

# 5

## OLD TRUTHS, NEW REALITIES

### 5.0 Introduction

**T**raditional African culture, like other cultures, is dynamic, adapting itself to external circumstances and events. Throughout the 19<sup>th</sup> and 20<sup>th</sup> centuries, traditional African culture has changed through the impact of Christianity on traditional religious practices, through the growth of the migrant labour system and the gradual transformation of rural into urban communities (Magubane, 1998). Subsequently, many traditional customs have, over time, ceased to exist. However, many of these customs are being reinvented today as part of the African Renaissance. Furthermore, current events in South Africa surrounding the occurrence and spread of HIV/AIDS have brought into the foreground many issues of sexuality and sexually related customs that have previously received insufficient attention by the scholarly community (Barton, 1998). This section of the report explores the implications of the traditional healer's attitudes towards sex, sex education and STIs for the development of an effective, preventive strategy.

### 5.1 Traditional healers' explanations of HIV/AIDS

Traditional healers' explanations of HIV/AIDS are rooted in traditional beliefs/customs. Healers believe that HIV/AIDS came about because people have rejected or abandoned traditional practices that may have regulated their sexuality and sexual practices. They gave three ways through which they believe HIV/AIDS and STIs are transmitted i.e. fidelity protection, having sex with an unclean person and promiscuity.

Fidelity protection occurs when a jealous husband/lover treats his wife/partner with special medicines intended to ensure fidelity. If another man has sexual relations with the woman, that man will develop symptoms of an STI. Healers believe that *ikhubalo* (fidelity protection) may result into syphilis or gonorrhoea. *"What happens is that a man will drink a specially prepared muthi, without his wife/girlfriend knowing about it. He then passes this 'spell' to his wife/girlfriend through sexual intercourse (Interview, traditional healer, August 2004). Ikhubalo is sometimes fatal depending on the type of medicine that was used. In the case of a fatal ikhubalo, the male lover will die soon after sleeping with a woman who has absorbed this medicine/spell.*

Other forms of *ikhubalo* are not fatal, but they result in infections such as a discharge from a man's genitals. If that man has other sexual partners he will then pass the infection to other people.

Having sex with an 'unclean' person occurs when one has sex with a person with an "unclean blood". For example when a man uses purifying herbal decoctions and then resumes intercourse while the *muthi* is still in his blood, the impurities which have accumulated in the man's body are believed to be passed through the sperm to a sexual partner. According to one female healer, "*A woman's tubes are blocked by infected sperm, or a 'worm' may get into a man' after sex with an 'unclean' woman* (Interview, traditional healer, July 2004).

*According our Zulu culture, a man is not supposed to sleep with a woman whenever she is in her monthly periods. If he does he will get ill. He will develop sores around his genitals and get fever...If he does not get 'proper' medical treatment immediately, he may even ...The same goes for a man who sleeps with a woman immediately after childbirth or the widow before her ceremonial cleansing"* (Interview, traditional healer, September, 2004).

Central to these explanations is the notion that inappropriate sexual behaviour, particularly during restricted periods, is the mechanism through which 'unclean' blood is passed from one partner to another. This idea of unclean blood seems to be an important factor for many healers. Dirt is contained in the blood and is transmitted through bodily fluids such as semen and vaginal fluids (Thornton, 2002; Walker *et al*, 2004). The only way to prevent diseases associated with unclean blood is to observe traditional sexual taboos.

An interesting finding about this 'dirt' is that none of the genders wanted to take responsibility for it. Male healers alleged that this dirt comes from a woman who used contraceptive pills, while female healers believe that the dirt comes from a man who uses purifying herbal mixtures. Regardless of where this dirt comes from, it must be taken out before a person can get healed, and traditional healers in Jeppestown claim that their herbal decoctions can remove this dirt.

Traditional healers also view promiscuity or having numerous sex partners as one mode of STI transmission. In Southern Africa vaginal intercourse behaviour is dominant and therefore the frequency of sexual contact is the primary factor

governing the transmission of HIV/AIDS in this region (Green, 1994). According to healers there is a great deal of casual sex these days in Jeppestown as one of them pointed out,

*“I always liken Jeppestown to Sodom and Gomorrah of the Biblical times. People here live reckless lives. They have sexual intercourse with whoever is available....Before we know it, everybody living here will be infected with HIV/AIDS”* (Interview, traditional healer, August, 2004).

Although adultery contradicts traditional rules about marriage, it is common for married couples to have liaisons outside marriage (Kuper, 1986) and therefore be subjected to the same promiscuous behaviour mentioned by the above healer. These liaisons are, however, less common among women (Leclerc-Madlala, 1997). It is also common for single men and women to have multiple sex partners (again less common in women). *“This is the stage where a young man is looking for the right partner”* (Interview, traditional healer, August 2004). Such behaviour in young men is explained as proving a man’s sexual power, as reflecting man’s desire for sexual variety and as relating to a belief that a single man has no obligation to any particular woman. The loverboy tradition (discussed below) informs such behaviour by men and it makes them vulnerable to STIs and HIV/AIDS.

In all three of the cases mentioned above, help is sought from a traditional healer. The reason being that common to all the three cases is a single, basic, casual explanation i.e. people no longer observe and respect taboos and social boundaries. This loss of culture is evident in the many forms of ‘impure’ practices that people indulge in:

*HIV/AIDS is caused by people who do not comply with certain traditional rituals. For example, after the death of a husband or wife, the widow(er) must abstain from sex until a cleansing ceremony has been performed...same thing with the birth of a child. Couples should abstain from sex for period of at least three months* (Interview, traditional healer, August 2004).

*What do you expect from people who are so corrupt? In the news today they mentioned that a man has been arrested after being found having sex with a goat. People do all sorts of rubbish. Our ancestors are angry. People no longer respect them. They have rejected the ways of our forefathers. As a result the whole society is about to collapse. Young people living today will never live to see their grandchildren. HIV/AIDS is going to wipe them out completely* (Interview, traditional healer, August 2004).

These explanations of HIV/AIDS are a lens through which many South Africans understand the epidemic. Rooted in traditional beliefs, healers’ views on HIV/AIDS

provide culturally familiar explanations through which the history and origins of HIV/AIDS is understood. It is in cases like this that culture need not be looked at as a negative thing but can actually be used as a preventative strategy. Traditional healers (as custodians of tradition) can encourage and teach people to adhere to traditional practices and thereby ward off the epidemic and the modern influences that are thought to accompany it (Walker *et al*, 2004).

## **5.2 Loverboy Tradition - New Insights**

While healers explained HIV/AIDS in terms of how people have rejected traditional values regarding sex, they also commented on some traditional practices that have had an impact on the spread of HIV/AIDS among blacks. One of these practices is the 'loverboy' scenario. Three out of the ten healers interviewed voiced a strong belief in the loverboy practice,

*It is the way boys were brought up. It ensures that one gets a good wife....One can never get a good wife if he has only one girlfriend. His choice is limited to that girlfriend. Unfortunately with life-threatening diseases such as HIV/AIDS, it is no longer wise to be a loverboy. You can get ill and die (Interview, traditional healer, August 2004).*

*I can't tell my patients to abstain because we will be going against our tradition. Young men should exercise their manhood. They should have a variety of girlfriends so that they will be able to choose a proper wife. But I can explain to them the danger of HIV/AIDS and then recommend that they use condoms...Most of them now use them (Interview, traditional healer, August 2004).*

These healers believe that the loverboy tradition should be preserved to make sure that men get good wives but individuals should modify behaviour through the use of devices such as condoms. They are, therefore, conscious of the fact that the sexual culture they are encouraging is risky, hence they encourage the use of condoms. But encouraging condom usage is based on the assumption that men will simply take and use them. However, this report has shown that the use of condoms by men is faced with many challenges.

The other healers, however, challenged the way today's loverboy tradition is invoked:

*People forget that being isoka was only good as long as the girl did not get pregnant. It therefore came with a responsibility. One could have as many girlfriends as he liked but he did not penetrate the woman. Thigh sex (ukusoma) was used instead...When older women found a girl who was no longer a virgin; fines were paid by both the boy and the girl. What these young men are doing is not tradition. It is just madness. It is either they do the tradition as is supposed to*

*be done: have many girlfriends but not penetrative sex or they should not do it at all (Interview, traditional healer, August 2004).*

*The intention of having many girls was to get a good wife but a boy was not allowed to have sex with any of the girls. It was a shame to impregnate a girl. The father of the boy had to pay a fine and the girl was given to an old man for marriage or the value of lobola (number of cows) decreased (Interview, traditional healer, August 2004).*

*The tradition as is practised today is risky and stupid. Gone are the days when izinsizwa (young men) could have as many girlfriends as they wanted. During that time there were no life-threatening diseases such as HIV/AIDS...people should be wise. I tell my patients that today being an isoka 'loverboy' is not wise. It is a ticket to heaven (Interview, traditional healer, August 2004).*

These indications of changing sexual cultures indicate traditional healers' power to facilitate behaviour change, a change that is much needed in HIV/AIDS prevention. Bearing in mind that these sexual cultures (characterised by high-risk behaviour) are socially constructed and also reflect unequal gender relations in the broader society (Nattrass, 2004), it becomes difficult to address them as part of any intervention programme that promotes behaviour change. This is evident in the challenges that these sexual cultures have posed on programmes designed with the primary purpose of inducing behaviour change in sexually active people. Such programmes e.g. IECs have been unsuccessful because they have failed to address the socio-sexual context that contributes to the spread of HIV/AIDS. The above insights as given by healers indicate that self-perpetuating cultures of risk prevention (such as declaring the loverboy tradition as risky and promoting condom use to those who continue to practise it) are taking shape. There is therefore an urgent need for programmes that strengthen the voice of traditional healers. Traditional healers' insights about how people respond to and perceive sexual cultures characterised by high-risk behaviour could be used to develop cultural and innovative designed intervention strategies that are meaningful to the general population (such as the ones in Kwa-Zulu Natal).

### **5.3 Reclaiming Cultural Traditions**

Traditional healers consider HIV/AIDS to a disease associated with modernity and the breakdown of traditional codes regarding sexual behaviour. Subsequently, they (healers) and those who acknowledge traditional beliefs are responding to the crisis by reclaiming and reasserting their cultural traditions.

*People need to look back and do things the way our forefathers did them. Our forefathers never experienced the plagues today's society is experiencing because they respected and observed their traditional practices. They respected their elders and offered right sacrifices to the ancestors... Our society lacks people who know these values, no wonder our people are dying like dogs (Interview, traditional healer, August 2004).*

*This time we have gone too far. Some people don't even believe in ancestors anymore. They say ancestors are demons... We live in a society without principles. People just do whatever they want: they don't sacrifice to ancestors, young people no longer respect their elders, men sleep with other man, they rape young girls and old ladies. This democracy is causing lots of problems. When you try and talk to them they tell you they have got rights. They tell that tradition is oppression... our forefathers did not suffer from HIV/AIDS. HIV/AIDS is the result of this cursed generation (Interview, traditional healer, August 2004).*

The resurgence of virginity testing and male circumcision is an effort both to reclaim the past and to reassert control over the future (Walker et al, 2004).

### **5.3.1 Virginity Testing**

The attainment of puberty is a major landmark in individual development and in many South African societies it is publicly celebrated. For young girls, menstruation means that certain taboos must be observed. These girls are kept in a secluded place where elderly women teach them about sex and marriage. It is here that girls are given instruction on “thigh sex” and other forms of intercourse where there is no penetration (Delius and Glaser, 2002a). These practices are intended for the youth and the unmarried, because after puberty boys and girls are expected to enjoy sexual experiences, stopping short of full intercourse, before finally assuming marital responsibilities. For girls sexual morality is strictly defined as virginity, not chastity (Kuper, 1986). If an unmarried girl was found by her husband to have broken the law, her shame was indicated in a public ritual and the number of her marriage cattle was reduced. Today the ritual has been modified, but there may still be a reduction in the *lobola* (bride wealth) particularly if she has already borne a child.

Four of the five women traditional healers mentioned virginity testing as one strategy to reduce the spread of HIV/AIDS. Virginity testing refers to the practice of inspecting young girls to determine if their hymen is intact (Leclerc-Madlala, 2001). Currently, it is done to prevent unwanted pre-marital pregnancy and is also a response to the HIV/AIDS epidemic (Leclerc-Madlala, 2001). It is an attempt to reinstate

parental authority over adolescent girls by creating a moral code based on previous practices (Walker, *et al*, 2004). According to one healer who is also a tester,

*Virginity tests ensure that children are not left alone to make life-changing decisions such as becoming involved in sex before they are ready* (Interview, traditional healer, September 2004).

She goes on to say that,

*In a pumpkin field, donkeys take a single bite from each pumpkin and if they are not happy with the taste, move on to the next. They don't care if hundreds are left to rot. Men do the same. They 'taste' women until they find one they want to marry* (Interview, traditional healer, September 2004).

Accordingly, virginity is supposed to encourage young girls to look after themselves and to think of men as users/exploiters. This is probably one of the few ways in which teenage girls are able to extend a measure of control of their lives (Scorgie, 2002).

While traditional healers see virginity testing as a good traditional practice that also raises awareness about HIV/AIDS, other people and human rights organisations see it as a violation of women's right to privacy, bodily integrity and gender equality (Leclerc-Madlala, 2001). Virginity testing is an attempt by older women to reassert their authority over young girls' sexuality. The fact that it is done publicly and sanctions are imposed on those who are not virgins reinforces this authority. Recently, the Children's Rights Bill has outlawed virginity testing for girls under the age of 18 but healers insist that, "*they will continue testing as long as girls want it*" (Interview, traditional healer, September 2004). This statement deserves comment as healers argue that virginity testing is 'voluntary'. One healer reported that, "*I get calls from people I have never met asking for directions to my place because they want to be tested*" (Interview, traditional healer, September 2004). The reality, however, is that it is the parents who send these girls for virginity testing. It is seldom to find that a girl has that volunteered to go for a virginity test (Leclerc-Madlala, 2001).

Some people even see virginity testing as a useless exercise, since a girl can lose her virginity any moment after performing the test but still keep the certificate that declares that she is a virgin. The one healer who opposed virginity testing did so because, "*many of these young girls are no longer virgins, but they are very quick to*

*show you a certificate that they received two years ago. Virginity [testing] is useless unless it is done on a regular basis*” (Interview, traditional healer, September 2004).

Even though the tradition is met with such criticism and, *“it is not easy to promote this custom in an urban setting, since everybody is always busy and elderly people do not talk about sexual immorality with their children”* (Interview, traditional healer, September 2004), THO leaders seem determined to see the resurgence of public virginity testing in Johannesburg. A ‘testing site’ has been opened in Thokoza, a township in the East Rand and girls from many other townships are tested here. Another healer reported that she occasionally has parents bringing their daughters to be tested at her house, but she proceeds, *“Unfortunately, none of the girls I have tested have passed the test”* (Interview, traditional healer, September 2004).

Despite the criticism, healers believe their views will be accepted at some stage, as one tester pointed out, *“Maybe one day the people who criticise us will realise that virginity testing is meant to build our nation, not destroy it”* (Interview, traditional healer, September 2004). These healers go as far as organising rallies at schools where they talk to learners about the dangers of pre-marital sex and encourage them to go for virginity testing. They believe that virginity testing should be encouraged and included in schools as part of sex education.

When a girl is found not to be a virgin anymore, sanctions are imposed on her as a mark of shame and disgrace. These sanctions include the girl’s family having to pay a fine and such a girl being kept away from other virgin girls since she is a *“rotten potato that can spoil the bunch”* (Interview traditional healer, September 2004). Critics of virginity testing argue that imposing such a fine is unfair and inappropriate for the girl since young girls are frequently coerced into sex (Leclerc-Madlala, 2001; Walker *et al*, 2004). It is never their choice. As is frequently the case, young girls may also be the victims of childhood sexual abuse. The nurse at the clinic commented that, *“factors such as regular exercise break the hymen, thus a girl who exercises regularly may not be declared a virgin by the testers even though she still is”* (Interview, nurse at clinic, September 2004). This implies that the criteria for testing are flawed.

The downside effect of virginity testing is that this practice has led to many young girls opting for anal sex, which is even more dangerous (Stadler, 2003). There have been many cases, especially in Kwa-Zulu Natal where young girls have been found to be HIV positive while there is proof that they are virgins (Tollitson and Maharaj, 2001). While there may be other explanations why this may be the case, such as people being infected through blood transfusions, there is evidence that the number of people engaging in anal intercourse is increasing. In this case, an intervention that is designed to protect young girls from contracting HIV/AIDS puts them at an even greater risk.

The other disadvantage of public virginity testing is that, due to the widespread myth among men that HIV/AIDS can be cured if a man sleeps with a virgin; there has been an increase in the number of young girls being raped by HIV positive men, thus infecting these young girls with the virus. According to the CHSD (2002) report, some 8000 children under the age of 16 were raped during 2000. Swanepoel (2001) further reports that the number of reported rape cases of children increased by 8.5 per cent over the period 1996-2000. Research conducted in Liberia also showed that many men believe that sex with a virgin can cure gonorrhoea, while others believed that it brings luck to sleep with a virgin (Green, 1994). This faulty belief also emerged during interviews when one male healer reported that the 'dirt' that a man gets from sleeping with an unclean woman could be killed if that man sleeps with a virgin. To make matters worse many of these rape cases are not reported to the police. They are settled between the parties/families involved and a small fine is paid and that's the end of the case (CHSD, 2002). Hence once again, even though public virginity testing is done to lower the rate and spread of HIV/AIDS, it can also be a contributing factor to the spread of HIV/AIDS. Clearly, traditional healers have a huge role to play in discouraging myths such as this one as one of them commented, *"We (traditional healers) need to be more vocal about these issues; otherwise our nation is facing a major disaster. The future of this country is in the hands of these young girls who are now being abused. Something has to be done to protect these young precious lives"* (Interview, traditional healer, September 2004).

### **5.3.2 Male Circumcision Re-visited**

Male circumcision is defined as a surgical removal of or part of the foreskin of the penis, practised as part of a religious ritual usually conducted shortly after birth or in childhood; a medical procedure related to infections, injury or anomalies; or as part of a traditional ritual as an initiation into manhood (Meintjies, 1998). Circumcision originally had a militaristic significance, as a worthy ordeal for the young men who were to serve as warriors before being eligible to marry. It was regarded as an educational institution where initiates were taught about courtship, negotiating marriage and social responsibilities and conduct (Kuper, 1986). In South Africa the ritual continues to be practised by Xhosa, Tsonga and Sotho men both in towns and rural areas (Zulu and Swazi men do not perform the ritual). The ritual serves as an initiation from boyhood to manhood and involves a group of boys undergoing a period of seclusion.

The initiates are circumcised on the first day of going to the bush. A traditional surgeon, who is usually a traditional healer, performs the circumcision procedure. He dresses the circumcision wound initially and teaches the initiates to do this themselves, but continues to oversee the healing process. The boys live in temporary structures, fending for themselves and also receiving instructions about various taboos and what is expected of them as real men in society. Initiates spend around three to four weeks in the bush.

Six traditional healers who were interviewed during the research period (four men and two women) suggested an association between male circumcision and HIV/AIDS in men. All six suggested the protective effect of male circumcision on HIV/AIDS acquisition in men. This idea is reinforced by one of the pamphlets distributed by the Traditional Doctors Aids Project (TRADAP) which reads, "To circumcise is the best remedy to reduce Sexually Transmitted Infections". This was also found to be the case in the study of migrant men in Cartonville, Johannesburg, where multivariate logistic regression indicated that circumcised men were 30 percent less likely to be HIV/AIDS infected (Williams, 1999). A male Tsonga-speaking traditional healer commented that he routinely advised his clients to become circumcised.

Healers claim they discovered the connection between STIs and lack of male circumcision by themselves, through their own clinical experience. *“Circumcision has helped protect against STIs long before the advent of AIDS... Male patients who repeatedly became infected with STIs tend to be uncircumcised”* (Interview traditional healer, August 2004). Such patients are said to have rashes, dirt or infections under their foreskin. When the question why circumcision helps prevent STIs was asked, a number of responses were given, namely, foreskin causes STIs; STIs are more difficult to treat among uncircumcised men; an uncircumcised man is prone to STIs and foreskin is hard to clean and usually not washed. All of these explanations point to the fact that the foreskin may carry STI germs that can facilitate HIV/AIDS transmission.

Encouraging men to circumcise raises questions of cultural resistance in non-circumcision societies. This refers mainly to the Zulus who dominate in Jeppestown. A Sotho healer who is also very fluent in Zulu commented that, *“the foreskin is something that was meant to be removed like the child’s first teeth, otherwise it causes sickness”* (Interview, August 2004). Zulu healers tended to simply state that the foreskin stores or retains germs and that STIs treatment outcomes are poorer among uncircumcised men. Some Zulu men do not want to be circumcised because it is not part of their tradition. Once again the notion of cultural change and re-invention was raised and one Zulu healer correctly pointed out that, *“When tradition and the health of our people are in conflict, it is traditions we must sacrifice”* (Interview, traditional healer, August 2004). Despite these cultural barriers some clients from non-circumcising societies are complying by visiting hospitals and clinics to be circumcised.

In recent years there have been ongoing reports in the print media and over the radio of deaths and hospital admissions in the print media and over the radio of initiates. A number of initiates have had to undergo penile amputations. According to traditional healers there are at least three reasons why traditional circumcisions go wrong. The first reason is that both the initiates and the attendants no longer observe taboos associated to the ritual. *“Inexperienced attendants who are just after the money now perform circumcision rituals”* (Interview, traditional healer August 2004). The

second reason is that due to fluid restriction during the first seven days of the initiates' isolation, many initiates suffer from dehydration.

The last reason why initiates end up being hospitalised is the delay in seeking biomedical attention. This delay is the result of a social dynamic that discourages the initiates leaving the bush, stigmatising the individual who has done so as a failure in the rite of passage. Yet such a delay has implications in terms of the severity of complications and is one of the reasons why initiates fail to complete the ritual. Such a failure is understood as inadequate masculinity. As a result, *“the initiate who is hospitalised is stigmatised and, in many situations, his manhood is not accepted or is questioned, or his status as a man is partial”* (Interview, traditional healer, August 2004). This finding goes to show how important asserting masculinity is to men. They would rather risk dying on the circumcision site when medical treatment is readily available.

Nonetheless, due to the fear of consequences if the operation is not done properly (such as death or penile amputation), not all men from circumcising societies are becoming circumcised these days. *“Nowadays, only about 50 per cent of boys are circumcised in the traditional way. Others prefer to have circumcisions done at the clinic, while others do not do it at all”* (Interview, traditional healer, September 2004). Urbanisation and modernisation have also played a role, as many young boys from urban areas now prefer to have circumcisions done at the local clinic or hospital. However, there are different opinions and responses to circumcisions performed at clinics with healers from the circumcision tradition arguing that circumcisions done at clinics are not acceptable. They argue that,

*Circumcision is a ‘proxy measure’ of the knowledge and behaviour learnt during initiation, when young men are taught about traditional sexual practices. In the clinics boys just have their foreskins amputated, they are not taught anything* (Interview, traditional healer, August 2004).

Besides,

*During initiation rituals boys must not come into contact with women and in the clinics it is women who perform circumcision. This involvement by female nurses in the ritual makes the transition from boyhood to manhood not to go properly* (Interview, traditional healer, August 2004).

The other healers believe that boys can have circumcision done at the clinic and thereafter go to the bush for whatever teaching that is required. Once again, the issue of collaboration between the medical profession and the traditional sector surfaces. Just like the 'loverboy' scenario; these traditional healers believe that culture is not static and if there is a need for change and adaptation, then this can be incorporated in the traditional way of doing things. They believe that the ritual has already undergone some major changes. For example,

*The timing of the ritual has changed to coincide with school holidays; the ritual now lasts for four weeks instead of three to twelve months that initiates in the past use to spend and the surgical technique has changed (knives and scalpels are now being used instead of a spear). If these changes have been accepted, why can't we accept other changes? (Interview, traditional healer, August 2004).*

Using public virginity testing and male circumcision as prevention strategies can on one level be understood as an attempt by parents/elders to monitor and regulate adolescents' sexual activity. The socio-economic and cultural embeddedness of these customs makes them a powerful resource to be utilised in dealing with the HIV/AIDS epidemic. As custodians of this knowledge, traditional healers have a profound role to play in encouraging and passing this knowledge on to other people. As such they cannot be ignored or looked down upon when planning HIV/AIDS prevention programmes. Their knowledge of traditional customs, especially those relating to sexual intercourse (which appears to be a major mode of HIV/AIDS transmission in South Africa), such as virginity testing and male circumcision, deserves special attention in policy making cycles. The IECs, AIDS Plan and the Strategic Plan have often been thwarted by the claim that 'it is not our culture'. It is traditional healers who are familiar with this culture and are therefore in a position to re-invent it in a way that puts the lives of people first. A culture that challenges gender stereotypes but puts the responsibility of HIV/AIDS prevention on both men and women.

The resurgence of virginity testing and male circumcision is, however, not sanctioned by the rest of society. Virginity testing in particular is perceived by many human rights organisations as a form of child abuse. Moreover, the widespread myth that sex with a virgin cures men from HIV/AIDS has an impact on the rate of child rape cases among black South Africans. This has contributed to the further spread of HIV/AIDS.

The same applies to male circumcision. The use of instruments that are not sterilised to perform circumcisions poses a threat of HIV/AIDS transmission between boys. Both these problems speak to the role traditional healers, firstly in discouraging myths such as the one that sex with a virgin cures HIV/AIDS. In their interaction with men, healers should always stress that there is no cure for HIV/AIDS. In this way healers will be protecting the lives of many young girls who are vulnerable to rape. In fact, it has come to the healers' attention that many young men want to marry girls that are still virgins and to protect these girls from HIV/AIDS; healers have therefore proposed that any man who wants to marry their 'graduates' must undergo three HIV tests. If he is positive, the bride is left to decide whether to continue with the marriage or not (Leclerc-Madlala, 1997). Secondly, as healers are involved in male initiation ceremonies, they can always ensure that instruments used are sterilised to ensure the safety of the boys. Recently there have been attempts by various provincial health departments, such as the Eastern Cape, to work with traditional surgeons to ensure safe and successful circumcisions. They do so by providing equipment such as gloves, sterilised knives and medication for dressing wounds (Meintjies, 1998). If such collaborative measures are strengthened, they can only result in few/less HIV/AIDS transmission cases during male initiation rituals.

#### **5.4 Conclusion**

The competing explanations of HIV/AIDS in South Africa as given by both traditional healers and doctors show, in a profound way, the impact of belief systems on the way people understand and respond to illness. Doctors/nurses explain it from a biomedical perspective, while traditional healers blame it on people's negligence of traditional customs relating to sex and sexuality. A 'good' preventive strategy is the one that listens to both voices. Complying with the ABC's of HIV/AIDS as is encouraged by the biomedical sector and its associated IEC's might work in some societies but not in others. In the latter case, a more culturally sensitive approach is needed. This approach draws heavily on traditional knowledge systems as is encouraged by traditional healers who blame the spread of HIV/AIDS on modern society and modern ways of living. Reclaiming traditional practices such as virginity testing and male circumcision is an attempt by healers to reassert parental control on adolescents and thereby protecting these youngsters from contracting HIV/AIDS. There is a strong belief by some healers that such practices should be included and

encouraged in HIV/AIDS awareness campaigns. However, this chapter has also shown that traditional practices such as virginity testing and male circumcision are very complex and in many cases, these practices end up contributing to the further spread of HIV/AIDS. For example, the high rate of child abuse in South Africa can be attributed to the widespread myth that having sex with a virgin will cure a man who is HIV/AIDS positive. Male circumcision can also put young boys at risk of infection, especially if one knife is used to circumcise different boys. Traditional healers therefore, have a huge role to play in ensuring that these practices are performed in a way that will not put the youth at risk of infection.