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# The Culture of AIDS in Xhosa Society

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Running head: CULTURE OF AIDS

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The Culture of AIDS in Xhosa Society

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**Abstract**

The purpose of this article is to understand how HIV/AIDS has transformed Xhosa society and culturally sensitive ways to combat HIV within the Xhosa community.

To understand why AIDS has been able to obtain such a stronghold among the Xhosa people, it is imperative that the culture of the Xhosa people be understood. The researcher used the ethnographic method with herself as a participant-observer due to the 12 years she spent in South Africa.

After a detailed look at the culture of the Xhosas, the paper discusses how many cultural traditions enhance the spread of HIV. The paper concludes with examples of initiatives that have been taken and are being taken to educate the Xhosa people about the truth of HIV and to encourage them make lifestyle changes that prevent further spread of the virus in ways that do not undermine their rich, cultural traditions.

## The Culture of AIDS in Xhosa Society

Currently over 40 million people worldwide are living with HIV/AIDS and over 6,000,000 of these individuals live in South Africa (UNAIDS). On the southeastern tip of the country is a province called the Eastern Province. Rich in tribal history, it is home to the second largest tribe in the country, the Xhosas. The Eastern Cape is primarily a rural province and its capital, Bisho, is known for the role it played in the fight against Apartheid. The Nelson Mandela Metropolitan Municipality is the largest urban area in the province and is comprised of Port Elizabeth, a large coastal city along with many surrounding townships. In this city of 1.5 million, a startling 10% of the people are living with HIV/AIDS (Eastern Cape Herald, 2001).

After living for years under the oppressive rule of the Apartheid, the Xhosa people were freed in 1994, only to find themselves subject now to yet an even harsher master – HIV/AIDS. The Xhosa people are distinct from the other tribal groups in South Africa in that their language has clicks and they have a specific traditional customs unique to their tribe. They are a very proud, intelligent people and were very influential in causing the end to the Apartheid. Nelson Mandela is a Xhosa man who is respected worldwide for his leadership abilities and the sacrifices he made. He well recognizes the implications of this disease and has done much to try and prevent its spread. He is also aware of the emotional effects as his own son, Makgatho, died of AIDS. In an effort to increase awareness of the disease among South Africans, he is quoted in the BBC News as saying, "Let us give publicity to HIV/AIDS and not hide it, because [that is] the only way to make it appear like a normal illness." The Xhosa culture has influenced the impact of HIV/AIDS on their society. This ethnographic study explores and describes how culture has influenced the spread of AIDS among the Xhosa people in South Africa.

### **Background**

Since its introduction in the early 1980s, HIV/AIDS has slowly been creeping into South African society and now has such a stronghold that it has had an impact in every level of society, affecting the majority of South Africans. With influences from governmental policies to a young Xhosa child watching television after school, AIDS is on the minds of South Africans as they search for ways to combat this deadly enemy.

Having lived in South Africa for 12 years, the principal investigator (PI) completed the South African school system and by the year 2000, did not go one week without reading or hearing information about HIV/AIDS. The heartbreaking feature, however, is that much of the tragedy of HIV/AIDS in South Africa is brought about by ignorance or misinformation about HIV/AIDS. As the numbers of infections continued to escalate, more realistic views of how to fight the HIV/AIDS pandemic emerged from healthier government initiatives, educational programs and faith-based organizations nation-wide.

Repercussions from times past when this pandemic was largely ignored, however, are apparent. AIDS orphans roam South African streets and even with multiple programs available to help these young ones, they tend to grow up and become another statistic within the South African cycle of unemployment, crime and HIV/AIDS. Unfortunately, the living conditions even for those who have a home with extended family members in the townships are not always much better. In South African townships, there are high unemployment and crime rates, leading to the spread of HIV/AIDS through sex workers and rape. The country has the infamous title, according to the UN, of being the country with the second largest number of gun-related crimes. Furthermore, the conservative rate of unemployment in South Africa is 25%, but when the definition is expanded to include the status of most South Africans, this jumps to an alarming 40%. Within the townships,

most of the Xhosas are employed as informal domestic workers in middle or upper class homes and their employment rate is a mere 19% (Stokes).

This paper will explore how HIV was able to gain such a stronghold within South African society, specifically among the Xhosa people. Contributing facts include governmental attitudes during the Apartheid and the rule of Nelson Mandela and Thabo Mbeki including how they, along with other major bodies attempting to curb this issue, have had both failures and triumphs. At the core of the researcher's investigation though, is the culture and practices of the Xhosa people themselves and how their very lifestyle, actively or passively, either enhanced or impeded the spread of HIV.

### **Methodology**

An ethnographic approach was used in this research study following Cook and Craig (2007) methods for conducting ethnographies. The reason an ethnographic approach was chosen for this particular paper is that this method provides and allows for an "emic" or insider view of the topic. At the age of six, the PI moved with her family to South Africa where her parents were to work as missionaries among the Xhosa people. From that point, she lived continuously within the South African culture, consequently learning and understanding the various customs and traditions of the peoples, specifically the Xhosa people. An essential aspect to ethnographic research is the researcher's immersion into the culture of the topic so that instead of being only an observer in the project, the researcher serves a double role as a participant-observer. An established relationship with the Xhosa people and culture for many years prior qualified the researcher to serve in a participant as well as an observant role in continuing research into the topic.

**Data collection.** Data were collected from several sources starting with interviews conducted in the city of Port Elizabeth which were digitally recorded and sent to the researcher via email. The

interviewer was a missionary who has lived in the city for 15 years working among Xhosas and is fluent in the Xhosa language. The interviewees were Xhosas who had contracted HIV. IRB approval was obtained from the University of Tennessee at Knoxville and the interviewer fully informed the participants of the nature and duration of the study in the Xhosa language or in English as appropriate and the participants signed informed consent statements. The interviews were conducted in either Xhosa or English as appropriate for the participant.

Another important source was *The Sunday Times* and *The Eastern Cape Herald*, two newspapers in South Africa. *The Sunday Times* is a national, weekly newspaper and *The Eastern Cape Herald* is specific to the Eastern Cape, the province in South Africa hosting the city of Port Elizabeth. These two newspapers provided a wealth of information of the attitudes of the average South African regarding HIV/AIDS and how the virus has been integrating itself into the culture as it continues to affect more South Africans.

Recently, South Africa has started national awareness programs for HIV/AIDS and these include internet sites, television commercials, billboards and school dramas to educate young people within the nation. The PI frequently visited internet sites to gauge what was being taught and how that had changed over the past few years. The Internet also proved a viable source when it came to researching specific aspects of the Xhosa culture that needed more background information. An example is the traditional healer, or '*sangoma*,' that is still widely prevalent in South African townships. These sites listed where traditional healers could be found and also the basic ideas they promote and practice ([www.factnet.org](http://www.factnet.org)). Also contained in these sites were controversies presently at hand that showed the role *sangomas* are currently playing in the HIV/AIDS epidemic.

The PI has links in South Africa with individuals and agencies that focus on HIV/AIDS programs for the Xhosa people. This was useful in determining what was currently being done by

non-governmental agencies to combat HIV/AIDS and gave practical examples of what is and is not successful in reaching out to those who infected and affected.

The final research sources came from scholarly articles and books written about the state of HIV/AIDS in the Xhosa population of South Africa found in libraries and online journals. To ensure correct data regarding the statistics and numbers of HIV infections and AIDS deaths, the PI turned to UNAIDS and WHO websites which keep current reliable data on hand.

**Data analysis.** Since the PI had much knowledge regarding HIV in South Africa among the Xhosas before the research was decided upon, it was essential that the researcher have a bracketing interview. This was conducted to identify any research assumptions and after its completion and transcription, the interview was analyzed by research team and care was taken to ensure that these biases did not affect the final conclusions drawn.

Data were analyzed utilizing the coding methods described by Strauss and Corbin (1998). First, data were looked at in a process called ‘Open Coding’ and certain phrases and words were taken from the data that were seen to be of import to the idea of HIV/AIDS in the lives of the Xhosa people. Next, a process of ‘Axial Coding’ combined words and phrases and certain themes began to emerge describing how the Xhosa people as a whole reacted to the onset of HIV/AIDS. In the next stage of ‘Selective Coding’ certain categories began to emerge describing how HIV/AIDS affected the lives of the Xhosas. Data collection was complete when the PI began to see theoretical saturation of the same themes and no new information appeared. Finally, the ‘Coding for Process’ began as all the previous steps came together. The PI looked at the major themes and categories that emerged and utilized a constant comparative method with all of the data compiled to assure accuracy of coding. Essentially this last step was a “checkpoint” on the entire process to ensure the analysis of HIV/AIDS



in the Xhosa community had been done in a manner that captured the effects of this disease on the daily lives of the people.

Interviews providing information on various cultural aspects were examined, such as *sangomas* (traditional healers) and their influence on the Xhosa people, traditional practices and their importance within the Xhosa tribe, attitudes towards the specific gender and age groups, the living conditions of the majority of the Xhosas and the consequences that follow naturally. The PI ensured that her conclusions and ideas about the culture were correct, through email contact with Xhosa individuals in South Africa

## **Findings**

**History of oppression: political/social background.** The Xhosa culture is a long and rich one dating from before the time that the first European settlers arrived at the historic Cape of Good Hope. From that point, the European minority began its oppression of the Xhosa minority, along with other tribal groups of South Africa. Continually forcing the Xhosas off of land they desired for themselves, they eventually set aside a home for the Xhosa tribe in two of the homelands designated in the Native Lands Act of 1913 and 1936, namely the Ciskei and the Transkei, both of these are located in the Eastern Province of South Africa. In 1950, the government passed the Group Areas Act in which all racial groups were confined to certain areas. The Xhosas were forced to move to the Ciskei and the Transkei and were forbidden from that point onwards to purchase land outside of those areas (Encyclopedia of World Cultures). Even though these homelands were never recognized by governments outside of South Africa, the Apartheid government now had the semblance of a “white majority” South Africa. This set a precedent for years to come regarding the social standards and living conditions that would be prevalent among the Xhosa people. These circumstances only worsened after the legalization of Apartheid, an Afrkaans word meaning 'separation', in 1948 by

President D.F. Malan and the subsequent laws that further disadvantaged the Xhosas. The Xhosas were separated from their European-African compatriots in terms of general societal actions (marriage, toilets, etc), and also in terms of education. The apartheid government passed laws such as the Prohibition of Mixed Marriages Act in 1949 and the Immorality Act in 1950 which forbade sexual relations between different races. One of the most detrimental acts was the Bantu Education Act in 1953 through which the government gained control of all public schools. As a result, the quality of education for non-white students sharply declined (Encyclopedia of World Cultures).

The living conditions of the Xhosas within the homeland areas are very poor and except for subsistence farming, the job market leaves much to be desired. This was intentionally done by the white majority government to restrict persons of the Xhosa and other tribal groups to menial work only (Encyclopedia of World Cultures). This served to provide white South Africans with cheap labor and also ensured their supremacy in the job market as well. For many Xhosa families living in the Ciskei and the Transkei, this meant that one or both of the parents had to find work in the cities and this had one of two consequences. First, parents had a long commute to work and if they were not out of the city by a certain time, they were subject to incarceration as outlined by the curfew law. Non-whites who were found in the city either before or after the curfew time were required to produce a pass book. This was essentially their passport into the white 'state' of South Africa and contained all personal legal information, such as a birth certificate, marriage license and a driver's license. Another possibility is that employees moved out of the homeland into the area where they worked and spent most of the year separated from their family. The women would most typically be employed as domestic workers and be given a small room on the property of her employers. The men would most typically be employed in South African mines and live in barracks along with other workers. The PI was acquainted with a family in South Africa who had employed a Xhosa lady since

the birth of their first child. She continued to live with them to help raise their children and help with household chores while her own family lived in a Xhosa homeland five hours away. This situation is very common and since families were separated, it was not unusual for couples to be unfaithful and this tradition later contributed to the spread of HIV.

Since the 1994 free democratic elections, all South Africans are free to purchase land and work where they so desire and no one is required to carry a pass book. This has increased the number of townships in South Africa, especially outside of major urban cities. A township begins as an informal settlement where houses are put up as people have need of them. These are built of cardboard, wood, corrugated zinc and any other materials that are available. As the township grows, the government begins to take interest and will install electricity and water if it is deemed appropriate. At times, the government will build multiple apartment buildings to provide the occupants with better housing. In South Africa, these are called 'smartie houses,' named after a popular colorful South Africa chocolate candy, similar to M'n'M's®, as the houses are usually brightly colored with pastel pinks, blues and greens. Neither the shacks originally built nor the smartie-houses are very large, perhaps no bigger than one to two rooms at most. These rooms typically house one Xhosa nuclear family and the extended family also, including grandparents, uncles, aunts, nieces, nephews, cousins, grandchildren and even friends of the family who are currently in need (Moultrie, Tmaeus).

The unemployment rate in the townships can realistically be viewed as a startling 80% (Stokes). A few Xhosas in the township are able to make their living as *shebeen* owners, where they run a local sweetshop and tavern out of their home, others might have a small hair salon or daycare in front of their home and finally, there is the local *sangoma*. The *sangoma* is also known as the traditional healer and is a permanent feature in Xhosa history. The remaining breadwinners are forced to move to the mines and spend most of their time away from their families or spend each day

at stop signs and red lights in the nearby city to see if anyone will give them money or hire them for a day.

The Xhosas are also at an educational disadvantage because of the Bantu Education Act mentioned earlier. While white South African children were able to get an internationally competitive education in what were called 'Model C' school, or schools taught in the white languages of English and Afrikaans, Xhosa children during the Apartheid were taught by Xhosa-speaking teachers in schools of a much lower standard. In the townships this continues to be the case with large class numbers and insufficiently trained teachers who are ill-motivated and lack support from supervisors. In 2001, when the percentage of under qualified teachers in the country as a whole was 22%, the Eastern Cape's was 26% (Lemon). The Eastern Cape matric (high school senior) pass rate overall was 59.3 for 2006 in comparison with other provinces who were disappointed with a pass rate of 84%. In these large schools where discipline is greatly lacking, there are students as old as 25 still waiting to pass matric attending school alongside 8<sup>th</sup> grade students 12 years old. This older cohort of students is also a hotbed for substance abuse and violence between the rival gangs of the townships. Resources Aimed at the Prevention of Child Abuse and Neglect (RAPCAN) studying this issue have gone into township schools to find schoolboys playing a version of tag called "catch and *rape*." Specifically, unsupervised bathrooms "are stalking grounds for males searching for victims" (Dunn).

**Clinging to tradition.** Xhosa culture is traditionally a male dominant society and this proves to still be the case today. This is perhaps the result of a very strong tribal culture, led by the Xhosa king, where allegiance to the tribe, clan and family was essential to one's very survival. In this society, women and children are seen as property and serve to reflect upon the status of the male in their life. For instance, if a woman is large, her husband is well thought of in that his wife can bear him many children and he must be wealthy, since his wife has enough food to eat. Girls are married

after the groom has paid *lobola*, a bride price, to the father. Sometimes the daughter is given on credit and if the money is not paid by a certain time, the daughter and any children she might have had with her husband, are returned to the father as *lobola* was not fully paid.

As men are the dominant in the society, they have a ritual whereby boys pass into manhood and this is through circumcision, occurring between the ages of 16-20. After his circumcision, the boy will be seen as a man and will be treated as such by other circumcised men and married women. After his initiation, all the clothes he wore will be burned and he is no longer allowed to wear them and his face is to be painted with a traditional red paint to signify that he has just become a man. The process is very secretive within the Xhosa culture and is not discussed outside of the circumcision school. These schools are only attended by the initiates, called *abagweta*, the traditional surgeons and nurses performing the surgery and the fathers who use this time to teach their sons the traditions of the tribe as well as ancestor worship. If the ceremony is compromised, it is seen as a shame on the boy and his family, who will now be forever seen as a boy and never a man. A case of this might even be if the initiate had a reaction and sought medical help from a non-traditional doctor instead of 'bearing it like a true man.' Since Xhosa men may only marry after their circumcision, this would mean he could have no hope of a family in the future and family is the very cornerstone of the Xhosa society. Xhosas try to prevent shame from ever coming upon their family and this has contributed in part to the silence surrounding AIDS, as shall be discussed later. This is based on the ancestral worship practices where if a child is born with a defect or with a disease, the family believes they have been cursed by the ancestors and mostly shun the child to make appeasement for their sin. Interference with traditional practices is not viewed in a positive light and is taken as an affront to the individual and the Xhosa people as a whole. Unfortunately, the Xhosas are unaware of how parts of

their very lifestyle enhance the effects of HIV and are irate with those who try to point this out, viewing it as an assault on their traditions.

According to the *Journal of South African Studies*, South Africa has the worst rape statistics for a non-warring country. Their data indicate that one in three South African women will be raped in her lifetime (Moffett, 2006). Many times the females being raped are as young as three months old and it is not unusual for a man to rape a girl who lives in his household or is in his family (Khalil, 2006). The number of extended family members that live in one household and the number of young men still attending high school increases accessibility of younger girls to men who wish to quickly satiate their sexual desires. Many rapes are not reported due to fear or because those rapes were also incestuous and many times even a mother will turn a blind eye if the rapist is the breadwinner in the household (Khalil). The story of a child rape victim was written in to the national newspaper to raise awareness about this sordid subject. At the age of ten, this little girl was repeatedly raped by her 42-year-old uncle and when the mother found out, she was interested only in the man paying for damages (the loss of her daughter's virginity). The writer of the story overheard the man saying that if he did, "it means I will have a wife!" (Sunday Times, July 8, 2007). Later, when the girl's sister accused the man of rape and had him arrested, the mother rushed to the police station to have him freed, saying that "children make mistakes" (Sunday Times, July 8, 2007). When asked why she would defend this man, she replied that this "man is my sister's husband and that makes him my husband as well" (Sunday Times, July 8, 2007). Instead of this child rapist paying the family to provide counseling for the child, this family paid for the man to be released from jail. Instead of the family rallying around this poor little girl who must be traumatized from her experience, she is ostracized and her rapist is treated as the victim. Until the rape is under control, it will continue to be difficult to promote abstinence programs to combat the HIV problem as many of these girls have no

choice. The PI was a part of an American volunteer team who came to help teach life skills classes in Xhosa high schools. After speaking in one class about the benefits of abstinence when it comes to preventing the spread of HIV, the realities of South African townships were made apparent to one volunteer in a way she will never forget. A Xhosa girl from the class approached her in the hallway and confronted her about the fact that she had no choice in staying abstinent – she had been violently gang-raped by those closest to her. The Xhosas assisting with the volunteer team explained that unfortunately this is the norm rather than the exception in the townships in which they lived. Currently, 40% of South African females contract HIV before they turn 30 years of age (UNAIDS).

Some girls, however, see sexual activity as a means of freedom from poverty. With parents who make barely enough to provide for the family's basic needs, many young Xhosa girls do not have the opportunities a teenage girl craves. They want to be able to purchase the latest fashion in clothes, enjoy a movie with perhaps a meal afterwards and look forward to an education after high school. For this reason, many Xhosa girls turn to men known as 'sugar daddies.' These are older, usually more sexually experienced men who provide for a girl financially in return for sexual favors. As the man is the dominant partner in the relationship, a girl cannot force him to wear condoms and this phenomenon has severely increased the spread of HIV. Many times these men are unaware of their HIV status and spread it unwittingly. Other times, a man may know he is HIV-positive and chooses not to tell those with whom he interacts sexually. As one such male told a researcher, "if I have HIV I can just go out and spread it to 100 people so we all go together. Why should they be left behind having fun if I must die?" (Sunday Times).

It is not, however, only the young Xhosa people engaging in risky sexual behavior. There has been a rise in the number of Xhosa women who are contracting HIV through their husbands. These

men are forced to leave home for most of the year to find work and where they find work, they also find outlets for their sexual cravings in the arms of prostitutes. When South Africa opened up economically after the apartheid, the first major instances of HIV were found along the truck routes moving between neighboring countries. The women interviewed in the PI investigation all noted that they had contracted the virus from their husbands. One woman whose husband is a truck driver stated that he liked to “sleep around without a condom. And now I have the virus.” Condom use in marriage is difficult for a woman to negotiate, even though both parties are aware that fidelity is not a reality within their marriage. Although many prevention programs target younger single women, “more sex, less condom use and a virtually non-existent ability to abstain contribute to the” spread of HIV among married women, especially young women who marry older men (Gonzalez, 2007, pg 12).

A large factor in the number of infections is how few of the Xhosa people are aware of the true facts surrounding HIV/AIDS. It is not possible for the people to obtain accurate knowledge about the virus at school due to the unfortunate nature of their education system. Subsequently, they do not have the tools to research and find out about the virus on their own. Here is where traditions have played a major role in their knowledge of HIV/AIDS. Without the means to discover the truth of HIV for themselves, the Xhosas turn to those who have traditionally have the answers regarding health matters: the *sangomas* and the leaders of the tribe.

*Sangomas* hold a great deal of power over those around him or her with regards to treatment of illnesses and in communicating with the ancestors, as ancestor worship is the traditional religion of the Xhosas. The *sangomas* have promoted lies about the cure for HIV/AIDS which have further spread the disease. The most heart wrenching falsehood is their endorsement of sexual intercourse with a young female virgin to cleanse the blood of the infected individual. This is based on the belief



that a young virgin's vaginal tract is dry and thus cannot receive the virus. This myth, along with the already astoundingly high rape rate, has escalated to the point where men rape girls under the age of 10 as any girl older than that is assumed to have already been sexually active (Sunday Times). In their fervor to be purified of the virus, some men rape infants and toddlers to be assured of the girl's virginity. These acts are most commonly performed on a relative or neighbor of the infected man since within the familial structure of the Xhosa culture means that would mean less retribution (Khalil). In 2004, the South African Institute of Rape Relations stated that 58 children were raped on a daily basis (Nuttall, 2004).

Another popular practice of the *sangomas* is to cut the skin of their patient and rub medicine into it. The *sangomas*' lack of sanitary practices, and subsequent unwillingness to deter from traditional ways, increase the chance for HIV transmission through blood. The *sangomas* also promote cures that are not directly linked to the spread of HIV, but are highly unsanitary and increase the risk for secondary infections. These include rubbing grass and dirt upon one's head and inducing vomiting to get rid of the evil spirit inside. With living conditions that are already filthy, the Xhosas then must deal with this excess. For those who are already weakened by HIV/AIDS or by being a caregiver for an HIV/AIDS family member, this means more trips to secure water in an unsafe township environment and subsequently weakening the immune system.

*Sangomas* continue to utilize the same knife when circumcising a school of initiates. If one of the *abaqweta* is infected with HIV, the boys initiated after him most likely will be as well. This rate could be diminished if Xhosas were more willing to be open about their HIV status, but as one young man wrote to the national newspaper, "the sad part is that even if one of my friends were carrying the

virus or a member of their family were infected, I'd never know. And to be honest, I wouldn't want to know" (Sunday Times).

There is a stigma attached to HIV/AIDS worldwide and it is present too within the Xhosa culture. Xhosa persons who finally have the courage to be tested and find out they are HIV-positive may take years to admit to family of their disease. Some never do out of fear of disownment. Their lack of understanding about HIV and trust in the *sangoma* makes them view HIV/AIDS as another curse coming from the ancestors and as is their tradition, many are shunned to bring back favor to the family. Again, the increasing numbers of infection will not be stopped if those who are HIV-positive are unwilling to freely admit their status so as not to infect others. This stigma is so great that those who are infected, but living healthy lives with antiretrovirals (ARVs) will date and be involved sexually with other people and only tell their status after being in the relationship for a while. Many times this also means that the admission is made after sexual intercourse has occurred. One young man had unprotected intercourse with his girlfriend and immediately wanted them to be tested. They went and both received papers indicating they were HIV-negative. After his girlfriend told him she wanted a baby, he agreed because of the negative HIV test and they continued to have intercourse without protection. One day, he happened to be looking in her closet for a pen and came across a paper tracking her CD4 count – an indication that she was HIV-positive. The man wrote that

“when I showed her, she told me that it was not easy to tell me because she thought I would leave her. Her intention, in becoming pregnant, was to keep me. She told me that she didn't test at the clinic and she wrote on her medical card, with the help of the clinic's counselors. She had asked them not to tell me that she was HIV-positive” (Sunday Times, March 9, 2008).

**Too little too late: Changing social/political culture.** The government has recently begun to take positive actions in the fight against HIV/AIDS, but before that point, was very lax in their attitude towards the disease. In lieu of being able to determine information for themselves, the Xhosa people look to their leaders for guidance. The African National Congress (ANC) is the ruling party of South Africa and is comprised mainly of Xhosas. The apartheid government was not very active in pursuing HIV/AIDS Awareness Education Programs and during apartheid, the Xhosas were more interested in gaining their social and economic freedom. Immediately after the apartheid ended, the country was focused on reconciliation and moving forward as a nation. There was not much of an emphasis put on HIV/AIDS until just before the turn of the century. At that point, Thabo Mbeki was elected president of South Africa and is known internationally for his controversial ideas concerning HIV/AIDS.

The Xhosas trust President Mbeki and his government's leadership in all matters, including that of HIV/AIDS. His remarks at the International AIDS Conference held in Durban, South Africa in 2000 made it clear that he is not willing to accept scientific data regarding the connection between HIV and AIDS and he emphasized that poverty is his main concern. His refusal to make HIV/AIDS a priority matter in domestic policy means that HIV/AIDS is not a priority for many of the Xhosas in South Africa. Stokes writes that "[l]oyalty to the ANC runs deep among voters...[t]his loyalty persists despite a growing number of corruption scandals, public infighting by ANC leaders, and increased opposition" (Stokes, 2007, pg 32). It has been suggested that Mbeki is not willing to freely admit that HIV causes AIDS because of the financial ramifications this will have on an already strained economy (Ainsworth, 2000)

The government has also been inept at sending a solid preventative message to the nation.

While on one hand, the government promotes the use of condoms as a preventative measure against HIV, the vice-president publicly denounced the need for his personal usage of condoms, thus giving Xhosas cause to believe they do not need to use condoms. Jacob Zuma, the former Deputy President who had led the National Aids Council and the Moral Regeneration Campaign, was found out to have had sexual intercourse with an HIV-positive woman. When asked if he had used a condom, he replied that he had not, but it was all right because he immediately took a shower afterwards (Kapp, 2006). This episode has only furthered the cultural norm of rape and in the midst of his trial, hordes of ANC supporters, including women, surround the courthouse and protest his trial (Kapp)

Another government official that has not been helpful in preventing HIV spread among the Xhosas is the national Health Minister, Manto Tshabalala-Msimang. In November of 2003, a month and a half after the deadline given by the Cabinet, the Health Department proposed a plan that would increase government spending for those infected with HIV/AIDS as well as provide funds for ARV drugs. However, soon after that, in February of 2004, the minister announced that the plan would take more time to administer than anticipated. She also retracted some of her statements from the previous year, which implied that positive change would be occurring, saying she was misquoted. In addition, Tshabalala-Msimang urged reporters to pass out her message, presented at the past three World AIDS Conferences, that garlic, lemon juice and olive oil are “absolutely critical to boost the immune system” (Sunday Times). After being ridiculed from both within and beyond the South African community, she added that she was “sad [about] how the media handles this issue” (Sunday Times). She is a strong advocate of traditional medicine and in this case, promotes her home tonic cure for HIV/AIDS as more reliable and realistic than ARV drugs.

The HIV/AIDS situation is so dire that Nelson Mandela admitted “bluntly that despite some successes, the two-decade-old war on AIDS had been a failure” in a statement to the 2003 World AIDS Conference in Paris, France (Sunday Times, 2003). For such a great man, especially a Xhosa man, to admit to his defeat and the defeat of his fellow party members truly shows the grasp HIV/AIDS has on the country.

As mentioned before, the sangomas hold a great deal of influence over the Xhosa people due to their traditional beliefs. This has been detrimental not only with regards to the spread of HIV due to rape, but also due to their stance when it comes to male circumcision. Due to the rising mortality rates in conjunction with this ritual, the government has been taking steps to control the event and ensure its safety for all involved. This includes certifying the surgeons, guaranteeing the use of sterile equipment and an application process for the upcoming initiate. The initiate must then undergo an examination to ensure they are healthy enough to undergo the surgery and if they are underage, a parent’s consent must be obtained (Buso, Meissner). Some *sangomas* are unwilling to adhere to new government laws regarding circumcision practices and this affects how their respective community responds to these safety practices.. In June of 2005 alone, there were 288 hospital admissions, nine amputations/mutilations and 23 deaths due to traditional circumcision practices in the Eastern Cape (Buso & Meissner). Since one of the preconditions for a certified traditional surgeon is to provide proof of sanitary equipment, those who see government interference as demeaning traditional practice, this is one of the areas that suffers. Since sanitary equipment can assure that HIV cannot be passed from one initiate to the next, steps must be taken to educate the Xhosa people about the realities of how to protect themselves.

The Xhosa people are at a disadvantage in that they lack the education to evaluate the message their leaders send to them. This lack of education is through no fault of their own as these were the

conditions forced upon them during the apartheid years and many can now not afford the better education opportunities available. It is indeed sad that in a country where some of the brightest medical minds reside, citizens are dying due to unfounded beliefs regarding disease transmission. A missionary couple with whom the PI is acquainted sent out a newsletter describing their latest HIV work in a rural South African community. It was explained to them that having multiple sexual partners spread the virus from one person to another and that they were always connected to the “former partners of their partner.” Students, teachers and principles alike expressed amazement at this “new concept” and “began to understand how AIDS had spread so pervasively through their community.” Over the years that HIV/AIDS has been a part of South Africa, it has taken on a personality as it continues to affect more and more people within the country. This anthropomorphism is evident in all areas of society and has had an effect on the lives of Xhosas as individuals and as a tribal group.

The Xhosas have seen negative effects of the HIV in a way that all those with HIV do. Xhosa HIV-positive participants responded to questions about the effects of the virus with answers that “your body is so tired,” “every morning you have another thing” and “you are not normal the way you are” (Interviews 1&2). The number of TB infections, specifically for mine workers, has drastically increased due to HIV. In fact, when a person is infected with TB, it is automatically assumed that the person is HIV-positive as well. This is in addition to other opportunistic infections that HIV-positive Xhosas may acquire when living in poor sanitary conditions.

South Africa is also experiencing the effects economically. A professor at the Nelson Mandela Municipality University, Dr. Amanda Werner, completed her dissertation on the effects of HIV/AIDS absenteeism in the work place and made projections for how this would affect the South African economy in years to come. HIV-positive employees are not required to make their status

known to their employer and usually if the employer finds out, the HIV-positive employee is fired without company benefits, which only adds to the country's unemployment problem. A major industry in South Africa is mining and with the number of HIV, and then TB, infections among miners, the economic situation could be compromised if action is not taken. In 2000, UNAIDS predicted that 1 in 2 teenage boys will die before their parents due to AIDS. Such a drastic decrease in the work force could have dire effects on the economic stability of South Africa.

A social consequence of the HIV/AIDS epidemic is the breakdown of trust within the Xhosa culture. Females can no longer be certain that the males in their lives will not abuse their bodies with the virus. No longer does infidelity only hurt the other spouse emotionally, but it has the potential to be deadly if the act is committed with someone who is HIV-positive. Then, if a Xhosa is infected with HIV, the stigma attached places a barrier between them and their family. Those who find out they are infected need love and affection and for Xhosas not to find this within their family structure is devastating loss. When asked what their biggest challenge was concerning their infection with HIV, each participant responded in the same manner – concern for their children. After coming to terms with the virus, the participants knew that their fate was to inevitably die. Mothers are distraught over not seeing their children grow up and not being able to teach them how to be a wife and a mother. Instead, they must entrust their children and their children's upbringing to other family members, close friends and if there is no one else, to the government. For those who are blessed to have supportive family members, the peace of knowing their children will be cared for is very evident when compared to those who are in the opposite situation. A participant whose family refused to believe HIV existed, worries about her children as she “doesn't think they will be properly cared for if they are taken in by those family members.”

There is not only a lack of trust within the family, but also within the neighborhood and workplace of the individual who admits to being HIV-positive. An article reported the case from one woman noting that once she had exposed her HIV status, each time she was seen walking with a man, her neighbors would call out, “How can you go out with someone who is HIV-positive?” (Sunday Times). Some young Xhosa people are also unwilling to trust doctors and community leaders who discuss HIV/AIDS because it makes them uncomfortable to be reminded of this. While in a ‘sugar daddy’ relationship, one Xhosa woman changed doctors each time she needed to be treated for an STI because “no doctor I went to ever kept quiet about the HIV/AIDS risk I was putting myself into — and all the time I thought it will never happen to me” (Sunday Times).

When Xhosas do decide to take the step to be tested, it can take a while to gather the courage to actually go to a testing site. With the influx in number of transmissions, testing clinics are overwhelmed with clients and underwhelmed with funding and support. Those who administer counseling and testing are known as VCT nurses (volunteer counseling and testing nurses) who are expected to act in such a capacity above and beyond their duties as a nurse in the clinic. A study by Mavhandu-Mudzusi and colleagues cited E. Lindsey who found “the counseling services are fragmented due to a lack of compensation and support for the counselors, who therefore suffer from burnout.” Horror stories of going to be tested fill newspapers and websites and pass by word-of-mouth in the townships and this serves to deter people from being tested. One girl wrote in to tell about her experience of being tested with her friend. She noted that the facility was worn down and dirty and she was scared about being stuck with a needle because of that. The counselor she spoke with “recite[d] stock phrases” and told her “how bored she is of doing the same thing every day” (Sunday Times, 14 May 2007). This writer was not impressed and ended up not getting tested that



day. This and similar experiences decrease the number of people who are aware that they are infected with HIV and ultimately increases the number of infections.

**Hope for the future.** One area that needs attention is the message that leaders send out to the Xhosa community. Another focus for preventing the spread of HIV is to make the truth about HIV available, especially to Xhosa men. In a patriarchal society, it is essential that the natural leaders of the people, Xhosa men, take responsibility for overcoming the disease. If men in the Xhosa society assume their responsibility in the fight against HIV/AIDS, they can encourage uncircumcised boys to do the same, and as a result Xhosa women and children will be protected. Within the past year, several outreach programs have been implemented, both within the government and the private sectors which seek to reach out to the South African men as well as the general population to promote HIV/AIDS awareness and reduce the stigma associated with HIV/AIDS.

One such program was sponsored by the national weekly newspaper, *The Sunday Times*, called 'Everyone Knows Someone,' a campaign "to encourage people to know their HIV status, and is aimed at destigmatising the infection" (Sunday Times). South Africans infected and affected by HIV are encouraged to send in their personal HIV story to increase awareness of the disease and to build a sense of positive community throughout the country.

Along similar lines, the European Union sponsored an event called 'Each One Reach Five.' This effort encourages South Africans to not only be tested, but to invite five others to come along as well, whether or not they decide to share the results with each other. As a kickoff for the campaign, testing clinics were set up in South African universities to encourage college students to find out their HIV status. To show their support and to appeal to Xhosa populations, university administrators were publicly tested to encourage all students to be tested. Some students admitted their intent to be tested was because of the unsafe sexual practices in which they had engaged. Others work in the health

sector in South Africa and one dentistry student was “petrified” to be tested because of the risk associated with her job (Sunday Times).

This campaign has thus far been a success as many have written into the *Sunday Times* to tell their story of being tested, and many of the examples within this articles are taken from the overwhelming response to this program. One young man wrote that he and his friends had never discussed HIV and “when [he] was approached to take part in the Each One Reach Five campaign, [he] remembers shrugging [his] shoulders and thinking, ‘Why not?’” (Sunday Times, 14 October, 2007) When he first realized this would mean he would have to broach the subject with his friends, he shrank back. After garnering enough courage though, he found they were all eager to be able to discuss and share about a topic they secretly feared. Another Xhosa young lady wrote that she eventually got tested after calling in a pledge to a TV program on South African Broadcasting Company, Channel 2, dedicated to promoting HIV tests (Sunday Times). These high profile events encouraging people to unite as a nation, or as a tribe, are very effective in reaching the Xhosa people when it comes to HIV/AIDS.

A popular government outreach program is called *LoveLife*. This program is presented through a variety of media venues throughout South Africa. There is a modern website, <http://www.lovelife.org.za>, for Xhosa individuals with access to the internet that contains stories about being tested, sugar daddies, important statistics, information about going to college and facts related to leading a healthy lifestyle for both teenagers and parents. *LoveLife* billboards are present all over South Africa and these promote the use of condoms in whatever language appropriate for that area. Finally, there are TV commercials that are very successful. One such commercial is a man and a woman in a nice restaurant and the man leans to the woman and says, “I’m ready to take the next

step. [PAUSE] Will you get tested with me?" This is effective because it encourages men to show concern about both parties' HIV status and initiating testing. It also appeals to women who are attracted to the romantic environment and this will hopefully encourage them to be in relationships where the man exhibits sexual caution.

Other ways that community leaders are reaching out is when popular South African icons admit to being HIV-positive. This was the case with recent *Idol* contestant (South Africa's version of *American Idol*), Tender Mavundla, who admitted that she is HIV-positive during the middle of the contest. This caused a great deal of feedback from the South African community – both positive and negative. People responded on her blog page, in newspapers and on the television. Some people felt it was very inappropriate for Tender to make such an announcement during the competition and others respected and admired her boldness. Such admissions help to decrease the stigma associated with HIV and while there is usually great controversy surrounding the disclosure, it serves to promote awareness about HIV, encourages others to have the strength to be tested and increases social acceptance.

Many HIV-positive people are losing their jobs. Various organizations from within and without South Africa are making arrangements for these people to have jobs and to promote the usage of ARV drugs by allowing sufficient time off for HIV-positive employees to take their medicine. Implats is a platinum producing company in South Africa and the chief executive officer, Keith Rumble, attests that one-sixth of his employees are HIV-positive. Instead of dismissing them, as many companies do, he uses 0.3% of the selling price for an ounce of platinum to pay for each one's ARVs and a wellness program. After seeing nine of ten workers then return to work in full productivity, in his eyes, "the cost of not providing ARVs is greater than providing it" (Stokes). On a

growing scale, numerous community and religious organization have started HIV/AIDS-based small businesses through which Xhosas infected or affected by the virus have the opportunity to work. A lady well known to the PI started a business that provided land for people affected by HIV to grow small vegetable gardens. They can then use the produce to feed their families or sell the produce on the sides of the road, a common practice in South Africa. This gives families a source of income for food, clothing, educational costs and many times will be the only financial support for the household.

Xhosas are also realizing the need for proper education surrounding HIV/AIDS. In the schools, as early as the fifth grade, students are analyzing case studies where a character has HIV/AIDS. Community leaders are also making more of an effort to provide students with opportunities for proper AIDS education, utilizing local health departments, AIDS activists groups as well as religious-based organizations. Leaders are alarmed at the pandemic at hand and are gaining momentum in providing as much access to as many people as possible about the truth of HIV/AIDS. Recently, a group of South Africans from a Xhosa-township got together to perform educational drama for Xhosas in their traditional storytelling manner. They met with health care professionals, actors and educators to provide students with the truths of HIV with regards to testing, transmission, counseling, safe sex and the stigma surrounding HIV. These were very effective in raising the amount of testing and counseling in the targeted areas compared to the control areas (Reproductive Health Matters, 2007).

## **Discussion**

HIV transmission has been stimulated within the Xhosa culture through many factors. Due to the apartheid regime, Xhosas live in areas where shacks are almost on top of one another. In these townships, most are unemployed and attempt to drown their sorrows in alcohol. This is part of what initiated the high rape rate of South Africa and this is compounded by the lies spread by sangomas.

The apartheid also made it necessary for most families to live separately from one another for the majority of each year and this has encouraged marital unfaithfulness, already an accepted aspect of Xhosa tradition. Since married women do not have the right to negotiate for safe sexual practices with their husbands, HIV is on the increase for married couples.

Sexual activity actually begins at a young age for Xhosas and this has two implications. First, Xhosa boys are not circumcised until their mid-to-late teens and this increases the chance of spreading the virus. Second, teenage girls often find themselves in a 'sugar daddy' relationship with an older man – sometimes through their own will and other times by coercion of other family members. In exchange for sexual favors, these the man provides for the girl and her family. He also provides a avenue for HIV to infect another victim.

In order for HIV transmission to decrease, education of Xhosas by Xhosas is necessary. Many Xhosas do not know the truths about HIV and cannot make informed decisions. This is due in large part to the actions, or lack thereof, by the leadership of South Africa, especially since they themselves are from the Xhosa tribe. Programs that have been implemented, such as *LoveLife*, 'Each One Reach Five,' 'Everyone Knows Someone' and the drama-based intervention groups, have shown to be successful.

### **Research Implications**

The Xhosa people represent only one culture within the vast expanse of the African continent. AIDS is ravishing not only the Xhosa people, but tribal groups around Africa. Each of these groups have their own set of cultures, customs and traditions that may be contributing to AIDS epidemic, so further studies similar to this one would be useful in order to make culturally appropriate changes. Even within South Africa, there are eight other tribes that could benefit from education and intervention based on their unique tribe and these include the Zulu, Tswana, Pedi, Sotho and Venda,

### **Clinical Implications**

Nurses can have a particularly large role in assisting with the decline in HIV as they have ample opportunity to interact directly with the Xhosa people. Nursing in South Africa is not limited to any one race and so Xhosa nurses, aided by their peers from other cultures, have the potential to impact the Xhosas in a powerful way. With their thorough grasp on the Xhosa culture along with proper medical training, they know how to propose change in their culture in such a manner that does not offend. An example is in circumcision where they can set an example through their own family to others in the community by upholding the traditions of entering manhood, but using safe medical practices. They can also negotiate with sangomas to allow them to assist, should an initiate become infected and need medical attention.

Xhosa nurses are also aware of the practice of rape within their community. Xhosas rape victims are more willing to discuss their experiences if they are speaking with someone who firstly knows their language and who can also understand all of the cultural implications of sharing this news. If rape victims were encouraged by nurses of the same culture to take a stand against this marginalization, there is hope for the rape rate to decrease and to stay that way.

This applies not only to the rape of women, but also of young girls. Xhosa nurses can aid in reaching children who have been victimized by HIV – either through being raped or through being orphaned. If these nurses continue to give value to children within the community, their attitudes and actions can influence the community to do the same.

Xhosa nurses have insight into how HIV is viewed within communities and can be sensitive as they encourage Xhosas to be tested for the virus. The more people that they can convince to be tested, the less of a stigma HIV will have in the community. This is perhaps one of the most difficult tasks Xhosa nurses might face as testing sites in South Africa are often understaffed and are

undesirable workplaces. But compassionate nurses who desire to make a difference in their community could change the stereotype and make testing more accessible to those who need it.

Xhosa nurses who can provide cultural care and promote safe health practices would prove to be invaluable in the fight against HIV. To ensure that they are prepared academically, clinically and psychologically for this task, nurses from around the world can encourage them through internet blogs, nursing magazine subscriptions, medical texts and perhaps even volunteer teams to assist them with their needs.

Xhosa nurses are vital to the change within communities and not only there, but they need be instrumental in policy change within the country. As individuals who are intimately familiar with the the problems that the Xhosas face on a daily basis not only from a medical standpoint, but also from a cultural standpoint, they can advocate in a very special way for positive policy changes. These could include changes regarding funding for testing sites, availability of ARVs for HIV/AIDS victims and regulation of circumcision practices.

## **Conclusion**

HIV/AIDS has obtained a stronghold in Xhosa communities as well as other communities across South Africa. For Xhosas to win the battle against this microscopic warrior, it is essential that that battle plans parallel Xhosa culture and be led by a Xhosa. This is the best approach as Xhosas are much more likely to listen and adhere to another Xhosa of status in their own community. While it is hardly futile for non-Xhosas to assist the fight against HIV/AIDS, there will more of a sense of ownership in Xhosa townships, streets and households if each individual takes responsibility for his or her role as a soldier in this army.

By no means is it a losing battle, although the outcome might look dreary at the moment. In countries where the AIDS rate was comparable, for instance, Uganda at 15% in the early 1990s, the

country rallied and brought its rate down to 6.7% in 2005 (UNAIDS). Xhosas have the resources and the intelligence to suppress this virus, but it can only be done when all levels of Xhosa society are working together. HIV makes no discrimination of whom it infects and thus no discrimination should be made when those infected and affected combat with scientifically and culturally appropriate weapons that will rid the nation of a killer.

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