of this article, Matron Dlomo⁵ shared the debacle:

Author: Do you know Mr Lawrence Zikode?

Dlomo: Ahh, very well, very well!

Author: Was he not on the committee of the hospital?

Dlomo: No, no! In fact Mr Zikode imposed his authority, but he had no authority at all at the hospital. And that was one of the things that annoyed him so much. Because the government wouldn't allow that. We were run completely by the government now. There was no board; there was no committee from the community. It was just the hospital directorate. (Laughter.)

Author: How did he impose his authority?

Dlomo: He used to come and tell us. For instance, we Methodists had an old house which was dilapidated and falling apart. We (therefore) requested the Superintendent to use the chapel after the Lutherans had come in. Because they used to use the chapel at 8 am, by 9 o'clock they were through. And then we requested to start at half past nine, up to 11 am. The Superintendent said it was okay and the directorate agreed. And Lawrence was annoyed because the house became full of Methodists. But in the mornings it was empty.

In a follow-up interview, Matron Dlomo explained that Zikode loved authority so much that he did not realise that his authority did not transcend his community and church perimeters.⁶ Undoubtedly, Zikode still believed in his unlimited and hitherto unchallenged authority as a man and felt insecure and threatened when a woman who was in charge of a big hospital became in charge of a bigger congregation.

The nurses became alienated from their people. They were insiders who became outsiders. They were both Zulus and women but their presence among the Zulus and among women caused discomfort. Their training was not in any minute way similar to that of the traditional *sangomas* (witch doctors). They, like their white colleagues, subscribed to a different ethos altogether. They operated in a space that a common traditional Zulu could not identify with. The language, the manner of dress, the kind of "exaggerated cleanliness called hygiene", the "unrestricted and liberated" personnel, the regulated times, registration of names and recordings, the "endless" questions⁷ about the history of the illness etc, were foreign to people who were used to the work ethos of the *sangomas* and herbalists. Many black nurses can identify with the story of Matron Dlomo, whose grandfather refused that she become a nurse. The following reasons that painted a negative image of nurses were prevalent in Matron Dlomo's community:

Author: Why was he against nursing?

Dlomo: Well, there were many stories about the nurses. That the nurses were killers; nurses were witches; and nurses never get married; that they actually abort. All those things ... were said about nurses.

Their qualifications, and consequently their identity, made that their communities did not associate with them in a “normal” manner. They were looked upon as elevated above the regular members of society. Even among the *amakholwa*, who were a class above the traditionalists, the sisters were in a class above the other women. With regard to the *amakholwa* in general, Berglund (1971:54) wrote that “(t)hey consider themselves as superior, having better knowledge and hence greater ability than the traditionalists.” They had a higher status and power. In her explanation of power, Sue Russel (1999:2) wrote that power is acquired through the possession of a special knowledge or material resources in which some people are interested. In the case of the Zulu nurses, the power they wielded came from their training as nurses. They had special knowledge to nurse patients back to life. Their presence in the mission hospitals was a clear indication that, like the white nurses before them, they were pretty capable of nursing the sick back to health. The sisters were in charge of sophisticated institutions hitherto unknown in their communities. One can say that they were seen as gate-keepers who were in charge.

From the encounters Matron Dlomo had with white doctors in the Emmaus Hospital, we can sense another spirit, other than the anti-patriarchal one. Dlomo emphasised that she was fighting a spirit that undermined her as a black Matron, and her nurses as professionals. She fought against the Superintendents running management meetings in Afrikaans. The spirit of “being black and proud” was prevalent among some educated people of that time. A trained doctor, Mamphela Ramphele (1995:66, 69) in her book, *Mamphela Ramphele: A life*, writes about how in the 1960-1970s she directly challenged a patriarchal culture prevalent within the Black People’s Convention, which purported to fight inequality. She also took to defying patronising white academics.

The Nursing Council, which was responsible for the training and registration of nurses in a professional body, was transforming the racially discriminating laws that barred black nurses from working outside their race. The practice and regulations in South Africa contravened what was prescribed by the International Board of Nursing Council in that white nurses were barred from working under the supervision of so-called non-white nurses, despite the higher qualifications of the latter (Adolfsson & Berntsson 1983:155).

6 CONCLUSION

Using Musimbi Kanyoro's concept of cultural hermeneutics, I have attempted to show how mission education and the training of nurses empowered Zulu women to have a voice in the process of decision making with regard to their lives. With their knowledge and resources, Zulu nurses became valuable to their nation as Western medicine was being accepted and appreciated. In the 1930s they were better positioned to treat the Zulu people, because they knew their cultural background and worldviews. Although the struggle against patriarchy and male domination is long from over, this article (which is only an introduction) has shown that the empowerment of women is the empowerment of the whole society. As it was selective in whom it benefited, the *ukuhlonipha* was modified to emancipate women. The question is whether the tensions caused by gender and culture are subsiding in other spheres of life. The more we allow South Africans to tell their stories, the more we can learn about the groans that our beloved cultures have silenced.

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ENDNOTES

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- 1 First read at the Annual Oral History Conference of the Oral History Association of South Africa, 7-10 November 2006, Richards Bay.
 - 2 *Ukuhlonipha* is grammatically in the infinite. A noun is *inhlonipho*, which has the same meaning as *ukuhlonipha*. These forms are used interchangeably.
 - 3 This pledge is read out aloud during nurses' graduations and during the funeral services of the nurses, especially among the black people.
 - 4 Radikobo Ntsimane interviewed the retired Matron Evelyn Sommerfeld of Emmaus Hospital on 5 August 2002 in her home in Walsrode, Germany. She was the second matron of Emmaus after Hilda Prozesky, who started the hospital in 1947.
 - 5 Radikobo Ntsimane interviewed retired Matron Sibongile Dlomo on 10 December 2004 in her home in Pietermaritzburg.
 - 6 Radikobo Ntsimane interviewed Matron Sibongile Dlomo again on 4 November 2006 in her house in Pietermaritzburg.
 - 7 Some Zulus liken questioning to the colonial and Apartheid oppression. If they are subjected to what they regard as a demand for many answers, Zulus will explain in disgust that the enquirer demanded i-Pass and i-Special. These documents – the Pass Book and the Special Permit – were supposed to be carried at all times and produced on demand by black people working in the industrialised areas, in order to show that they were not in a restricted area illegally.