

Perceptions of different subsets of African men and African traditional healers in the Durban Metropolitan area that sexual intercourse with young girl can cure HIV/AIDS

BY

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A dissertation submitted in full compliance with the requirements for a Master's Degree in Technology: Nursing at the Durban Institute of Technology.

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APPROVED FOR FINAL SUBMISSION



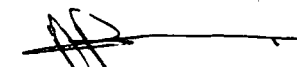
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Dedication

This work is dedicated to my husband France, my two children Mbusisi and Amahle Ndlovu for the love and support they have given me when I was busy with this study.

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To my supervisor Prof. Linda Grainger who worked tirelessly in guiding me, I will be forever grateful for her encouragement. My heart also goes to Dr Nobuhle Ndimande and Mrs A Razak, who were a source for great comfort and support when things got tough. I thank the staff of the Postgraduate Nursing Studies at D.I.T, Mrs Jabu Makhanya Nokuthula Sibiya, Maureen Harris, Lyn Haskins Varisha Narian and Promise Mavundla. With heartfelt gratitude I acknowledge the support I received from my tireless friends, Shakilla Adidpersad, Lucky-girl Mahlamvu, Nonhlahla Khumalo, Thandekile Mabaso, Phumelelo Khoza, Mike Mdakane, Ziningi Dladla, Vidiya Singh, and Nompumelelo Ntimbane. Particular thanks to Richard, Krish, Zanele Mkhize from the University of KwaZulu- Natal, Westville Campus for their assistance with literature search.

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ABSTRACT

There has been an increase in child/girl rape in South Africa. Statistics of child rape have shown that a child was being raped every 25 minutes in South Africa (Child Protection Unit, S.A.P.S., 1999). The numbers of child rapes has increased from 12% in 1998 to 19,94% in 2001 (Taylor, 2002). Reports indicated that in some instances, child rape was being carried out as a cure for human immunodeficiency virus (HIV) infection or acquired immune deficiency syndrome (AIDS) (Kufwa, 1998). This was a relatively new phenomenon and little was known about the myth that if a man engaged in sexual intercourse with a young girl who is a virgin, he could rid himself of HIV/AIDS (Leclerc-Madlala, 1997) This myth is thought to have originated from the traditional healers who are consulted by young African men on sexual problems (Shacinda, 2003). This phenomenon needed to be understood and therefore this study was conducted in order to answer questions concerning the extent of the existence of the myth, how it worked, who believes in such behavior and how acceptable this behavior is?

This was a qualitative study that was exploratory and descriptive. It investigated the perceptions of African traditional healers and different subsets of young African men about sexual intercourse with young girls as a cure for HIV/AIDS. It was also a phenomenological study as it was examining the lived experiences of people. It was conducted in the eThekweni area of KwaZulu-Natal.

Purposeful samples were drawn from four groups and a self-report method using a semi structured interview guide data collection. These groups comprised of young African men who were tertiary students studying medical science or anthropology, young African men who were soccer players, traditional healers and child rape rehabilitatees. Focus group discussions were conducted with the young men and individual interviews done with the traditional healers and the child rape rehabilitatees.

The study found that the myth does exist and there was evidence that people believe and practice the myth as a cure for HIV/AIDS. Although it was not a

new phenomenon as it was practiced for centuries in various part of the world as a cure for sexually transmitted diseases, it was a new practice as a cure for HIV/AIDS. It was believed that the child should be a virgin, and be pure and clean for the myth to work. Bogus traditional healers and the media were believed to be responsible for the dissemination of the myth. It is important to understand that because of the belief in the myth, people do not try to stop getting infected. This phenomenon is not acceptable to the community as a lot of people are angered by the myth.

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CHAPTER ONE: THE PROBLEM AND ITS SETTING

1.1 BACKGROUND TO THE STUDY

This study came about when the researcher was working as a professional nurse in one of the primary health care clinics within the eThekweni Metropolitan area. At the time the researcher was attending to children and adults who came to the clinic with minor ailments. She observed that a number of children had signs of being sexually abused. Most of these cases were not reported to the police.

One mother, who had brought a little girl to the clinic for flu, and also reported that the child was sleeping during the day, did not want to play with other children and was not eating well. All these signs were an indication that there was a problem with the child but it was very difficult for the researcher to determine whether or not the mother of the child was telling the truth. On observation, the researcher found that the child did not want to be touched, she looked scared and she had a peculiar smell, as if she had not had a bath for a few days. When the researcher asked the mother why the child looked scared, the mother said she did not want to say more, other than that her husband was responsible for what had happened to the child. She believed that he would beat her to death or would not give her money for food if she told the truth. The researcher asked if she had reported the matter to the family, neighbors or relatives. She replied that she did not want anyone to know, because her husband would lock them inside the house, as he did whenever he was not at home. Even on this day, she and the child had to break the window to escape. She had done this as the smell of the child was unbearable and she knew that she needed to bring her to the clinic for treatment. She said that if her husband got home early that day and found that they were gone, it would mean that they would have no place to sleep or food to eat.

The mother was given counselling and informed that this was matter for the police that needed immediate attention for the child to get help. The sister-in-charge was informed and the police were called. Mother and the child were taken to the District surgeon for examination and treatment. The man was arrested and when the community got to know what had happened, some other young men, who were also known for raping children fled the area, to avoid being reported and be arrested.

After this, other women who had been scared started bringing their children to the clinic for treatment as a way of reporting the cases. They had feared reporting the rape cases, as they felt they would lose their homes and not get financial support from their husbands. They also said they felt embarrassed reporting the rape because it was not something known amongst the African people, especially Zulu people. It was in this way that the researcher came to know other children within that community were being sexually abused.

The researcher then started to talk to the community, especially older people, to find out why there was a problem and why people were scared to report such cases. One old man said, "You know, there is a belief that, if a person with a sexually transmitted infection, has sex with a child, he can be cured. Now that there is this bad illness called AIDS, people go to the traditional healers and are given medication and are told that the only way to cure themselves is to have sex with a child".

When the old man was questioned further about why it had to be a child, he answered that it was because the child was young, clean and still a virgin. These people believed that nothing would happen to her but that they would be cured of the disease. The old man emphasized that he had heard this, that it was the traditional healers who were responsible for this and a lot of community people believed them.

The researcher knew that these beliefs were incorrect, as people could not be cured of HIV/AIDS as a result of having sexual intercourse with a virgin. As it appeared that girl children were being abused in the community, which she served, possibly because of a belief in this myth, the researcher decided that she would like to know more about this phenomenon. In particular she was interested in the perception of young men and traditional healers. This prompted her to conduct this study.

1.2 STATEMENT OF THE PROBLEM

There has been an increase in child/girl rape in South Africa. Statistics show that a child is raped every 25 minutes in South Africa (Child Protection Unit, S.A.P.S., 1999). An increase from 12% to 19,94% in 2001 was reported by Taylor (2002). The Red Cross Hospital in Cape Town reported on child rape cases in 2001, noting that their ages ranged between one and 13 years. In most cases, these crimes were committed by male's between 14 and 25 years (Andronikou & van As, 2001).

Child rape is unacceptable to society as these children lose their virginity and are severely traumatized. Three reasons for child rape have been suggested, namely that it relates to the power that a man has over the woman, perceptions of sexual entitlement and lastly, which is the focus of this study, that it occurs because of the myth of the virgin cure for HIV/AIDS (Kufwa, 1998). Child rape as a cure for HIV/AIDS is a relatively new phenomenon and there is little understanding of the motive behind the rape of children. Some studies and reports show that this myth exists does not exist (Jewkes, 2002). However, there is support for the belief that the myth does play a more significant role in the reasons behind child rape. Pitcher and Bowley (2002) mention the growing evidence that the myth exists. Mitchell (1995), an anthropologist, also reported that child rape was increasing and that it targeted girls less than 8 years of age for sex in the belief that it would cure men of AIDS. He believed that this was a prevalent myth in KwaZulu-Natal and other provinces.

Due to urbanization and an increase in nuclear families among the Africans, young African men have limited access to elderly people who used to advise them on sexual problems. They often consult traditional healers for such problems. It has been suggested in the media and studies that the myth might have originated from the healers (Traditional Healer X, 2003.)

However a better understanding of the phenomenon is needed to answer questions such as why the myth exists, how it is believed to work, whether the girl needs to be of a certain age, and be a virgin I, who advocates and believes in such a behavior, under what conditions and how acceptable it is?

1.3 PURPOSE OF THE STUDY AND THE RESEARCH QUESTIONS

The purpose of the study was to explore the perceptions of different subsets of African men and African traditional healers in the eThekweni Metropolitan area about sexual intercourse with young girls as a cure for human immunodeficiency virus (HIV) infection or acquired immune deficiency syndrome (AIDS).

The research questions for this study were:

- 1.3.1 What are the perceptions of African men aged between 18 and 25 years who are not at a tertiary level or do not have tertiary qualification and live in KwaMakhutha and Iziko which are in the eThekweni Metropolitan area, about sexual intercourse with young girls as a cure for HIV/AIDS?
- 1.3.2 What are the perceptions of African men aged between 18 and 25 years who are students in a selected tertiary institution in the eThekweni Metropolitan area about sexual intercourse with young girls as a cure for HIV/AIDS?

- 1.3.3 What are the perceptions of African traditional healers in the eThekweni Metropolitan area about sexual intercourse with young girls as a cure for HIV/AIDS?
- 1.3.4 What are the perceptions of African men who have been convicted of raping girls as a cure for HIV/AIDS and served their sentences from eThekweni Metropolitan area about this practice?
- 1.3.5 How do the perceptions of the young men who are from KwaMakhutha and Iziko who are soccer players, tertiary level students, traditional healers and child rape rehabilitates compare regarding sexual intercourse with young girls as a cure for HIV/AIDS?

1.4 MOTIVATION OF THE STUDY

The rape of young girls is unacceptable as it has profoundly adverse effects upon them. There is still debate about the existence of the myth, and this research was intended to address this issue. Furthermore, a better understanding of how it is believed to work and under what conditions would add to the growing body of knowledge about the perceptions behind the sexual abuse of young girls to cure HIV/AIDS.

In particular the findings from the study were intended to advance understanding about the perceptions of men and traditional healers about sexual intercourse with young girls to cure HIV/AIDS. These findings could then be used to identify effective ways of preventing the occurrence of such behavior.

1.5 OPERATIONAL DEFINITIONS

The following definitions have been used for the purpose of this study.

African:	Denoted a black African person, particular emphasis was placed upon Zulu people.
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African traditional healer: A person who is recognized in the community as skilled and knowledgeable in the use of indigenous medications (herbal, animal, or mineral substances) and therapies (such as acupuncture, herbalism, reflexology and spiritual healing; prayer and faith healing) that are considered alternative or complementary to Western conventional, or orthodox health care? They are divided into two main sub-groups: Inyangas, who are males and herbalists and who use skills that have been passed from their fathers; and sangomas or diviners who have inherited ancestral spirits. These are the spirits of people, who communicate with the diviner or sangoma. They are usually female. The other groups are traditional birth attendants, midwives and traditional surgeons. The witchdoctors do not form part of the above groups, as they are charlatans who use traditional medicine for evil purposes and not for healing. (Hess, 1998.) All these people undergo some form of training. The terms African traditional healers and traditional healers are used interchangeable.

Girl or girl child: A female person whose age is between 0 and 13 and who has not reached puberty.

Girl child rape: The involvement of a dependent, developmentally immature child in sexual activities she does not fully comprehend to which she is unable to give informed consent. This includes any contact or interaction between a child (under the age of 18 years, girl) and an adult (who is older than the victim and is in a

position of power or control over the child, or may even be an acquaintance or an unknown person) in which the child is being used for the sexual stimulation of the perpetrator or another person (Kewalramani, 1992). This includes anything from contact sexual abuse to non-contact sexual abuse which can be vaginal or anal penetration and where there is no consent given.

Myth: An old story containing ideas from ancient times or about supernatural beings or an untrue story or belief.

Virgin: A girl, or a woman who has never had sexual intercourse.

Young: A person of 0 to 13 years of age who is not far advanced in life, development or existence, immature, inexperienced.

1.6 CONCLUSION

The study was conducted to find out about the myth that sexual intercourse with young girl children or virgins is a cure for HIV/AIDS. The chapter has outlined the background to the study, the motivation for it, the purpose and research questions, and the operational definitions used in it.

CHAPTER TWO: LITERATURE REVIEW

2.1 INTRODUCTION

Literature has been selected in accordance with the purpose of the study, namely the perceptions of different subsets of African men and African traditional healers that sexual intercourse with young girls can cure HIV/AIDS. However, it is a relatively new phenomenon and little research has been done, therefore there is not much literature on the subject and the material for review has been drawn from all sources. Much of it is from reports in the media as opposed to academic journals.

The review has been divided into sections dealing with the rape of girl children, the existence and knowledge of the myth, HIV/AIDS in relation to the myth and traditional medicine in relation to the myth.

2.1.1 RAPE OF GIRL CHILDREN

Rape is a form of child abuse. For the purpose of this study, child rape will cover topics such as the incidence of rape in relation to location, unacceptability of the problem, the consequences of child rape and reasons for the rape of girl children.

2.1.2 DEFINITION OF CHILD RAPE AND SEXUAL ABUSE

Child rape is the involvement of a dependent, developmentally immature child in sexual activities she does not fully comprehend, to which she is unable to consent. Sexual abuse is defined as any contact or interactions between a child (under the age of 18 years) and an adult (who is older than the victim and is in a

position of power or control over the child, or may even be an acquaintance or an unknown person) in which the child is being used for the sexual stimulation of the perpetrator or another person. (Kewalramani, 1992). Fourie (2000) stated that rape is an act of sexual aggression, which is used by men against women.

Therefore for the purpose of this study, any adult male who has sexual intercourse with a girl under the age of 18 years without her consent or comprehension, in order to be cured of HIV/AIDS, is regarded as having carried out an act of sexual abuse.

2.1.3 INCIDENCE OF RAPE IN RELATION TO LOCATION

Rape of girl children is not only taking place in South Africa but other countries as well. This means that it is a global problem and needs immediate attention. In 1995 in the United States of America, 126,000 children were sexually abused of which 75% were girls of ages ranging between four to seven years. This report came from the department of Health and Human Services, Administration for Children and Families. According to the American Justice Department, one in two rape victims is under 18 and one in six is under the age of 12 (RAINN, 1996.)

Although the cases given here are ones that were reported, many go unreported. In India for example, as reported by Promilla (1993), a study on the sexual abuse of the girl child showed that there is an increase yet the community says nothing as this often happens within the family and people are scared to talk about it.

The President of Zambia reported that child rape is a serious crime. As 400 cases had been recorded between January and June 2003, an increase from 238 the previous year (Shacinda, 2003).

There has been an increase in the rape of girl children in South Africa. A study by Suzanne Lerclerc-Madlala (2002) indicates this. Human Rights Watch (1995) in

South Africa also indicates an increase. Similarly, Jewkes (2002) notes that the rape of girl children is a violation of human rights that has become a health problem in this country.

Jewkes (2002) felt that the worldwide sexual abuse of girls is associated with mental and physical health problems. The Human Sciences Research Council of South Africa says the rape of girl children is the most frequent form of sexual abuse. According to Mthombeni-Mhlongo (1995) child rape has increased quite drastically among the Africans in recent years.

Information about the number of rapes taking place has been drawn from Statistics South Africa, Child-line, the South African Police Services, South African Race Relations, Human Sciences Research Council, National Council for Child and Family Welfare, also Medical Research Council and Lancet journals and had been presented below. The reports of child rape and rape in general have been drawn from the statistics for the years between 1993 and 2003 for South Africa and its provinces. Some of these reports are for Durban, KwaZulu-Natal. The reports are given in numbers as well as in percentages.

In 1993, the National Council for Child and Family Welfare reported that a child was raped every five minutes in South Africa.

In 1994, the Human Sciences Research Council reported that over a period of five years there was an increase in all forms of sexual abuse, the most frequent being the rape of female children. There had been an increase of 89% in girl rapes. The Child Protection Unit reported 7,559 rape cases during this year.

In 1998, the Medical Research Council reported through the South African Demographic and Health Survey that out of 11 735 women, 153 were raped before the age of 15 years. The Child Protection Unit reported that 15,753 rape cases occurred during 1998.

In 1999, the Crime Information Management Centre of the South African Police Services gave a recorded 221 072 sexual offences against people under 17. However, only 51 249 actual cases were reported, and so the police felt that this crime was under reported. Statistical analysis showed that the victim age group reflecting the highest rape ratio per 100,000 of female population was 12 to 17 year old girls. There 471.7 cases. The age category of 0 to 11 years reflected a ratio of 130.1 rapes per 100,000 of female population which was the second highest ranking.

According to the figures provided by the Minister of Safety and Security in March 1999, 138,683 children under the age of 18 years were raped in the first six months of the year. This showed that this was a trend of increase over 1994 to 1998 and it was doubled in 1999.

LoBaido (2001) also stated that over 15% of all reported rapes were against children under 11 and 26% against children between 12 to 17 years. In the year 2000 in South Africa, 58 children experienced a rape or attempted rape each day. Between 2000 and 2001, 21,538 children under 18 years were raped. There were 72 000 children in this age group in Kwa-Zulu Natal with 4,797 reported cases, followed by Gauteng province with 85 000 children and 4,136 reported rape cases. Therefore approximately 11 % of children were raped that year.

In 2001, Earl-Taylor, reported that with an incidence of 19.94%, South Africa had the highest rape and child rape incidence in the world. This amounted to an average of five children being raped every hour of the day. In the first six months of this same year, 10,242 cases were reported, with Kwa-Zulu Natal reporting the highest number (2,236), followed by Gauteng with 2,076 cases.

In conclusion, it can be seen from the above reports that, the rape of children is a significant problem not only in South Africa but globally, with numbers increasing over the past years.

2.1.4 UNACCEPTABILITY OF THE PROBLEM

Child rape is unacceptable to the society as the children lose their virginity and they become severely traumatized according to Leclerc-Madlala (1997). She further says that virginity because a virgin has abstained from sex is associated with purity. If a girl is raped, there is not only physical but also psychological trauma. There are cases that go unnoticed or not reported, as the community does not want to talk about them. This is also evident in the India where Promilla (1993) conducted a study and found that there were rape incidences that were not reported by the community members because they did not want anyone talking about it, as they felt it was a shameful as it happened within their families. It is clear that some evidence exists that child rape is unacceptable to families and the community. The acceptability of the myth was explained in this study.

2.1.5 CONSEQUENCES OF RAPE OF BABY/GIRL CHILDREN

The health consequences after rape are far greater for a girl child than an adult woman because she could sustain perineal injuries in the form of tearing of the recto-vaginal septum and the anterior anal sphincter due to a dry vagina Pitcher (2002). The tearing of the recto-vaginal septum and the anterior anal sphincter can cause children to die from hemorrhage or abdominal sepsis even if they were to get medical care (Pitcher, 2002.) Pitcher (2002) also noted that she could contract sexually transmitted infections. Koss (1992) stated that the occurrence of sexually transmitted diseases resulting from rape ranged from 3.6% to 30%. It then becomes a life-threatening thing. (Pitcher, 2002.) Koss

(1992) indicated that the victims of rape often manifest long-term symptoms of chronic headaches, fatigue, sleep disturbances, recurrent nausea, and decreased appetite, eating disorders and suicide attempts. Jewkes (2002) warned of the long-term consequences, which are also associated with the high risk of HIV transmission due to the extensive injuries that can increase the chances of transmission of the virus. Finally Jewkes (2002) said that research has shown that the long-term effects would be unsafe sexual practices. At a later stage this victim could end up with multiple partners and even taking part in commercial sex work. Therefore, child rape has a number of life threatening consequences.

The above findings are illustrated in a report by the South African Press Association, stated that a nine-month old baby girl from Kimberley in Northern Cape ended up having a full hysterectomy and was still requiring a surgical repair of the intestinal damage. Similarly, in Upington, which is also in the Northern Cape, a six year old child also underwent a full hysterectomy after she was raped and she suffered extensive damage of her colon and anus (LoBaido, 2001). It is distressing to note the damage that can be caused to children as some get infected with HIV; they lose their fertility and contract HIV.

2.1.6 REASONS FOR THE RAPE OF GIRL CHILDREN

There are many reasons as to why girl children are raped; one reason could be related to the power that a man has over a woman and perceptions of sexual entitlement. According to Lancaster (1992) the notion that men have a right to force women to have sex comes from a traditional English law which states that

the woman gave irrevocable and perpetual consent to her husband on marriage to have sex whenever and however he wanted and therefore he cannot be charged for rape. This is reflected in the laws of the United States of America, but in sub-Saharan Africa there are no such laws. In South Africa, the Constitution Act of 1996 protects people. Unfortunately, not all South Africans observe people's rights and raping of children is one example. There is, however a big drive towards stopping the abuse of children and women. One way is the 16 days of activism against woman and child abuse, which is observed at the end of every November to December. Also, people in the media constantly speak out against it. (S.A.B.C. 2004).

The problem in sub-Saharan Africa is that women are culturally dis-empowered to negotiate sexual intercourse with the male partners, and have little say in the matter, because they are socially subordinate. (O'Sullivan, 2000). In South Africa women have commonly been seen as inferior to men, seen as possessions, needing to be led and controlled. So, despite the constitutional rights legally offered to people, it appears from these studies, that women and girl children may be powerless to refuse sex with men. (Jewkes, 2002).

The second reason for the occurrence of rape of girl children in South Africa is as a consequence of apartheid, which left legacy of social and economic imbalances, often resulting in conflict and violence to which women and girls were not immune. This included all forms of violence, which could be gender based and directed to women and girls because they are females, or violence that affected both women and girls. (Human Rights Watch, 1995.) In other parts of the world, there is also widespread and systematic sexual violence against women and girl children, especially Muslim women. This has been described as a weapon that affects the population during conflicts. (Jewkes, 2002.)

Thirdly, certain cultural norms play a contributory factor in the child sexual abuse. There are norms that sanction the rights of adults to control and impose their will on children and these may be used to justify the imposition of the adult sexual desires on children. In addition, there are norms that support male dominance and play a contributory role in sexual maltreatment. This is linked to the perceptions of power and entitlement, mentioned at the start of this section. There is also a similar cultural support for paternal control over what occurs in the family and this may contribute to sexual victimization. The way in which males are socialized can also contribute to the abuse as they see themselves as powerful over the females (Faller, 1990.)

A fourth reason that contributes to the occurrence of rape of girl children is the fact that youngsters cannot find jobs and are unemployed. As a result, they spend a lot of time sitting around drinking alcohol because they are bored and frustrated. They do not have much money and find themselves staying at home and looking after children. The alcohol diminishes their inhibitions and the presence of children and absence of parents can result in them raping children. (Net-Firms, 2002).

The last reason is the myth that sex with virgin cures HIV/AIDS (Leclerc-Madlala, 2002). It is thought that child rape as a cure for HIV/AIDS is a relatively new phenomenon and there is little understanding of the motive behind the rape of children, hence the need for this study. Therefore the reasons for child rape were complex and multi-levelled. They included critical dis-empowerment, consequences of apartheid, cultural norms and unemployment.

2.2 THE MYTH OF CHILD/VIRGIN RAPE AS A CURE FOR DISEASES

The myth of a virgin cure has existed for a long time. The belief was that sexually transmitted diseases were cured by sexual intercourse with young girls because they were virgins. (Leclerc-Madlala, 1997.) Therefore the information in this section has been divided into the myth as an old tradition and the myth to cure

HIV/AIDS. This has been done in order to give a full description of what was happening in the past and what evidence exists regarding current beliefs about the myth with respect to HIV/AIDS is. The other topics that are covered are the manner in which the myth is believed to work and people advocating the myth.

2.2.1 THE MYTH AS AN OLD TRADITION

Studies done in and outside the country show that there has been a belief in the myth that having sexual intercourse with a child who is likely to be a virgin, will cure sexually transmitted diseases. The myth of the virgin cure has a rich, culturally diverse history that stretches back to 16th century in Europe, and more prominently found in 19th century Victorian England. In spite of the emphasis on morality, rectitude and family values, there existed a widespread belief that sexual intercourse with a young girl child was a cure for syphilis, gonorrhea, and other sexually transmitted diseases and this is noted even recently. (Taylor, 2002.)

The study by Promilla (1993) writing of India, says "In our society, which is full of superstitions and obscurantism, sometimes very small girls are raped because of the belief it will cure sexually transmitted diseases, thus ruining the life of these girls, at times even causing death".

From the above, one sees that sexual intercourse with a young virgin girl is not a new phenomenon, nor it is confined to South Africa. This belief is noted even as early as the 16th century.

2.2.2 THE MYTH AS A CURE FOR HIV/AIDS

Pitcher (2002) reported that the myth was thought to have originated in Central Africa and moved south along with the HIV pandemic. Leclerc-Madlala (1997) noted that quack doctors kept special brothels in Liverpool as early as 1827 to provide for this cure. In the Eastern Cape province of South Africa, when soldiers

returning home from overseas after the World War II caused a significant outbreak of sexually transmitted diseases, the virgin cure was widely sought.

2.2.2.1 Existence of the myth

Jewkes (2002) has questioned the extent to which the myth accounts for child rape, stating that the "idea that having sex with a virgin cleanses a person of AIDS does exist in South Africa and there have been reported cases of this as a motivating factor for child rape, but the predominant evidence suggests that this is infrequent". This statement was justified on the grounds that her investigation into the injury patterns, management and outcomes of child rape cases only found a 1% sero-conversion rate amongst child rape victims who had not received antiretroviral therapy. Given the extensive injuries in child rape, a higher rate of sero-conversion would have been expected. She further noted that Lamprecht, Manager of Teddy Bear Clinic in Johannesburg, expressed similar skepticism as this child-abuse crisis center had only seen one case of a 4 year old baby girl, where the mother had agreed that the HIV positive man could rape her daughter in exchange for cash.

There are studies, reports and authors that refute the existence of the myth. Despite the above, the following reports indicate that the myth does exist and it has different origins. Much of this literature is from the media as few studies have been done on the subject. For instance, the African Special Report reported that in Zimbabwe a medical officer had interviews with the community trying to find out about the existence and the extent of the myth. He reported that women and mothers allowed their men or husbands, who were HIV positive, to go to bed with their children, in the belief that they would get rid of the HIV by passing the virus

to the virgin. They are now aware that this is just a myth as most people who tried this, have died. (O'Brien, 2000.)

It has been reported by Shacinda (2003) that child rape has become a burning issue in Zambia following the death of an 11-year-old girl. She died from multiple sexually transmitted diseases contracted after her stepbrother raped her. It is reported that sexual violence and coercion of girls is being fuelled by men targeting virgins or younger girls assumed to be HIV negative or seeking them out, based on the myth that sex with will cure AIDS.

Shell (2000) agrees that a dangerous myth that sexual intercourse with a female virgin will cure HIV/AIDS is widespread in southern Africa. Leclerc-Madlala (1996) supports the notion of being dangerous, as she states that there are a percentage of young South Africans that do not know that this is a myth and therefore not truly a cure for HIV/AIDS. In South Africa, Kenyon (2000) who runs a counselling service for rape and HIV/AIDS victims, attributes the incidence of child rape to the myth that having sex with a virgin can cure HIV/AIDS sufferers. She said she remembered a senior policeman who overheard her rebut of the widespread belief, interrupt her, saying "But it does!"

Fergus (1999) is of the opinion that there has been an increase in the number of children being targeted as a result of this belief, which has brought about a significant increase the spread of HIV/AIDS. Rape activist Charlene Smith (2003) is convinced that the child rape crisis is being fuelled by the virgin cure myth. She supports this stating that some the community members in Limpopo province say that men had sexual intercourse with babies because they believed that it would cure them of HIV/AIDS. In a study on the virgin cure in 1999, done by Sexual Health Educators (1999) in Gauteng province, 32% of the participants indicated that they believed in the myth.

An anthropologist, Mitchell (1995), reported that child rape was increasing and that it targeted girls less than 8 years of age in the belief that it would cure men of HIV/AIDS. He believed that this was a prevalent myth in KwaZulu-Natal and other provinces. Virologists at the University of Natal Medical School have also reported that the steady increase in HIV positive female children in the province of KwaZulu Natal was likely to be due to the existence of the myth (Leclerc-Madlala, 1997).

There is growing evidence that belief in the myth exists and that it plays a significant role in the reasons behind child rape (Pitcher and Bowley, 2002). Based on the above reports, it can be concluded that there is evidence for the existence of the myth and its contribution to HIV/AIDS in young children as a result of rape. This study sets out to explore this issue.

2.2.2.2 Reasons for the myth

As already explained, most of the information about the reasons for the myth in South Africa come from the media as there very few research studies have been done on this aspect. However it is clear that the reason for the myth is that people are seeking a cure for HIV/AIDS. Charlene Smith says that people who acted on the myth were not monsters but did so because of lack of treatment and out of desperation. Secondly it is believed that there are uninfected men who prefer to have sex with babies, whom they perceived to be clean and therefore not a risk for them contracting HIV. (UN Integrated Regional Information Networks 2002).

Leclerc-Madlala (2002) also gave reasons in her paper entitled "Mythogeny of virgin cleansing: Women, AIDS". She supports Smith's contention by stating that the increase in child rape is because of the myth as there is no medication available and people who are HIV positive are desperate for the cure. She believes the increase in baby and child rape is because the communities are

devastated of HIV/AIDS, unemployment, poverty, despair and a sense of no hope.

In another survey, which was conducted by UNISA at the Daimler Chrysler plant in East London, 18% of 498 workers believed that having sex with a virgin would cure HIV/AIDS. (O'Brien, 2000). This means that in one organization 90 people believed that the virgin cure worked. Another report of the myth of child rape as a cure for HIV/AIDS came from the Transkei in the Eastern Cape. It recounted the story of a nine-year old female child, brought to the Umtata General Hospital, was a victim of the mistaken belief that sex with a virgin will cure an HIV infected person or an AIDS sufferer of his illness. The alleged rapist was an HIV-positive uncle of the child (Meel, 2003.) It therefore appears from the few reports identified that men rape girl children to cure themselves of HIV or even to prevent themselves from contracting the infection. They do this because they are desperate for treatment for an illness for which there is no cure and for supportive treatment is expensive and consequently unavailable to them. The validity of such media reports was verified in this study.

2.2.2.3 The extent of the belief in the myth

Jewkes (2002) has questioned the extent to which the myth accounts for child rape, stating that the "idea that having sex with a virgin cleanses a person of HIV/AIDS does exist in South Africa and there have been reported cases of this as a motivating factor for child rape, but the predominant evidence suggests that this is infrequent". In contrast to Jewkes (2002) statement, there are a number of reports that indicate that the myth is fairly widely believed.

Fergus (1999) noted that many HIV positive men think it is therapeutic for them to have sex with young girls because the girls are HIV negative and are virgins. When the men from Daimler Chrysler were asked if they believed they would become clear of the virus after intercourse with a virgin they said yes. O'Brien (2000) stated that this is a traditional belief which is widely spread both in the

rural and in urban areas. Similarly, in 1999 a prosecutor in Durban told the Human Rights Watch that the virgin rape myth is a major problem and that she represented many HIV positive children. She explained that they often died before the prosecution of the abuser was complete. "We're seeing younger and younger victims with an average age of six guaranteed to be virgins and I cannot completely attribute all their HIV status to the virgin rape myth, because it could be that the mother was HIV positive, but I do feel the myth is causing an increasing number of younger rape victims".

The extent of the myth is also noted in a study by Neil (2002) of CIETAfrica on sexual abuse among pupils. He asked boys and girls if they believe that having sex with a child or a virgin could cure HIV/AIDS, and found that 12% of girls and 14% of boys believed it to be true. This study was conducted at schools and 9000 children participated. It was not known whether these children were all Africans or not. It is of concern to note that young people knew of and believe in the myth. Some of them could go on to rape children as a result of this belief. Pitcher (2002) believes that the increase in infant rape is strongly linked to the prevalence of HIV/AIDS in this country and certain factors like legacy of violence; poverty, gender inequalities and the virgin cleansing myth are important causes of child sexual abuse. The Sunday Times newspaper (1999), reported a number of incidences of child rape, which took place within the province of Kwa-Zulu Natal. One was at Port-Shepstone where a one month-old baby was left under the care of two women. These women were found to be drinking alcohol with two men and it was alleged that the men raped the baby. A second incident took place where a 7 year- old girl was raped by a man who confessed to the mother of this child that he wanted to be cleansed of his HIV status (Govender, 1999). Since the literature is mostly from the media, this study sought to investigate the extent of belief in the myth.

2.2.3 MANNER IN WHICH THE MYTH IS BELIEVED TO WORK

Only a few reports were found in which explanations of how the myth is believed to work were given. There are described below. The predominant belief is that when a man engages in sexual relations with children and young people, the HIV will pass from them to the child thus cleansing the infected person of the virus (Meena, 1992; Kaya, 2000). An additional belief is that, although intercourse with a virgin will cleanse the man's blood of HIV/AIDS, the girl will not be infected in the process. (Leclerc-Madlala, 1999). In African culture, illness is seen as a state of ritual, magical or physical dirtiness with the process of healing described as "cleansing". Sex is regarded as a process of ritual cleansing in some context, like after bereavement or after the Xhosa male initiation rituals. (Smith, 2002.) Many people see the vaginal passage into the body of a virgin as being 'sealed off' by an intact hymen. The intact hymen is viewed as a barrier, which prevents the HIV 'germ' from getting into and settling in the girl's blood. The belief is that a man will somehow get an infusion of 'clean blood' through this method. The belief that sexual intercourse with a virgin can cure a man of HIV/AIDS is embedded in metaphoric associations of sexually active women with "wet/dry" vaginas. (Lerclec-Madlala, 1999.) This means that, in an African culture, there are certain rituals, which follow the process of cleansing by having sex with a virgin child to cure sexually transmitted diseases. Taylor (2001) endorses this in his unpublished paper about what is encompassed in the current belief system of the prevention and cure of HIV/AIDS. He says the notion that an intact hymen and smaller amount of vaginal secretions in young girls, prevents the transmission of the disease. This shows that both the virginal status and the early age of the girl are important criteria for the myth to work. The study set to research perceptions of the manner in which the myth is believed to work.

2.2.4 PEOPLE ADVOCATING THE MYTH

In a newspaper in Zambia a report noted that the traditional healers are to blame for promoting the myth. It stated that people still turn to them for medical advice,

as they cannot afford a doctor and reported that a counsellor for abused children based at Lusaka said, "Traditional healers are misleading some rapists that HIV infection can be reversed if a man has sex with a minor"(Shacinda, 2003.)

In South Africa, media reports have highlighted cases of sex with children being prescribed by people claiming to be traditional healers (Mutimbe, 1999). She further said that there is a notion that people who pretend to be traditional healers spread the myth because they want to make money out of poor people. Real traditional healers are not responsible for spreading the myth and this belief. (Jewkes, 1999.) The belief is that the people who promote the myth call themselves traditional healers, yet they are witchdoctors. (Johnson, 2001.) In view of the above, an investigation into who is responsible for the perpetuation, the myth was an important objective for this study.

2.3 TRADITIONAL MEDICINE, HIV/AIDS AND THE MYTH

2.3.1 HIV/AIDS STATISTICS FOR THE YEAR 2003

The HIV/AIDS epidemic is a significant health problem, both globally and in South Africa. The most recent figures supplied by UNAIDS (WHO, 2003) indicate the following:

adults and children who have died of HIV/AIDS: 2.5-3.5 million (global);
adults and children newly infected with HIV: 4.2-5.8 million (global);
children under 15 years who are infected with the virus: 590 000-810 000 (global); and
children under 15 years who have died of AIDS: 420 000-580 000 (global).

In the Sub-Saharan Africa: 2003:

adults and children who died of HIV/AIDS: 2.2-2.4million;
adults and children newly infected with the virus: 3.0-3.4million;
children under 15years who died of HIV/AIDS: 400 000-540 000; and
children under 15years who are infected with the virus: 580 000-660 000.

Prevalence rate of the virus amongst females in South Africa: 32%.

More recent South African HIV/AIDS figures also supplied by UNAIDS (WHO, 2004) are given below:

The HIV infection rate of 15 year old children: 68%

The estimated and projected deaths of South Africans at age 15-34 with AIDS are:

2000-2005: 1.3million;

2005-2010: 1.7million; and

2010-2015: 1.8million.

Friedman (1998) has explained that there is no cure for HIV/AIDS at present, it is a serious disease and therefore people will eventually die from it. Antiretroviral drugs can slow the infection, prolong life and improve the quality of life. However, they are expensive and people on the treatment must be monitored, which requires an infrastructure of modern health services. At present, they are not easily accessible for the majority of the South African population. Therefore people are left to find other ways of managing the infection. Many of them turn to traditional medicine and the healers for help. In some cases they receive treatment that is useful and in others they are given useless or even harmful treatment or advice.

2.3.2 THE TRADITIONAL HEALER

Since traditional healers have been implicated in the spread of the myth, it is necessary to explore the definitions of traditional healers, the types of traditional healers and their role in HIV/AIDS.

2.3.2.1 Traditional medicine

The World Health Organization (WHO, 2004) defines traditional medicine as "the total combination of knowledge and practices, whether explicable or not, used in diagnosing, preventing or eliminating physical, mental or social diseases and

which may rely exclusively on past experience and observation handed down from generation to generation, verbally or in writing. The treatment regime has changed over time. A health system can provide different types of health care. One of them is called Western health care and it is a formal health care, but now it is more acceptably known as modern or conventional health care. The other form is indigenous or traditional health care or medicine. (WHO, 2004.)

2.3.2.2 Importance of traditional medicine

The importance of traditional medicine in global health care systems has long been noted. This was evidenced by the Alma-Ata Declaration of 1978 on Primary Health Care, which recognized the role of traditional medicine and its practitioners in achieving health for all (WHO, 2003.)

2.3.2.3 Definition of traditional healers

Traditional health care is provided by traditional healers who are people recognized in their communities as skilled and knowledgeable in the use of indigenous medications (herbal, animal, or mineral substances) and therapies (such as acupuncture, divination, herbalism, reflexology and spiritual healing (prayer and faith healing) that are considered alternative or complementary to Western health care. (WHO, 2003.) In South Africa, Green (1996) stated that traditional healers might be called "indigenous ethno-medical practitioner" because they also function as guardians of cultural traditions. Hess (1998) agrees with this, noting that the traditional healers are often called indigenous practitioners and, in order to qualify they had to serve an apprenticeship of between one and five years. So they should be well known within the community and to other traditional healers.

2.3.2.4 Types of traditional healers

In South Africa, African traditional healers are divided into two main subgroups. They are inyangas and the sangomas. An inyanga, usually a male is a herbalist who works with indigenous plants and he is consulted for medical and

psychological treatments and cures, including sexually transmitted infections, HIV/AIDS and related symptoms. The skills of this individual are usually passed from father to son. (Ngubane, 1977.)

A sangoma, (Ngubane, 1977) or a diviner, usually a female, is believed to have the power to communicate and intercede with the spirits (ancestral spirits). He or She cultivates relationships with ancestral spirits (Amadlozi) and other spirits, believed to assist in divination and healing (Green, 1996). It is believed, according to African tradition, that, at death, the soul or shadow departs the body to join the other spirits who are down below the earth (Abaphansi). After a sacrifice is performed following a period of mourning, the spirit is integrated with the body of the ancestors and also brought back to the homestead as one of the protective ancestral spirits. (Ngubane, 1977.) In addition to the inyangas and sangomas, traditional healers can also include birth attendants, faith healers, midwives and traditional surgeons who perform circumcision. (Green, 1996.)

2.3.2.5 Distinction between traditional healers and witchdoctors

Bond (1993) and Yamba (1997) state that witchcraft is believed to be the causal agent in HIV transmission and AIDS in many African countries and it has been cited as the cause of death from HIV infection in Zambia. They further say that 25% of sexually transmitted diseases are so ascribed by people arguing the point by asking the "would two men be exposed to the same woman and yet one would become infected while the other would not be"? Felhaber (1997) also noted that witchdoctors or sorcerers are usually blamed for illness and misfortune in traditional African societies. Although many traditional healers do not distinguish between witches and sorcerers, witches are believed to have supernatural powers and they commit evil deeds and cast spells with the help of mythical animals and supernatural creatures. Sorcerers cause harm to people by misusing their natural ability or knowledge of medicine for non-healing purposes. (Felhaber, 1997.) Therefore, there is a clear distinction between the traditional healers and the witchdoctors. Mbali (2004) refers to witchdoctors as charlatans

and abathakathi as they use traditional medicine for evil purposes. She reports that they are responsible for promoting the myth, as they know that there is no cure for HIV/AIDS and they want money from those people who are desperate for a cure.

2.3.2.6 Role of traditional healers in HIV/AIDS

The traditional healers were identified by the WHO (2003) in a meeting Botswana, where control plans were made for that other countries like Kenya, Zimbabwe, Tanzania and Uganda, to be involved in community-based HIV/AIDS care, counselling and symptomatic treatment. The traditional healer's role as seen by Staugaard (1991) is to:

- maintain social stability, provide valuable information on sex behavior;
- teach young people about sexual roles;
- act as informal networks for women, in Islamic communities;
- be the guardians of social norms;
- channel educational messages and act as change agent;
- dispense symptomatic care;
- treat opportunistic infections; and
- counsel young people about control of HIV.

The above is also supported by Homsy (1996) who did a study in Uganda about traditional medicine. He found that traditional healers are valuable in rendering traditional counselling against diseases, especially HIV/AIDS.

Traditional healers are consulted by 70% of the African population with all kinds of ailments (Chipfakacha, 1997). Mkhize (2002) agrees with this, saying that a traditional healer sees as many as 20 patients a day. It is estimated at 80% of the population that uses traditional medicine (Ritcher, 2003). In sub-Saharan Africa, the ratio of traditional healers to the population is approximately 1:500, compared to a ratio of one the medical doctor to 40 000 people (Ritcher, 2003). This means

that there are far more traditional healers than conventional doctors thus making them more readily available to people seeking health care. Similarly, the Department of Health (2003) estimates that there are 200 000 traditional healers active in South Africa and 97% of people living with HIV/AIDS first use traditional medicine.

Campbell (1998) explains that African traditional healers are trained for a period that may last from one year to ten years during which time the students may not see their spouses or children must abstain from sexual contact and live under harsh conditions. All this is part of the cleansing process to prepare the healer for his or her life's work, and the experiences of training earns a deep place in their memories. This process is experienced by the sangoma or the diviner, but not always by the inyangas. With respect to the inyangas, a trainer does not always do the training, but the ancestors visit the healer at night to give him or her the specialty. The ancestors teach the healer what the healer needs to know about disease. Sometimes this specialty occurs when the healer, who is still in training, disappears into a pool of water in the sea and returns with a water python, a symbol of being a healer. This trainee sucks the blood from the python and pours it into the container where it is later mixed with herbs in order to help heal sicknesses. Once a trainee traditional healer has finished training, he or she graduates and returns home. (Campbell, 1998.)

Traditional healers use different things in their healing, some use herbs which have not been treated with insecticides. Some throw bones, which then indicate what must be done to cure patients. Bones are a powerful diagnostic tool, as well as seashells, coins, small smooth stones and the bones from the goat that was slaughtered when the healer graduated. Most of the sangomas are said to be possessed by ancestral spirits and use drums in order to communicate with them. (Campbell, 1998.)

Traditional healers are to be controlled in accordance with a new bill, which was recently passed by parliament and will become an act (see Annexure 2.17 Bill of Traditional Healers 2003). The traditional healers bill provides for the establishment of the Interim Traditional Health Practitioners Council of the South Africa. It also provides for a regulatory framework to ensure the efficacy, safety and quality of traditional health care services; to provide for control over the registration, training and practice of traditional health practitioners and to provide for matters incidental thereto.

2.3.2.7 Traditional healers and the myth of the virgin cure for HIV/AIDS

As explained in 1.2 the researcher conducted an interview with a traditional healer from KwaMakhutha, which is in Durban, prior to starting this study. He stated that the ancestors see a child who has not reached puberty, as a clean, pure person and still a virgin. The community members consult the traditional healers quite often and young men will go there for advice as well as for sexual problems. The traditional healer further explained that because elderly people in the community are often not available to give advice to these young men, due to urbanization and increase in nuclear families, these young men have a poor understanding of biological changes in their bodies. However, he did not indicate that traditional healers were advocating the myth. (Traditional Healer X, 2003).

In contrast to the above, as it has been reported that some traditional healers spread or advocate this myth of virgin cure (Govender, 1999). Similarly, Jewkes (1999), Mutimbe (1999), Johnson (2001) and Shacinda (2003) have implicated traditional healers in the perpetuation of the myth.

2.4 AFRICAN CULTURE IN RELATION TO SEXUALITY, THE SPREAD OF HIV/AIDS AND THE MYTH

Cultural practices are used by the society in order to prevent people from doing things that are unacceptable and protect and people. Some cultural practices that are considered relevant to the study are described below.

Sexual culture, distinct from the individual expression of one's sexuality, is an amalgam of societies beliefs, values and understandings pertaining to sex and therefore a generalized or idealized expression of that cultures sexual behavior. Individuals, cognizant of those cultural ideals, express variation as long as they are within the parameters of those barriers socially defined as normative (Parker, 1991.)

Anthropologists in the context of HIV/AIDS have recently studied African sexuality. There are limited studies examining the issue of sexuality and AIDS in Africa as said by Caldwell and Quiggin (1989). They further said "the existence of distinct and internally coherent African system of sexuality is characterized by the importance of ancestry, descent and the maintenance of the lineage; lineal inheritance systems; female dominated agricultural, and fertility." Despite the usefulness of Caldwell et al's study, it has been strongly criticized as it over generalizes the freedom of female sexuality in Africa. There has also been much debate about the existence of an African system of sexuality (Le Blanc, 1991). However the socioepidemiology of AIDS in Africa reveals the influence of macro political economic factors such as increasing poverty, rising unemployment, gender inequality and forced patterns of labor movement.

Larson (1990), identify the historical political economic consequences of colonization and rapid urbanization and industrialization as the primary factors which have transformed the dynamics of African sexual relations resulting today in high HIV infection. In particular indigenous loss of access to land and forced labor practice of migratory labor led in a breakdown of the African family system, because it forced men to leave their families for extended periods of time which left a large number of women and their children alone in the rural areas without a form of subsistence. Therefore with the male absence in the homestead, resulted in extra-marital relationships and migrant laborers developing relationships with city women or prostitutes, thus leading to "sexual networking". These patterns have led to the perpetuation of HIV infection from urban to rural areas.

Virginity is very important in this study, as it has been noted that young girls are targeted because of the myth, by being regarded as pure, clean. Virginity in African society has been associated with purity and cleanliness because of "Unomkhubulwane". She symbolized purity and cleanliness and was known as the Virgin Mary, who comes from the one who made the earth (Nyembezi, 1966). Ntombela (1997) said she is a powerful woman, who is an angel of God and she symbolizes girls and women. She regarded is as being blessed, as indicated by the fact that people pray to Her for the rains when there is drought. Her importance was also emphasized by Msimang (1975 in Ntombela, 1997), who explained that in the past, people who were rich, meaning that they had cattle, food in the gardens and everything they needed, owed this to "Unomkhubulwane".

Ntombela (1997) continues by stating that she is thought to have all the beauty that a woman needs and that is why our little girls have been brought up to be pure by preserving themselves, so that they resemble the pure, clean Angel of God. People pay respect to "Unomkhubulwane" because she has brought the virgin culture to people, especially the African people.

A further piece of evidence to show the value of virginity is provided by the practice of virginity testing. This is a cultural practice that is designed to prevent a child from sleeping around and falling pregnant or acquiring sexually transmitted infections. The practice encourages a girl to remain pure. (Leclerc-Madlala 2002.)

From this, it is clear that the notion of a young girl, who is a virgin being clean and pure, has existed for along time. This would explain part of the myth, namely that a virgin is pure and clean. As noted in 2.2.3, that in African culture, illness is seen as a state of physical dirtiness and sex is regarded as a cleansing process (Smith, 2002). Therefore, in view of the fact that HIV is an illness (especially a sexually related one) which could be regarded as a state of dirtiness there is a

logical reason for people who have such cultural beliefs for having sex (as a cleansing act) with a virgin (who is known to be clean) in order to be rid of the illness. This could explain why young girls in African cultures may be used as tools for curing HIV.

Another relevant cultural perspective is that of "ubuntu". This term is used by Africans in South Africa to express the spirit of community and brotherhood among blacks according to Khoza (1994). He further said, "Being human encompasses values like universal brotherhood for Africans, sharing, treating and respecting other people as human beings." In his view, behavior associated with the myth is contrary to 'ubuntu' and all that was preserved within the African culture.

The cultural perspectives and practices related to ubuntu and the value of virginity have been important in preventing people from doing things that are not acceptable to society. Mbiji (1997) states that they also instilled respect for people, especially for girls, as they were treasured. A man knew that he would get lobola for his daughter and he would get respect within the community, especially if the girl is a virgin. Nowadays, Mbiji fears that this is falling away because people have lost that human touch, ubuntu.

2.5 CONCLUSION

The review of the literature has provided evidence for the existence of and belief in the myth. Some information about how the myth is supposed to work has been provided. It appears that people may carry out the myth out of desperation for treatment. Traditional healers and witchdoctors have been blamed for perpetuating the myth. However, most of the reports in this chapter are from the media and there is a need for them to be carefully researched, which explains why this study was important.

CHAPTER THREE: METHODOLOGY

3.1. INTRODUCTION

The purpose of the study was to explore the perceptions of different subsets of men and African traditional healers, with special reference to eThekweni Metropolitan area, about the myth that sexual intercourse with young girls is a cure for HIV/AIDS. In this chapter, the methods and procedures utilized to accomplish the purpose of the study are presented.

3.2. RESEARCH DESIGN

According to Elizabeth and Laura (1998) the research design is a plan that specifies and structures the action processes of collecting, analyzing, and reporting data in order to answer the research question. As already stated, the purpose of the study was to explore the perceptions of different subsets of African men and African traditional healers in the eThekweni Metropolitan area regarding the myth. Very little research has been conducted on the topic and most of the literature has been drawn from media reports. From an epistemological perspective, the researcher believed that knowledge about the myth would emanate from research conducted in the interpretive tradition. This was because it concerned perceptions and behaviors of people, and an understanding of the truth as they saw it required close interaction between the participants and the researcher. Furthermore, the ontological stance is that reality is multiple, subjective and constructed by the participants, thereby also demanding that the research be in the interpretive or qualitative paradigm. In order to understand the phenomenon, the researcher had to obtain in-depth textual data and by inductive reasoning arrive at a conceptual framework to explain the myth. A positivist paradigm would have been inappropriate, as the phenomenon is not well understood at this stage. The study was exploratory, descriptive and ethnographic in nature.

3.2.1 EXPLORATORY

It was an exploratory study as it looked at the full nature of the phenomenon and the process by which the phenomenon has evolved or is experienced. According to Elizabeth and Laura (1998) exploratory research is conducted in a natural setting and for the purpose of discovering the new phenomenon. She further says that exploratory studies include the inductive design, which is capable of discovery and theory generation, as well as the deductive design that examines characteristics of variables. As this study involved an exploration of the perceptions that men have about sexual intercourse with young girls to cure HIV/AIDS in order to understand the new phenomenon, the research was exploratory in nature. The researcher had to go to the field to meet with the participants in order to collect data. The data that was obtained has been used inductively to generate a conceptual framework.

3.2.2 DESCRIPTIVE

Polit and Hungler (1997) stated that in descriptive research, the main objective is the accurate portrayal of the characteristics of persons, situations, or groups and the frequency with which the phenomenon occurs. According to Elizabeth (1998), this kind of study describes how the phenomenon works and therefore reaches the outcome. It yields descriptive knowledge of population parameters and relationships among those parameters. Therefore, the study was also descriptive in the sense that it looked at the dimensions, variations and the importance of the phenomenon. Different groups with different experiences and knowledge about different situations within their communities regarding the occurrence of the myth were described.

3.2.3 PHENOMENOLOGICAL

Phenomenology describes the meaning of the lived experiences of several individuals about a concept or phenomenon (Polit and Hungler, 1997.) In this study, the perceptions of the myth is explored and the researcher was looking at a phenomenon as it occurred amongst people of African culture, especially Zulu

culture. This does not mean that it only happens in this culture, but the focus was on this group. The intent of the ethnographic study is to understand the underlying patterns of behavior and the meaning of culture. Culture is regarded as a set of explicit and tacit rules, symbols and rituals that guide patterns of human behavior within a group. This study was concerned with understanding patterns of behavior (i.e. myth) as it occurs amongst African people.

3.3. TARGET POPULATION

According to Polit and Hungler (1997) the target population is the entire population in which the researcher is interested. Elizabeth and Laura (1998) define the target population as a group of individuals from which the researcher is able to select a sample. There were four different subsets of African men who were Zulu speaking in this study, most of whom were part of the eThekweni Metropolitan area. These are described below.

1. African traditional healers. These are people who are recognized by the community in which they live as being competent to provide health care. The methods used include vegetables, animals and minerals and in addition other methods based on the social, cultural and religious background as well as prevailing knowledge, attitudes and beliefs regarding physical, mental and social well-being and causation of disease in the community (Hess, 1998). The operational definition has been provided in 1.6. Traditional healers were identified as an important group as they had been implicated in the dissemination of the myth by an informant (see 1.1) and the literature (see 2.2). Even if they were not responsible for this, it was known that young men would consult traditional healers for knowledge, information and advice on sexual problems as elderly people in the community are often not available to give such advice, due to urbanization and increase in nuclear families. Therefore, it was felt that they might have valuable information about the myth, which is related to sexual behavior and a health problem.

2. Young men aged between 18 and 25 years, and who fell into one of two groups. One group consisted of young men who were studying at a tertiary institution, whilst the other group constituted young men who were not studying at a tertiary institution and did not have a tertiary education. The intention was to have groups that varied in relation to the amount of formal education. It was felt that young men with less formal education may be less knowledgeable about HIV/AIDS and methods of cure than those with a tertiary education and may be more likely to hold traditional health beliefs. However, it was realized that this was a generalization.

3. Child rape rehabilitatees. This group was identified and included in the study after the interviews were conducted with the other groups and it was found that none of them had any direct experience of the myth. It was felt that this group might have more experience of the myth.

3.4. ACCESSIBLE POPULATION

Polit and Hungler (1997) refer to the accessible population as a group of individuals that meet the criteria for the study and are a pool of subjects accessible to the researcher. In this case the following four groups were identified, mostly from the eThekweni Metropolitan area. These comprised of African traditional healers from KwaMakhutha and Iziko areas; African men aged between 18 and 25 years old from a selected tertiary institution; African men who were not studying at a tertiary institution or did not have a tertiary education and were soccer players aged between 18 and 25 years; and lastly the child rape rehabilitatees, who were part of the rape rehabilitatee support group in the community which was facilitated by the Child Protection Unit and the Correctional Services Durban. There was a need to contrast the groups in order to get a better understanding of the phenomenon.

The first group, namely the traditional healers, became accessible because the researcher had established a relationship with a traditional healer, who agreed to

help in facilitating the identification of other traditional healers for participation in the study.

The group of students was selected from a university that is situated in Durban. This university had four faculties namely, Health Sciences, Law and Economics, Humanities and Engineering. The university had students belonging to the Indian, black, white and coloured racial groups. The faculties that were included in this study were the Humanities Faculty, which had students who were studying anthropology, and the Faculty of Health Sciences, which had students who were studying medical sciences. Students studying anthropology formed the accessible population because they were dealing with culture, society, values and norms. These students should have had an understanding of the traditional ways of healing. Students studying medical science were also the accessible population as they were likely to have had knowledge of western ways of healing. These two groups were identified because of the contrast in terms of methods of healing. All the students were in their second year of study, so that they would have obtained some knowledge of these subjects.

The group of tertiary students was chosen as the accessible population because the researcher is a health professional at the Student Health Services in this tertiary institution and most students visit the health center for health care. The researcher had established rapport with students and she was regarded as a familiar person they knew and trusted.

The young men who were not studying at a tertiary institution were soccer players from different communities. One is urban and the other is semi-rural. KwaMakhutha is a township in Durban and Iziko is outside the township and people in this area have poor resources, e.g. electricity, water and recreational facilities are very limited. Some of these young men had finished secondary school and some were working as labourers. None had a tertiary education. These two teams had their practice sessions at the Amanzimtoti Sport Centre.

This is where the researcher met these young men when she was still residing at Amanzimtoti. She used to spend time working voluntarily in teaching these men life skills. She found that if they had problems they consulted traditional healers, as there were no elders to give them advice on sexual matters. The researcher ended up forming a soccer club as a project to help youth to get out of the streets and to stay away from using drugs. Her husband assisted by coaching. The project has grown and most young boys want to join the club as it is well recognized and the youth look up to the players who are well-disciplined young men.

The fourth group consisted of child rape rehabilitatees. The researcher approached the Child Protection Unit and the Correctional Services Department in Durban and established that rehabilitation groups were conducted for people had been convicted of child rape and had served their prison sentence. She was given permission to approach people in the groups to participate in the study.

3.5. SAMPLING STRATEGY

3.5.1 SELECTION CRITERIA

Lo Biondo-Wood and Haber (1998) state that the ethnographer selects a group, which has an understanding of the phenomenon under investigation. All the people selected for participation in the study were African, Zulu, and males. For instance traditional healers were of different ages and the ages of the young men ranged between 18 and 25 years. These people lived in selected areas, some in KwaMakhutha, Iziko, and inside the tertiary institution where the study took place.

In addition, the criteria for the subsets were as explained below.

Traditional healers – initially these were drawn from the eThekweni area. However, this criterion was dropped during the study as it became necessary to look beyond its borders in order to get sufficient data for the study. There was no

criterion for the age. As indicated in 3.4, they needed to be people who worked with herbs, spirits and ancestors, be recognized by the community as a healer and use methods such as vegetables, animals and minerals for healing.

Young men who studied at a selected tertiary institution - studying either anthropology in the Faculty of Humanities or medical sciences in the Faculty of Health Sciences and residing on campus.

Young men who played soccer - playing at the Amanzimtoti Sports Center and residing in KwaMakhutha or Iziko areas.

Child rape rehabilitatee – these were people who were convicted of raping young girls reportedly in the belief that this would cure them of HIV/AIDS. They needed to have served a sentence and belong to the rehabilitation group conducted by the Child Protection Unit and Correctional Services Department.

3.5.2 SAMPLING METHODS

Non-probability, purposeful sampling was used to select participants for the four subsets which were the traditional healers, tertiary students, soccer players and the child rape rehabilitatees. According to de Vos (1998), in purposeful sampling, the researcher uses his/her own judgment in composing the sample of elements with the most characteristics or the attributes of the population. The aim was to include people who would be a rich source of information on the phenomenon. Therefore, the researcher purposefully selected people who were willing to participate and talk about this sensitive topic, and whom she knew were likely to be a good source of information. The manner in which the sampling of each group was done is explained hereafter. Different types of purposeful sampling were used, as described by Polit and Hungler (1997).

3.5.2.1 Traditional healers

This group was an intensity sample as they were potentially a rich source of information on the phenomenon. The researcher initially had an interview with a traditional healer who was known to her. After that, snowball sampling was done, whereby the traditional healer identified other participants who met the requirements of the study. This method was essential, as traditional healers tend to be reluctant to talk about their work to people who they do not trust and know. This reluctance could have been further compounded by the fact that the researcher was a woman and that it is not usual for African men to discuss sexual matters with women. For this reason, the researcher was accompanied by her husband to participate in her study.

3.5.2.2 Young men

The two groups of young men were maximum variation samples that allowed more focused inquiry of groups with different characteristics. The first group of young men were students who were likely to have had an understanding of the traditional ways of healing or to have knowledge of western ways of healing depending upon the subjects they were studying. The second group of young men, who were soccer players, with no tertiary education were likely to consult traditional healers on sexually related problems.

3.5.2.3 Child rape rehabilitatees

This was an extreme case sample that provided opportunities for learning from the most unusual informants. They were said to be extreme cases as they had direct experience with the phenomenon.

3.5.3 SAMPLE SIZE

According to Polit and Hungler (1997) the sample size is determined on basis of informational needs until data saturation has occurred. The size of the sample is also influenced by the relative homogeneity or heterogeneity of the population and the desired degree of reliability for the purpose of the investigation. The

number of traditional healers in the eThekweni area was unknown. A minimum number of five traditional healers was initially proposed. Eventually ten traditional healers were interviewed to get sufficient data in order to understand the phenomenon.

The student population at the tertiary institution was also large. It had a total number of 25 male students who were studying anthropology in their second year and 50 medical students respectively. A minimum sample size of five to fifteen participants for each focus group was planned for this study. This was the recommended size for a focus group, because it was a reasonable group to get all participants talking (Polit and Hungler 1997). Two focus groups, each with eight students, were used. One group consisted of the students studying anthropology and the other was the students doing medical science.

There were 22 soccer players from the KwaMakhutha and 22 from the Iziko areas. Eight participants were selected from each of these groups, to participate in two focus group discussions. Although the number of participants in the groups of young men was small compared with the population, the researcher did not have sufficient time to conduct more groups. Furthermore, the data from these participants was very similar and the researcher felt that this indicated that a reasonable understanding of their perceptions had been obtained.

Only two individuals were selected from the child rape rehabilitatee support group. This was because it was hard to identify participants due to the sensitive nature of the topic and many were not willing to be interviewed. One person, who was selected, died before the interview took place. Therefore, it was only possible to interview two people.

3.6. DATA GENERATION

Different methods were used to generate data about the perceptions of young African men and African traditional healers that sexual intercourse with young

girls can cure HIV/AIDS. The use of different methods in ethnographic research enhances understanding by adding up information and by using one type of data to refine another (Reinhartz, 1992). In this study, individual and focus group interviews were conducted.

Field notes and key words were documented, as the rest of the conversation was tape-recorded. The transcripts were formulated from the conversations that were tape-recorded. Some of the transcripts were in Zulu and were translated into English. These transcripts are included as Annexures 3.1 to 3.6.

3.6.1 METHODS

Self-reports from the participants were used because this allowed information to be gathered directly by questioning people about their own perceptions and experiences, which was appropriate for a qualitative study and the purpose of the study. (Polit and Hungler, 1997). Data was collected in English and in Zulu. The latter was translated into English and checked for accuracy by Dr. Ndimande, a Zulu linguist and an academic. Focus group interviews were conducted with young African men in both categories. The use of this method helped in promoting the discussion and the free flow of information. Focused individual interviews rather focus group interviews were conducted with the traditional healers, as well as the child rape rehabilitatees, as they did not find it acceptable to reveal their perceptions and experiences relating to the myth in a group, and this helped to maintain confidentiality.

It was explained to the participants that the interview would be rather slow due to the fact that the researcher would take field notes during the interview, be a moderator at the same time, and ask questions. Some of the participants were reluctant to discuss aspects of the myth, as they felt so upset by it. This was notable in the case of some traditional healers when the question of how the myth works was raised. However, participants spoke freely about most aspects. (see sections 3.6.4 and 3.6.5 for more details.)

3.6.2 PILOT STUDY

The purpose of the pilot study was to check if the tool/ instrument was going to generate information needed for the study and to establish whether the plans regarding the administration of data collection phase were appropriate. The pilot study was conducted on three groups of five young African, Zulu men. Only the young African men were included in this study, because the same instrument was to be used for the other groups. These young African men were from a tertiary institution and were chosen according to most of the criteria to be used in the main study.

They comprised of male students from different faculties, studying a range of courses:

Group A: Faculty of Humanities, studying tourism

Group B: Faculty of Health Sciences, studying pharmacy

These two groups had participants with ages between 18 and 25 years.

Group C: Post Graduate students, studying marketing, aged 30 to 35 years

A total of 15 students participated in the pilot study and they were excluded from the main study. The researcher introduced herself and explained the purpose of the interview. Information letter sheets were given out which explained why they were needed for the study. Where clarification was needed, the researcher provided it. The researcher reassured them that the information they were going to give was going to be kept confidential and not be used for the final study.

The ground rules were set, namely that participants were free to talk, ask for any clarification and no one was allowed to dominate within the group. They were not forced to answer questions that they did not wish to answer.

The participants were seated in a circle, which allowed the researcher to see and hear everyone in the group when they were talking. The questions were written

on A3 paper and pasted onto the notice board for everybody to see. The sequence of questions was not strictly followed, as the discussion that occurred resulted in an overlap in some of the questions. The participants were alert and answered with confidence.

The group discussions went well and all the questions in the instrument were well answered. Every participant was given a chance to talk within the group. The duration of the focus group discussion was for one hour as planned. The researcher decided that the same procedure was to be used for the main study. However the researcher realized that it was going to be essential to use a tape recorder for the main study, because she had to listen and write whilst the participants were talking. Consequently it was sometimes necessary to ask a participant to repeat himself, which interrupted the smooth flow of discussion and could have resulted in the researcher missing data. It was not appropriate to have another person as a moderator in case this limited the willingness of participants to talk. The tool was altered slightly, as a result of the pilot study. The alterations are described in 3.6.3.

3.6.3. TOOL/INSTRUMENT

De Vos (1998) states that in formulating the interview guide the concepts to be discussed need to be broad and must be clearly defined. In developing the guide for this study, the first step that the researcher began with was the definition of the research question under the enquiry in accordance with the recommendation by Crabtree and Miller (1999). The researcher developed the tool by considering the questions necessary for the research question to be answered, as well as being guided by the literature review. Therefore the questions in the interview guide were based on those in the rationale for the study. They addressed questions such as who advocates and believes in such behavior, whether the girl needs to be of a certain age, a virgin and pre-pubertal, under what conditions and how acceptable it is?

The tool took the form of a semi-structured interview guide with open-ended questions. The reason for using semi-structured interviews was to encourage the individual to define the important dimensions and the perceptions relating to the myth and to elaborate on what was relevant to them.

A structured interview could be restrictive if used because it could force people into responses framed by the researcher and result in some potentially important responses being overlooked (Polit and Hungler, 1997). The interviews were tape recorded in an attempt to ensure validity (Maxwell, 1996). This facilitated the free flow of information from all participants, which is appropriate for qualitative research on a relatively new phenomenon about which little is known. The same tool/instrument was used for all four groups of participants, with the exception of a few changes in the tool for the traditional healers and the child rape rehabilitatees (see Annexure 1.1 for the original tool).

Opening and introductory questions were asked at the start of the interview in order to stimulate conversation and to put the participants at ease. Thereafter, there were transitional, key, end and final questions. This accords with the recommendations of de Vos (1998).

As already stated the pilot study indicated the need for a few changes in the instrument. A copy of the amended instrument has been included (see Annexure 1.2). The instrument was rephrased and changed in order for the groups to elaborate more and give sufficient information. Apart from the few changes, it was found acceptable to the participants, understandable in terms of language and practical in terms of time frame. It stimulated discussion and generated relevant information. (see section 3.6.2 for a description of the pilot study.)

The questions in the original interview guide and the reasons for asking them are given below.

Opening question: This is a factual question and it was intended to establish the knowledge the groups and the individuals had about HIV/AIDS.

1. Have you heard of HIV/AIDS? If yes, from what source?
2. Have you got any ideas as to how people get infected with HIV/AIDS?

Introductory question: This question introduced the topic of the perceptions different subsets of African men and traditional healers about sexual intercourse with young girls to cure HIV/AIDS.

3. Have you heard of people talking about being cured of HIV/AIDS by having sexual intercourse with young girls? If yes, what have you heard?

Transitional question: To link the first three questions

4. Do you believe that HIV/AIDS can be cured by having sex with young girls? What makes you say this?

Key questions: To engage the participants in a conversation in order to discuss the phenomenon.

5. In order for the cure to work, is that believed that the girl has to be of a certain age?
6. In your own opinion, who is responsible for perpetuating this belief or where does this myth come from?
7. How is this believed to work?
8. What are your perceptions about people who have sexual intercourse with young girls as a cure for HIV/AIDS?

Ending question: In this question the participants will identify the most important aspects that were discussed.

9. How aware is the community about HIV/AIDS?

10. What are the perceptions of the community about the people who have sexual intercourse with young girls as a cure for HIV/AIDS?

11. Do you visit traditional healers or do young men visit you? If yes, for what purposes?

12. Where do you get advice about sexual related matters? Do men come to you with sexual related problems?

Final question: To find out if there is anything else we have missed in the conversation.

13. Who is advocating this as a cure for HIV/AIDS?

The changes to the tool following the pilot study are described below.

Question 13: Who is advocating this as a cure for HIV/AIDS?

The participants said that there are controversial statements about the traditional healers being responsible for the myth, but they did not want to agree with these statements because they visit traditional healers for treatment. The traditional healers are regarded as powerful people within the community and most young men rely on them for treatment. The researcher felt it would be wise to rephrase the question so it was not so direct and would not make participants feel uncomfortable. This would then result in more information being gathered and allow the researcher to find out the feelings of men and who is responsible for the myth.

This question was asking the same thing as question 6 which said, in your opinion, who is responsible for perpetuating the myth? It was therefore decided

that question 13 be removed and question 6 be left, as both questions were essentially the same answer.

Three questions were added in order to establish whether young men used traditional healers and if so, for what reasons, and where they obtained advice for sexually related matters. These were:

Question 11 Do you visit the traditional healers? If so, for what purposes?

Question 12 Where do you get advice about sexually related matters?

Question 13 is there anything else that you would like to tell me that has not been mentioned (regarding the myth)?

It was hoped that these questions would encourage the young men to say what they believed in, what their feelings were about traditional healers and to get to know who they thought was responsible for perpetuating the myth.

Questions 11 and 12 were slightly different for the traditional healers and they read:

Do young men visit you? If yes, for what purposes?

Where do young men get advice about sexually related matters?

From this revised tool another addition was done for the interview guide of the child rape rehabilitatee and this was Question 4, a follow up from Question 3.

If yes, what have you heard? Have you had any experience in relation to this belief?

Is there anything else that you would like to tell me that has not been mentioned (regarding the myth)?

3.6.4 INDIVIDUAL INTERVIEWS WITH THE TRADITIONAL HEALERS

According to Holloway and Wheeler (1996) a main feature of ethnography is the collection of data from individual focus interviews. The researcher conducted separate in depth semi-structured face-to-face interviews with traditional healers to ensure confidentiality so that the researcher obtained as much information as possible from each participant.

3.6.4.1 Venue and Time

The African traditional healers were interviewed at their homes where they had their practice as suggested by the key informant. This allowed confidentiality and privacy to be maintained. The data was collected at different times of the day, as was suitable to each traditional healer. The interviews lasted for 30 to 45 minutes. As explained, because of the snowballing, the researcher ended up going out of the Durban area and this included different areas.

Some difficulties were encountered during the data collection. Firstly, because she was a woman it was difficult to gain acceptability on her own. Therefore her husband was with her when she went for interviews in order to help explain to the traditional healer why she needed to interview him. The traditional healers were often in remote rural areas, with very bad roads. For a traditional healer, the presence of a male figure was very important, as it was easier to talk to a man than a woman. All the traditional healers who were interviewed were very open with him and this made it easier for the researcher to ask questions. The other reason for him accompanying her was related to safety.

The second difficulty related to problems in getting an interview. In some instances three to four visits were made without getting the interview, because the traditional healer was busy, although an appointment had previously been made. Often there were patients who had been waiting since the early hours of the morning for a consultation or else the traditional healer had to attend to an emergency, when a person had been brought in and was seriously ill and needed

quick attention. The researcher and her husband had to wait for long hours in order to get the interview. At times the interviews were conducted at night when the traditional healer had already finished seeing his patients.

In some areas the roads were gravel and in very poor condition, especially when it had rained. This made it difficult for them to drive the car to the dwelling. Sometimes it had to be left on the road and the researcher and her husband had to walk on foot for quite a distance in order to get to that traditional healer.

3.6.4.2 Person conducting interviews

The researcher conducted the interviews. During the interviews, the researcher tried to achieve a relationship of equality with the individual traditional healer. To achieve this relationship, the researcher explained to the traditional healer about the perceptions that men have about sexual intercourse with young girls that it will cure HIV/AIDS. The researcher guided the interview towards the discovery of the traditional healers' feelings, perceptions and thoughts about the myth, as advocated by Holloway and Wheeler (1996). The interviews were tape recorded so that all comments could be captured. There was no scribe, the researcher conducted the interviews and took field notes at the same time.

3.6.5 FOCUS GROUP INTERVIEWS

Polit and Hungler (1997) defined focus group interviews as groups with 5 to 15 people whose opinions and experiences are solicited simultaneously. The advantages of a group format are that it is efficient and can generate a lot of dialogue. Therefore focus group interviews were used for collection of data from the participants.

Four groups of 8 participants were used for this study. The size of the group was appropriate because all participants had an opportunity to share insight and their diversity of the perceptions. The researcher conducted in-depth semi-structured face-to-face interviews with the focus groups. An open discussion on the

perceptions of African young men and traditional healers that sexual intercourse with young girls can cure HIV/AIDS took place with each focus group.

3.6.5.1. Venue and Time

The African young men at the selected tertiary institution were interviewed at the University Student Health Services Boardroom. The African young men who were not tertiary level students were interviewed at the Soccer Sport Centre. The settings were chosen because they were convenient for both the researcher and the groups. These venues were acceptable to all participants. The data was collected during the day in the common break for the tertiary level students and at practice sessions for the soccer players.

3.6.5.2 Person conducting the focus group interviews

The researcher conducted the interviews. Interviews were tape recorded so that all comments could be captured.

3.6.6 INDIVIDUAL INTERVIEWS WITH CHILD RAPE REHABILITATEES

Holloway and Wheeler (1996) said a main feature of ethnography is the collection of data from individual focus interviews. The researcher conducted separate in depth semi-structured, face-to-face interviews with the child rape rehabilitatees.

3.6.6.1 Venue and Time

The child rape rehabilitatees were interviewed at the Child Protection Unit Boardroom, where they were in a different room from the support group as suggested by the member of the Child Protection Unit. This allowed confidentiality and privacy to be maintained. The data was collected on the same day for both the child rape rehabilitatees, but at different times. The interviews lasted for one hour.

3.6.6.2 Person conducting interviews

The researcher conducted the interviews. During the interviews, the researcher tried to achieve a relationship of equality with the individual child rape rehabilitatee. This relationship was achieved by explaining to the child rape rehabilitatee about the perceptions that men have about sexual intercourse with young girls that it will cure HIV/AIDS. This interview was guided towards the discovery of the child rape rehabilitatee's feelings, thoughts and perceptions about the myth. The interviews were tape recorded so that all comments could be captured. Owing to the sensitivity of the topic, there was no scribe, the researcher conducted the interviews and took field notes at the same time.

3.7 ETHICS

Nursing research must not only be able to generate or refine knowledge, but the development and implementation of such research should also be ethically acceptable. The manner in which ethical principles relating to the conduct of research were addressed is outlined below.

3.7.1. Principle of Beneficence

The aim of the study should be of benefit to the participant and the benefit should be greater than any burdens placed on the participant (Polit & Hungler, 1997).

3.7.1.1 Freedom from harm

This study did not harm the participants, as confidentiality was maintained. The name of the participants and the place where they were was not mentioned.

Participants were not forced to answer questions if they did not wish to.

3.7.1.2 Freedom from exploitation

A relationship had already been established with the young men and it was hoped that this would prevent the participants from feeling that the information gathered would be used against them. This had been developed by meeting the traditional healers at their workplace, by talking to and being known by the

young African men at the tertiary institution and by regular visits to the sports ground to assist the young African soccer players with a life-skills program. The interviews with the child rape rehabilitatees were facilitated by the Child Protection Unit social worker and conducted at the same place and time as the support group meeting

3.7.1.3 Freedom from risk

One possible risk for the traditional healers was a lack of confidentiality. In order to protect them, the researcher ensured that if a traditional healer had informed her of someone who was involved in perpetuating the myth, his or her name was not disclosed to anyone. The reason for selecting child rape rehabilitates who had served their sentence, was to remove risk of prosecution as a result of information being divulged.

3.7.2. Principle of respect for human dignity

Participants were treated with dignity and respect. They were also given the right to decide whether to continue or withdraw from a study.

3.7.2.1 Right to self-determination

Participants were given a right to make decisions to participate voluntarily and they could terminate their participation or refuse to give the information. Participants could ask for clarification and had freedom from coercion, either explicit or implicit.

3.7.2.2 Right to full disclosure

A full description of the study was provided for the participants in order for them to make an informed decision about whether they wished to participate or not.

3.7.2.3 Informed consent

The participants were informed about the study regarding the reason for doing it, why they were selected and what their participation would involve. The study

involved process consent, where there was ongoing re-negotiation of consent where necessary (e.g. the need for further data collection sessions). The consent from the participants was written and a witness was present. (see Annexure 2.1).

The Deans of the two faculties granted permission (see Annexure 2.12). The individual students who took part in the study were given a letter of information in order that they could make an informed decision about whether or not to participate (see Annexure 2.5).

Permission was also obtained from the councillors of KwaMakhutha and Iziko and club owners of the soccer teams (see Annexure 2.10). Each soccer player who was approached to take part in the study was given a letter of information prior to asking them to sign consent (see Annexure 2.3).

The individual African traditional healers were also given a letter of information (see Annexure 2.8). The researcher requested approval from D.I.T. Research Committee to conduct interviews with individual child rape rehabilitatees after the negotiations with the support group from Child Protection Unit and Correctional services. The committee granted an approval for these interviews (see Annexure 2.15 letter of approval). A letter of information was given to the child rape rehabilitatees (see Annexure 2.6) and they were also allowed to make an informed decision. A consent form was given as well (see Annexure 2.1). A request letter was also sent to the Director of Childline (Annexure 2.14), in an effort to identify people who had carried out the myth.

3.7.3. Principle of privacy

3.7.3.1. Right to privacy

The information was kept confidential. Pseudonyms were used during the focus group discussions. After the data was collected, it was kept in a safe place. After three years, it will be destroyed by shredding.

3.7.3.2. Principle of Justice

Participants were treated fairly. This meant that all the participants were given an equal chance to talk.

3.7.3.3. Right to fair treatment

Students who participated in the study were not discriminated against and not prejudiced from treatment they were receiving at the clinic. It was planned that if it became evident that a participant had had an unpleasant experience related to the myth, the researcher would ensure that the group treated the person with respect during the discussion. Also that if it was necessary, she would offer debriefing or an appropriate referral. Neither of these were necessary. The beliefs of the participants were treated with respect.

3.8 AUTHENTICATION OF DATA

The researcher went back to the groups to verify that the information was accurately recorded. (Transcripts are available for checking.)

3.9 DATA ANALYSIS

The editing analysis method was used. In terms of this, the data was examined for commonalities and variations. The similarities within the categories were analyzed according to context, consistency, frequency, intensity and extensiveness. A categorization scheme and matching codes for organizing the data were developed. A search for patterns and structure in relation to the scheme and codes were followed, in order to group them into themes. Finally, theoretical statements were produced. (Polit and Hungler, 1997.)

3.10 LIMITATIONS

In view of the sensitivity of the topic, it is possible that participants withheld information. The chances that this occurred are especially so for the focus group discussion. Individual interviews might have been better and more private. However, the focus group discussion method was good for stimulating

discussion, in order to get rich data whereas the individual interviews were not good for that.

3.11 CONCLUSION

This chapter has described how the study was carried out. It was conducted in the qualitative paradigm, and was exploratory, descriptive and ethnographic. The sample that was chosen was appropriate for the data collected and rich as it answered the research questions. In general, there were no problems. It can be concluded that the implementation was reasonably successful as no one refused to participate. The next chapter will describe the data collected, in order to give a full picture about the phenomenon.

CHAPTER FOUR: ANALYSIS AND DISCUSSION OF RESULTS

4.1 INTRODUCTION

The findings of the study for each of the four groups of participants have been presented in this chapter. Each group has been discussed separately and then compared at the end of the chapter, in Section 4.6. Comparisons of the findings for the subgroups of soccer players and young students have been made within the relevant sections (4.2 and 4.3). In each section, the findings have been related to the research questions, which were identified in Section 1.3.

As a result of the analysis of the data, themes and categories were identified and these have been described and summarized for each group. The diagrammatic summaries provide conceptual frameworks that have resulted from the study. Tables have also been included, to indicate the similarities and differences between the groups. Linkages between the literature and the findings of this study have been indicated, mainly in the last section (4.6).

Quotes from the participants have been included, to illustrate the analysis. Text within square brackets provides explanations by the researcher, for example when Zulu terms are used or when additional words are needed to clarify the meaning of the sentence. Round brackets contain information on non-verbal behaviour. Both types of brackets have been used in the transcripts, which are available for checking.

4.2 YOUNG MEN: SOCCER PLAYERS

There were four groups of young men who participated in the study, as mentioned in the methodology chapter. Two groups consisted of the soccer players. The findings for these participants follow. The reason for selecting these participants was to establish what young men without formal education perceive or know about the myth and find out if they share the same view about the myth with the other groups chosen for the study. The other reason was to check if they had knowledge about the phenomenon.

4.2.1 YOUNG MEN FROM IZIKO AREA

These young men were from a semi-rural area called Iziko, which had shack houses and a poor infrastructure.

4.2.1.1 Knowledge of HIV/AIDS

Six participants out of eight said they had knowledge of the disease and how it is spread. The rest were in agreement with what had been said. The reason for asking this question was to find out how much understanding the participants have about the disease. The results have been grouped according to the participant's knowledge of the disease and its source, community understanding and source of knowledge and the means of spread of HIV/AIDS.

4.2.1.2 Source of knowledge

The participants have heard about HIV/AIDS from a variety of sources. These have been grouped into categories and are described below.

Formal training

Formal training is regarded as a teaching and learning event that is formally planned and implemented for a group of people to be trained about HIV/AIDS.

- *Health education by the Department of Health*

Two participants indicated that they obtained information about the disease from youth groups that were responsible for teaching youth life skills:

"...youth groups within the community."

"... clinics."

Informal training

Informal training is defined as teaching and learning that occurs in an informal manner, in that it was not part of a course, campaign.

- *Media*

Three participants said that they had heard about the HIV/AIDS from the media, which is the radio, newspapers:

"...yes, from the media."

"... newspapers."

"... radio."

4.2.1.3 Perceptions of their community's knowledge of HIV/AIDS

Community's level of knowledge of HIV/AIDS

This question was asked to find out how much they perceived that the community knew about HIV/AIDS. The participants said that their community was aware of

the disease, although there was lack of knowledge in some areas of the community. Different sources were identified.

Reasons for the lack of knowledge

The lack of knowledge was because of the language in which the pamphlets were written, which was English and Afrikaans. Two participants said it was difficult for community members to read as some did not go to school:

"...this means that there is no full democracy in our country. We need this information written in our own language."

"... not everyone has access to this knowledge. Because of the level of education, which is low and some are illiterate and the information comes to us in English or Afrikaans."

Community's source of knowledge

Stated sources of information for the community were the Department of Health, Department of Education and youth groups. The participants indicated that their community had learnt about HIV/AIDS from a variety of source.

Formal training

- *Health education by Health Department*

The Department was clearly responsible for information dissemination.

"...in our community we get such information from the clinics."

- *Health education by Department of Education*

The Department of Education was also responsible for giving out information in schools.

"... we get from school and give those who are not well vest with what is happening within the community."

"... yes my community is very much aware as there are youth groups who are spreading the awareness."

4.2.1.4 Understanding the means of spread

This question was asked to find out if the participants understood how the disease gains entry to the body and is spread. The findings have been categorized according to the mode of spread in the health literature, in respect of source of infection, contaminated media, transmitter and mode of entry. (Pearse, 1997.)

Source

All eight participants correctly believed that the source of infection would be an infected person:

"...a person who is HIV positive."

Contaminated media

In order for the person to be infected, body fluids that are contaminated with the virus must be present. Two participants mentioned bleeding and touching blood with unprotected hands.

"... your hands are not covered to protect yourself from blood."

"...person bleeding and you touch him with your hands."

Transmitter

Body fluids contaminated with the virus are transmitted to other people by a number of means. The participants identified various transmitters. They

mentioned the shared needles, toothbrushes, and the shaving machines. Three participants mentioned things that could transmit infection:

"...by using a needle."

"...using the same tooth-brush with a person who is HIV positive."

"...using the shaving machine from the HIV positive person."

Entry

This is the way in which the infection gains access to the body of the person. All eight participants understood that this could be an infected person indulging into unprotected sex. They also understood that the mode of entry for the virus is through open wounds and touching that from a person who is already infected.

"... yes unprotected sex."

"... you may have sores and this person is bleeding and you touch him with your hands."

"... have sores that are opened in your face and you use the shaving machine from an HIV positive person."

"... injecting yourself with the same needle from a person using drugs."

"...mothers pass this to their unborn children."

"...your hands not covered in an accident and helping someone."

Therefore, all the participants had heard about HIV/AIDS and had a reasonable understanding about how it is transmitted. Furthermore, they perceived that their community knew about it but lacked knowledge. The sources knowledge were varied.

4.2.2 KNOWLEDGE AND THE BELIEF IN THE MYTH

This topic will be discussed under two headings, the existence and the belief in the myth. Three categories are described.

4.2.2.1 Awareness of the myth

All the participants said they had heard about the myth.

"... yes, these things are happening especially in our black communities."

4.2.2.2 Source of information

They related the source of their information to an incident that took place in one community and the information they got from the media.

- *Media*

"... yes, I remember that incident and the next minute it was on the newspaper and radio."

- *Community*

"...yes, I have heard this once at Izimbokodweni."

4.2.2.3 Belief in the myth

Three participants stated they did not believe that having sex with a young girl could cure HIV/AIDS .The rest of the group nodded in agreement with them.

"...no, we don't believe in this."

"...it is a bad belief."

"...this is not the truth, people are basing this on the belief system they have."

One participant felt that people who are HIV positive and who sleep with children thinking that they will be cured were behaving badly because this could not cure them.

"... this is one of the very bad things people are doing, sleeping with a child cannot heal anyone."

Unlike the other groups more of these young men noted that they did not believe in the myth because there is no cure for HIV/AIDS.

4.2.3 EXPLANATION OF THE MYTH

The following categories have been chosen to explain the myth:

The reasons for the occurrence;

how the myth works;

the reactions of the participants and those of the community;

the consequences; and

who is responsible for perpetuating the myth.

4.2.3.1 Why the myth occurs

The participants mentioned a few reasons regarding the occurrence of the myth.

- *No medication to cure the disease*

Other studies have indicated that this could be a reason that people carry out the myth (see section 2.2.2.2).

"... I think that is why these brothers are doing this and it is out of desperation."

Desperation has been identified as a factor that makes people seek a cure by sleeping with a virgin (section 2.3.2.5).

"...they are aware that there is no cure and need help desperately."

"... people are scared of testing for HIV and see the solution out by raping children thinking they will be cured."

- *Lack of education*

"... there are certain beliefs that you cannot change from us, especially if you are not educated."

- *Drug addicts*

"... it is the youth that are using drugs, once the drugs have the best of you, you can do anything like what the rapists are doing."

4.2.3.2 How sleeping with a virgin/child supposedly cures HIV/AIDS

This question was asked to get clarity from the participants about how they thought the myth was supposed to work. The participants also said that they had heard that the traditional healers had powers that could influence the perpetuation of the myth.

- *Virginity*

Three participants spoke about the requirement of virginity:

"...as long as she is a virgin."

"...yes the child symbolizes purity, so a man can do this to get that cleansing and purity."

"...well, this one of a virgin, pureness and clean."

Virginity is an essential requirement of the myth, according to other studies (see section 2.2.3).

- *Age*

Three participants gave different answers:

"...some people will say, the baby should be less than 3 years old."

"... in most cases they are very young."

"... people say it should be a newborn baby."

Some of the participants said the traditional healers were recommending the use of virgins for a cure because a child is a symbol of purity. They stated that the traditional healers gave you guidance for the cleansing of sexually transmitted diseases including HIV/AIDS. This is similar to other studies mentioned in the review of the literature (see section 2.2.3).

"... traditional healers guide you as to how to cleanse your sexually transmitted infection and the virgins that they are clean and pure."

"... I have heard that it is the same way the traditional healers will give you medication to use and you should make sure that you do not indulge into sexual act with your partner otherwise the medication will have no effect."

- *Medication to protect the young girl*

One participant said that he had heard that the traditional healers used medicine from a baboon to protect the young girl from getting HIV or other sexually transmitted infection from a man seeking a cure by sleeping with her.

"... they say baboons carry this (HIV) and when they slaughter it they use the fat from it to mix the traditional medicine, that is why this should be used on a pure person to see if it is working."

In summary the participants did not know how the myth is believed to work. However, they did know that it was linked to virginity and the requirement that the child be very young. Some said that the traditional healers were advocating the use of virgins for cleansing sexually transmitted diseases, including HIV/AIDS. (see section 2.2.3)

4.2.3.3 Reactions to the myth

This was asked to find out about the participant's feelings about the myth and what should be done to people who are doing this to young girls/children. The results have been categorized as perceptions of young men and those of the community.

4.2.3.3.1 Perceptions of the participants

Four participants responded and said that people who have sex with young girls thinking they can cure HIV/AIDS should be arrested, get a death sentence, be castrated or killed and the rest of the group was in agreement with this:

"...these people should be arrested."

"... they should get a death sentence, the government should bring a death sentence."

"... people who rape children need to have a long sentence in jail."

"...they should be castrated, or killed."

4.2.3.3.2 Perceptions of the community

All eight participants perceived that the community felt very strongly about people who were carrying out the myth:

"...people feel that the perpetrators should be arrested."

"... these people should be castrated."

"...the death penalty should be brought back in order to straighten our society."

"... the community wanted to take the law into their own hands."

"... may be the society can live in harmony if these guys are left with no instruments."

"... people feel that government should get involved in such matters as our nation is being wiped out because of HIV/AIDS."

In summary the participants felt that it was duty of the government to handle such issues and that the community had lot of anger about people raping children thinking that they would be cured from HIV/AIDS.

4.2.3.4 Who is responsible for perpetuating the myth?

This question was asked to find out if the participants knew who was responsible for promoting the myth. Different views were given regarding the traditional healers as promoters of the myth.

- *Bogus traditional healers (see section 2.2.4)*

One participant believed that it was bogus traditional healers who were promoting the myth.

"there are also fake traditional healers who are after money and think these are the ones who are responsible for this myth.

- *Traditional healers (see section 2.2.4)*

Four participants said that it was traditional healers who were advocating the myth

"... traditional healers have some influence on this."

"... traditional healers have been quoted on bad things."

"... old people in the community usually tell us that such myths come from the traditional healers."

"... traditional healers are human beings like us, some are unemployed and they have basic needs like me and you and they can do anything to get money to buy food."

In summary, many participants in this group felt that traditional healers were the ones responsible for promoting the myth.

4.2.3.5 Consequences of the myth

Consequences of the myth for the child and the community were noted.

Consequences for children

Three participants felt that the person who sleeps with the young girl is spreading the disease and wants to die with the child:

- *Spread of the disease (see section 2.1.4)*

"... these people who are H IV positive are spreading the disease and want to die with a lot of children."

- *Causing suffering*

"...they make children suffer."

Consequences for the community

The participants also said that a lot of people would die if people continue to rape children thinking they would be cured of HIV/AIDS:

"...they want to promote a sick society."

"... the disease is spreading and people are dying."

4.2.4 ACTION TO BE TAKEN

The participants offered on what preventative measures needed to be taken in order to prevent the spread of the myth.

4.2.4.1 Preventative efforts

- *Re-instatement of the death penalty*

"... the government should bring the death sentence."

- *Job creation*

"... government should create more jobs to alleviate poverty."

- *Board of registration for traditional healers*

"... all traditional healers should be registered by government in order to eliminate the fake ones who are promoting these bad habits." (see Annexure 2.17.)

4.2.5 ADVICE FOR YOUNG MEN ON SEXUALLY RELATED MATTERS..

The participants acknowledged that they visited traditional healers for both sexually related problems as well as non-sexually related problems. The findings have been categorized according to the source of advice, the reason for the visits and the role of traditional healers.

4.2.5.1 Source of advice on sexually related problems

The participants said they get obtained from the traditional healers, uncles and their peers.

4.2.5.2 Reasons for selecting traditional healers

The participants selected the traditional healers for different reasons. They said that the traditional healers did not judge you if you went to them, and offered help without questioning you, unlike the clinics. They were good in maintaining confidentiality, they gave treatment for lice infestation, which you drink, whilst the clinic only gave you medication to apply, they gave love potions and treatment for sexually transmitted infections:

- *Sexually related matters*

"... yes, I do go to traditional healers for treatment of sexually transmitted infections."

"... I once went to traditional healer for lice infestation. because I believed the medication you drink works better than the staff you apply. Clinics will give you medication for external use only with lice, but traditional healers within three days you are healed."

- *Non-sexually related matters*

"... to get muthi to be loved by our girlfriends."

"... traditional healers do not discriminate and they offer help with no questions, unlike the clinics where you will be asked to bring your partner and it becomes a problem if you have more than one girlfriend as they fight amongst themselves if they are in the same place."

"... traditional healers are very good, some will throw bones and tell you your problems and you only pay them when you are treated/cured. You do not have to pay upfront like with doctors and hospitals."

One participant said he visits the traditional healer with his parents only when there is a problem at home not related to sexually related problems.

"... I do not visit traditional healer on my own; I normally go there with my parents if there is a problem within the family or else if somebody has died."

In summary, It seems that the participants utilize the services of the traditional healers for both sexually related problems and non- sexually related matters.

4.2.6 ROLE OF TRADITIONAL HEALERS IN HIV/AIDS

The participants said traditional healers play a big role in the community in helping people with diseases; especially HIV/AIDS and they are highly skilled in the use of traditional medicine (see section 2.3) and (see section 2.3.2.6).

- *Availability of treatment*

"... traditional healers are highly skilled in traditional medicine and they can cure ilumbo which the scientific medicine cannot cure and this disease is as bad as AIDS because it kills men only."

"...throw bones and tell you your problems."

Availability within the community

"... traditional healers are trying to help because people with this disease get quick access to traditional healers, as they are always available in the community."

"... these old men are very helpful in the community, the times of violence these men were making traditional medicine that could help you disappear and not be seen by your enemies."

4.2.7 CONCLUSION

The participants showed that they were well aware of the disease and how it is contracted and transmitted. They had an understanding of the myth as they quoted an incidence that took place in the community. They also mentioned that they utilize the services of the traditional healers although some had different views about the traditional healers being responsible for promoting the myth.

4.2 YOUNG MEN: SOCCER PLAYERS

The findings for the second group of young soccer players, namely those from KwaMakhutha, in contrast to the Iziko group (4.2.1) are described hereafter.

4.2.8 YOUNG MEN FROM KWAMAKHUTHA AREA

This was a group of soccer players who were from a township, which is an urban area.

4.2.8.1 Knowledge of HIV/AIDS

This question was asked to determine the participant's and the community's knowledge of HIV/AIDS in order to get possible influences on their perceptions about the presence of the myth. The results have been grouped according to the participant's knowledge of HIV/AIDS, source of knowledge, the community's understanding of the disease, the source and how the disease is spread.

4.2.8.2 Source of knowledge

All participants said they had knowledge of the disease and how it is spread. The rest of the group was in agreement with what had been said. The participants have heard about HIV/AIDS from a variety of sources. These have been grouped into categories and are described below.

Formal training

Formal training is regarded as a teaching and learning event that is formally planned and implemented for a group of people to be trained about HIV/AIDS.

- *Health education by the Department of Education:*

One participant indicated that he obtained information about the disease at school.

"...yes I have about it at school."

Informal training

Informal training is defined as teaching and learning that occurs in an informal manner, in that it was not part of a course. No quotes were mentioned.

Media

Two participants said they have heard about the disease on television and read the newspaper.

"... I heard about this on television."

"...I have read about AIDS on the newspapers."

4.2.8.3 Perceptions of their community's knowledge of HIV/AIDS

Community's level of knowledge of HIV/AIDS

This question was asked to find out how much the participants felt that their community knew about HIV/AIDS. The participants said there were different levels of knowledge amongst their community members.

Reasons for the lack of knowledge

The reason for the lack of knowledge within their communities related to a lack of education, inappropriate language on health education materials, violence and the lack of resources.

▪ *Lack of education*

"... there is a high level of illiteracy."

▪ *Inappropriate language*

"... some do not know because the knowledge comes to them in a different language and they are illiterate."

- *Violence and lack of resources*

One participant indicated that his community had some knowledge about the disease, but because of poverty they found it difficult to buy the paper to know about what was happening around them:

"... my community has less knowledge because of poverty, they do not have means and ways to get knowledge from radio, paper."

Two participants said a lack of resources and violence contributed to this lack of knowledge. There were still 'no go' areas within the community and companies found it difficult to disseminate the information to such communities:

"... this area is a no go area and that makes it difficult for companies to visit them."

"... my community still lack resources, e.g. the people who are supposed to distribute the information from the government do not visit our area."

Community's source of knowledge

The source of information for their community was from other members of the community, which is an informal source of knowledge.

"...people within the community know".

"... the community where I stay is fully aware."

4.2.8.4 Understanding of the means of spread

This question was asked to find out if the participants understood how the disease gains entry into the body and is spread. The findings have been categorized according to the mode of spread in the health literature, in respect of

the source, contaminated media, transmitter and the entry into the body.
(Pearse, 1997.)

Source of infection

All eight participants believed that the source of infection would be an infected person.

"...when a pregnant woman is HIV positive."

"...I think that when helping a person who is injured, not knowing that this person is HIV positive and your hands are not protected and there are cuts and wounds in your hands."

Contaminated media

In order for a person to be infected, body fluids that are contaminated with the virus must be present. Participants did not mention contaminated media.

Transmitter

Body fluids contaminated with the virus are transmitted to other people by a number of means. The participants identified various transmitters. The following were mentioned, razors, needles, and isitshopo...[porcupine quills].

Three participants said it was needles.

▪ *Sharing of needles*

"... people who are drug addicts using needles for drugs and injecting themselves."

"... by using needles repeatedly without cleaning them."

"... drug addicts using needles for drugs."

Two participants said the use of one razor by the traditional healer for scarification in order to apply medicine:

- *Sharing of razors*

"... some use one razor blade when they go to the traditional healers."

"... some use one razor blade when they go to the traditional healer for the application of medicine."

- *Sharing of isitshopo [porcupine quills]*

One participant said it was isitshopo.

"...when visiting traditional healers and they ukutshopa." [Scarification procedure in which traditional healers use porcupine quills to puncture the skin of a client several times to insert traditional medicine]

Entry

This is the way in which the infection gains access into the body and the participants understood that it was through unsafe sex, pregnant mothers passing it to the unborn child, through cuts and wounds that are not covered and snaring of needles and razors.

One participant said it was through sexual contact:

"...by indulging into sex."

One participant mentioned that entry could be through a pregnant mother to the unborn child:

"... when a pregnant woman is HIV positive and she passes this to an unborn child."

A person who had had an injury and helped someone with unprotected hands:

"...when helping a person who is injured with unprotected hands."

Therefore, all participants had heard about HIV/AIDS and had a reasonable understanding about how it is transmitted. Furthermore, they perceived that their community knew of it but lacked knowledge about it. The sources of knowledge were varied.

4.2.9 KNOWLEDGE OF AND THE BELIEF IN THE MYTH

This question was asked to find out if the participants and their communities knew of the existence and the belief in the myth to cure HIV/AIDS. The results for this have been categorized in relation to the participants and the community.

4.2.9.1 Awareness of the myth

All the participants said that they had heard about the myth.

4.2.9.2 Source of information

Two participants said they have heard about the myth on the media:

- *Media*

"...I have about it on television."

"...I have read about it on the newspapers."

- *Community*

One participant said he heard people talking within the community about the myth:

"... I have heard people talking about it."

"... people within the community say evil people who want to kill innocent children use this."

Two participants said that people within the community told them that if a person sleeps with a child the myth could work:

"... indulge into sex with children."

"... people who have such a belief sleep with children."

The participants said some community members did know about the myth and some have heard people talking about people practicing the myth. However, one young man said that not all the people in his community knew of the myth:

"... people within the community say evil people who want to kill innocent children use this."

"... some of our people do not even know about this."

4.2.9.3 Belief in the myth

All participants did not believe in the myth. Quotes from three are provided:

"...I do not believe in this."

"...this is just a myth."

"... it is not the truth."

All participants agreed that there is nothing that could cure the disease. The treatment that is available is used to delay the symptoms:

"...there is nothing that can cure HIV/AIDS at the moment as there is a lot being done to find the cure."

"... even the drugs that are given by government, do not cure the disease, but only delay the symptoms."

"... until there is treatment, then people can say they are cured but for now, there is nothing to really cure this condition."

4.2.10 EXPLANATION OF THE MYTH

The results have been categorized according to:

the reason for its occurrence;

how the myth works;

the reactions to the myth;

the consequences; and

who is responsible for perpetuating the myth.

4.2.10.1 Why the myth occurs

One participant said that the violence that had occurred in his community had contributed to the occurrence of the myth. It was not clear why he thought this made people carry at the myth. Possibly he was linking it to psychological problems, but this was not clear.

- *Unavailability of treatment*

"...these people who rape children are using the unavailability of the drugs as a reason." Once again, as with the Iziko group and the literature review (see section 2.2.2.2), the unavailability of treatment was cited as a reason for the myth occurring.

- *Mental disturbance*

"... it is the myth that people who are psychologically disturbed have."

- *Violence in community*

"... violence that took place in our community a few years ago that has made our people to behave like this and commit such crimes."

4.2.10.2 Why sleeping with a virgin/child supposedly cures HIV/AIDS

This question was asked for clarification from the participants about the knowledge they had regarding how the myth worked.

- *Age*

Two participants said that the age of the child was an important part of the myth:

"...the child of 3 years and down."

"...a child who is a few months old."

One participant said that there was no link between the myth and the age of the child:

"...there is no way that this can be linked with the age of the young girl."

- *No knowledge*

The rest of the participants said that they had no idea about how the myth works:

"...no idea how this works."

This group of young men had the least knowledge of all participants in the study about how the myth is supposed to work.

4.2.10.3 Reactions to the myth

This question was asked to find out about the participant's feelings about the myth and what should be done to people who are doing this to young girls. The results have been categorized as perceptions of young men and those of the community.

4.2.10.3.1 Perceptions of the participants

The participants felt that people who have sex with young girls to cure HIV/AIDS should be arrested, castrated, get a lifetime imprisonment, and be dismissed from the community. These feelings extended to those people who were perpetuating the myth in one case.

One participant gave three answers:

"... I think that they should be arrested and be dismissed from the community and spend their lifetime in prison."

Another participant said these people should be castrated:

"...they should be castrated."

One participant said the place for these people is the prison:

"...they should be in prison."

One participant said that the witchdoctors who were known to promoting the myth should be arrested:

"... not only arrest the perpetrators, but also the witchdoctors who call themselves traditional healers."

4.2.10.3.2 Perceptions of the community

Some of the participants said that the community members lacked knowledge about the subject, some did not know of the myth. Therefore they were unable to provide information relating to the perception of their community about the myth.

"...you will be surprised because some of our people do not even know about this."

"... they lack knowledge and are not well informed."

One participant said that his community felt they should be killed:

"...these people should be killed."

4.2.10.4 Who is responsible for perpetuating this myth

This question was asked to find out who they believed was responsible for promoting the myth. The participants had views about the "so-called" traditional healers and the people who indulge into drugs. The results have been categorized according to the source of knowledge and the untrained traditional healers. One participant said that he did not know who was spreading the myth.

▪ *Bogus traditional healers*

Three participants said the people who were perpetuating the myth have had no training and were not real traditional healers. A similar finding has been mentioned in Section 2.3.2.6. of the literature review.

"... people who have information from people who call themselves traditional healers. Real traditional healers will not say that a person must sleep with a child in order to be cured."

- *Traditional healers*

One said that he had heard that it was the traditional healers. Section 2.2.4 of the literature review indicates other studies that implicate the traditional healers.

"...I have heard people saying that traditional healers spread this."

- *Witchdoctors*

"...also people who are responsible for the myth, i.e. witchdoctors and those "So-called" traditional healers." Witchdoctors have also been named in other studies, as perpetrators of the myth section 2.3.2.5.

- *Media*

The participants said that the media was responsible because they were reporting incidences either on the radio or television:

"...I have heard about this on the radio."

"...I have heard about people responsible for this on television."

- *Community*

Four participants said that members of their community were spreading the myth:

"...people who are naughty and using drugs who know that they are HIV positive."

"... people wanting to die with a lot of people."

"...there are people who have such a belief."

4.2.10.5 Consequences of the myth

According to six participants, a number of changes occur as a result of a child being sexually abused. The participants said these people wanted to die with a lot of children, they were destroying the children's lives and the future, they were evil, wanted to kill innocent children and they were spreading the disease. The spread of HIV as a consequence of the myth has been noted in the literature (see Section 2.1.4).

Consequences for the children

"... because these people who do this to young children are destroying them and their future."

"...because they are killing the children's lives."

"...they are responsible for destroying the children's lives."

"...evil people who want to kill innocent children use this."

"...these people are killers of innocent girls."

Consequences for the perpetrator

One participant said that the perpetrator had already been infected with the disease and there was no way that he could get the disease out of his system:

"... these people already have the disease and this cannot come out of their system even if they sleep with children."

Consequences for the Community

"... the feeling is that people who are doing this are spreading this killer disease and this is destroying our society."

4.2.11 ACTION TO BE TAKEN

The participants had a few suggestions on what needs to be done in order to prevent the myth from spreading these. The results have been categorized according to preventative efforts and the actions taken for the perpetrator.

4.2.11.1 Preventative efforts

Four participants said that the government had to improve awareness within the community about such issues in order to prevent the myth from spreading and this will eventually reduce the number of children who are sexually abused by people thinking that they could be cured of HIV/AIDS:

- *Education about the myth*

"... the government should improve awareness within the community as most people have no knowledge."

"... the government should act responsibly in regard to this matter."

4.2.11.2 The perpetrators

- *Legal action*

Legal action was recommended, but no specific action was indicated:

"...government should take serious action against people who are doing this."

- *Psychological treatment*

The feeling amongst the participants was that the people, who sleep with children thinking that they would be cured of HIV/AIDS, should be sent to a psychiatric institution for treatment, as their behavior was not acceptable within the community:

"... these people should be sent to a psychiatric institution for behaviour modification."

The tertiary students also mentioned these last two comments.

4.2.12 ADVICE FOR YOUNG MEN ON SEXUALLY RELATED MATTERS

The findings showed that these young soccer players did visit the traditional healers for sexually related problems as well as non-sexually related problems.

4.2.12.1 Source of advice on sexually related matters

Five participants said that they received advice from different people regarding sexually related matters. Some advice was from traditional healers and some from the relatives, parents and friends:

"...traditional healer who live nearby home."

"...from friends who are older than me, 30 years and above."

"... from mothers and aunts."

"... uncles because there are no grandparents anymore."

"... teachers at school, especially male teachers."

4.2.12.2 Reasons for visits to the traditional healers

The participants did visit the traditional healers and some did not.

- *Sexually related problems:*

"...yes, I do visit them for sexually related problems."

"...when there is no erection."

"... for sexually transmitted infections."

"...when the girl does not like me."

- *Non-sexually related problems:*

"...I visit the traditional healer with my parents if there are problems at home, e.g. a member of the family has died."

"...I visit the traditional healer especially when there is a death in my family by accident, e.g. gunshot, car accident or witchcraft."

Two participants said that they did not visit the traditional healers because of their religion:

"... I do not go to the traditional healer as at home we belong to the full gospel church and we do not use traditional medicine."

"...I also do not visit the traditional healer for religious reasons."

Therefore, participants gave various reasons for their visits, which ranged from sexual problems to non-sexual problems, like witchcraft.

4.2.12.3 Type of advice is given

One participant indicated that the traditional healer was a good source for advice especially to the young men who did not know what changes to expect in their bodies as they were growing up:

"... the traditional healer who live nearby home, as he is a grown up man he gives good advice about how to take care of yourself if you are growing up and about what happens in the body when it starts changing."

4.2.13 CONCLUSION

The participants showed that they were aware of the disease and how it contracted and transmitted. They had an understanding of the myth although they did not know how it worked. They also mentioned that they utilized the services of the traditional healers for both sexually related and non-sexually related matters. The participants also indicated the problem of lack of availability of services as contributing to inappropriate methods of treatment.

4.2.14 COMPARISON OF IZIKO AND KWAMAKHUTHA SOCCER PLAYERS

Both groups had some knowledge about HIV/AIDS and its means of spread. The KwaMakhutha soccer players mentioned isitshopo [porcupine quills] as a transmitter, whereas the Iziko soccer players mentioned a shaving machine and toothbrush. Neither group believed in the myth. However, the Iziko soccer players seemed to have more knowledge about how the myth is supposed to work. They said that they had heard that young girls were used for the myth because of their virginity and the fact that they were young. This group also mentioned that traditional healers made medicine to protect the young girl from contracting the disease. Other groups in the study did not note this point. Both groups had the same reactions concerning people who were carrying out the myth, namely anger and unacceptance. Participants in both groups did use the

traditional healers, although some in the KwaMakhutha group did not do so because of religious reasons. Only the Iziko soccer players mentioned that the traditional healers should be registered in order to do away with bogus traditional healers. They felt very strongly about this. Figures 4.1 to 4.6 provide a summary of the findings for both groups of soccer players. They form the conceptual framework for this part of the study.

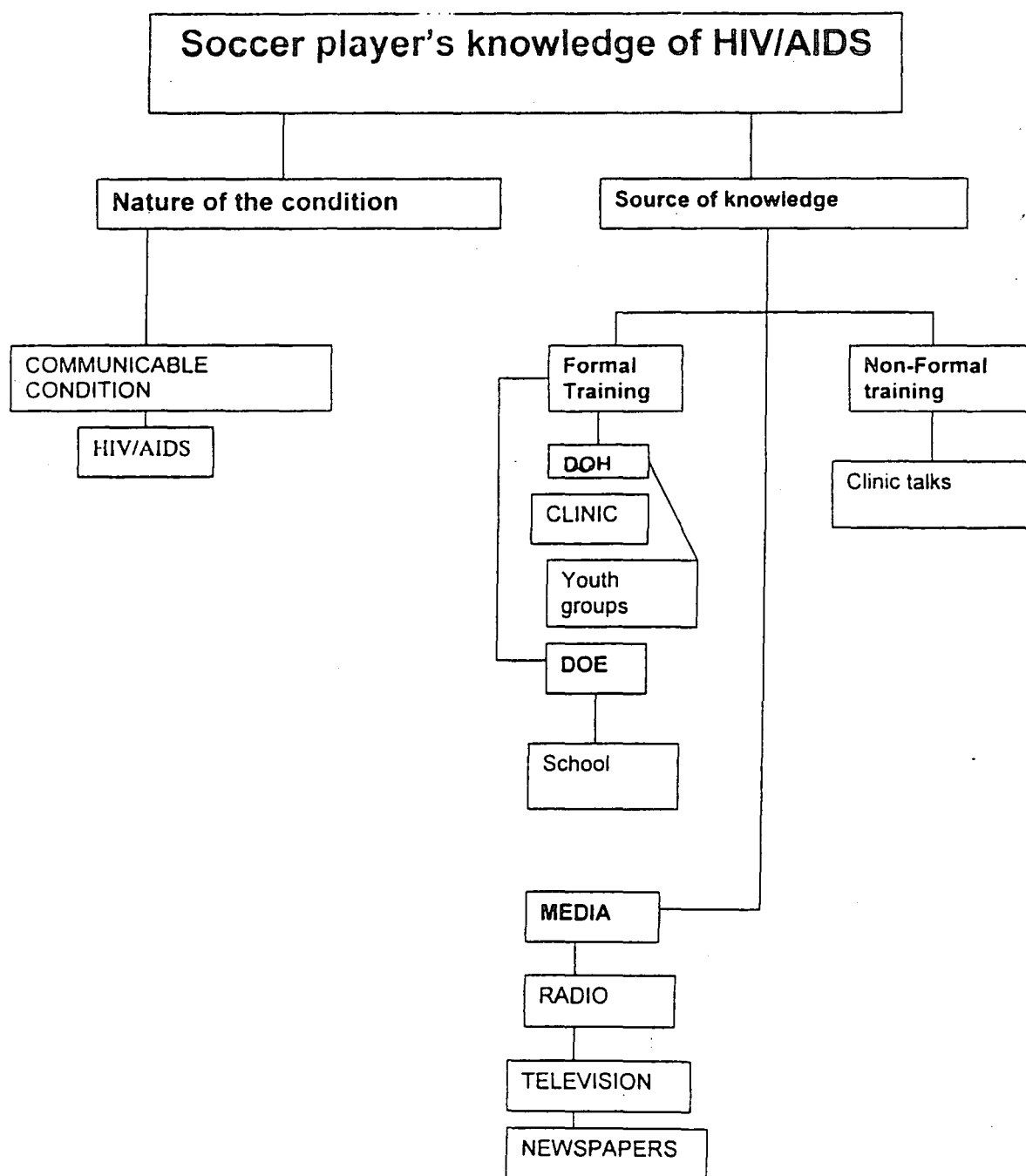


FIGURE 4.1 SOCCER PLAYER'S KNOWLEDGE OF HIV/AIDS

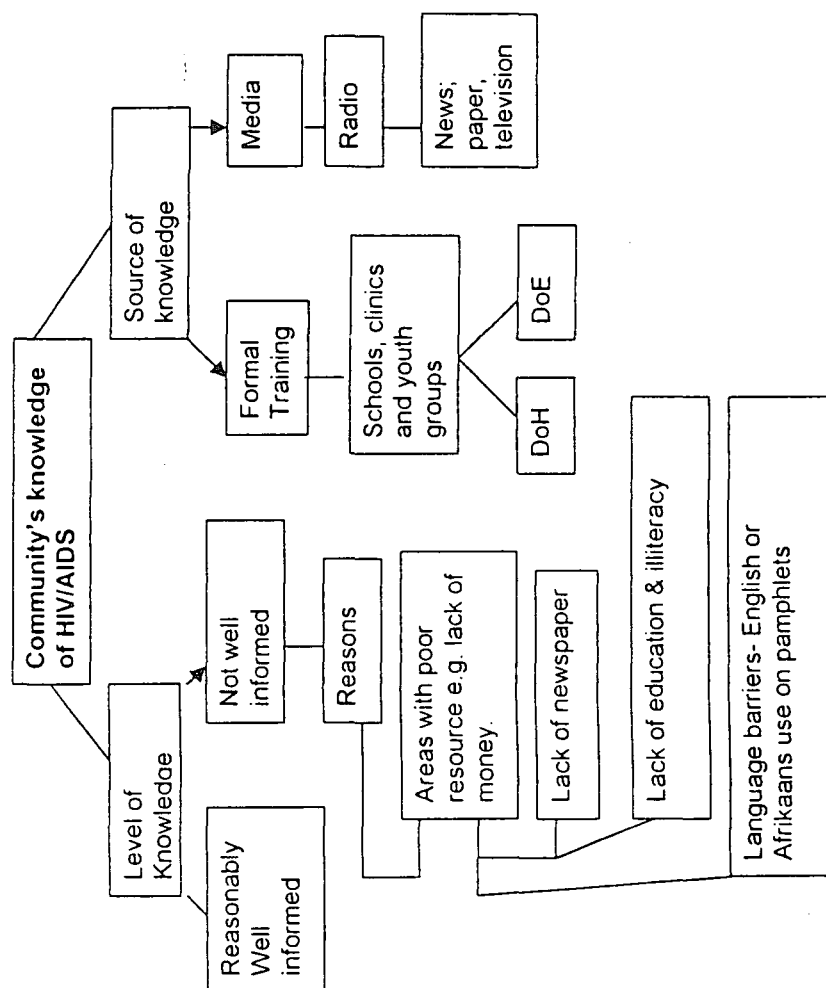


FIGURE 4.2 REPORTED COMMUNITY KNOWLEDGE OF HIV/AIDS

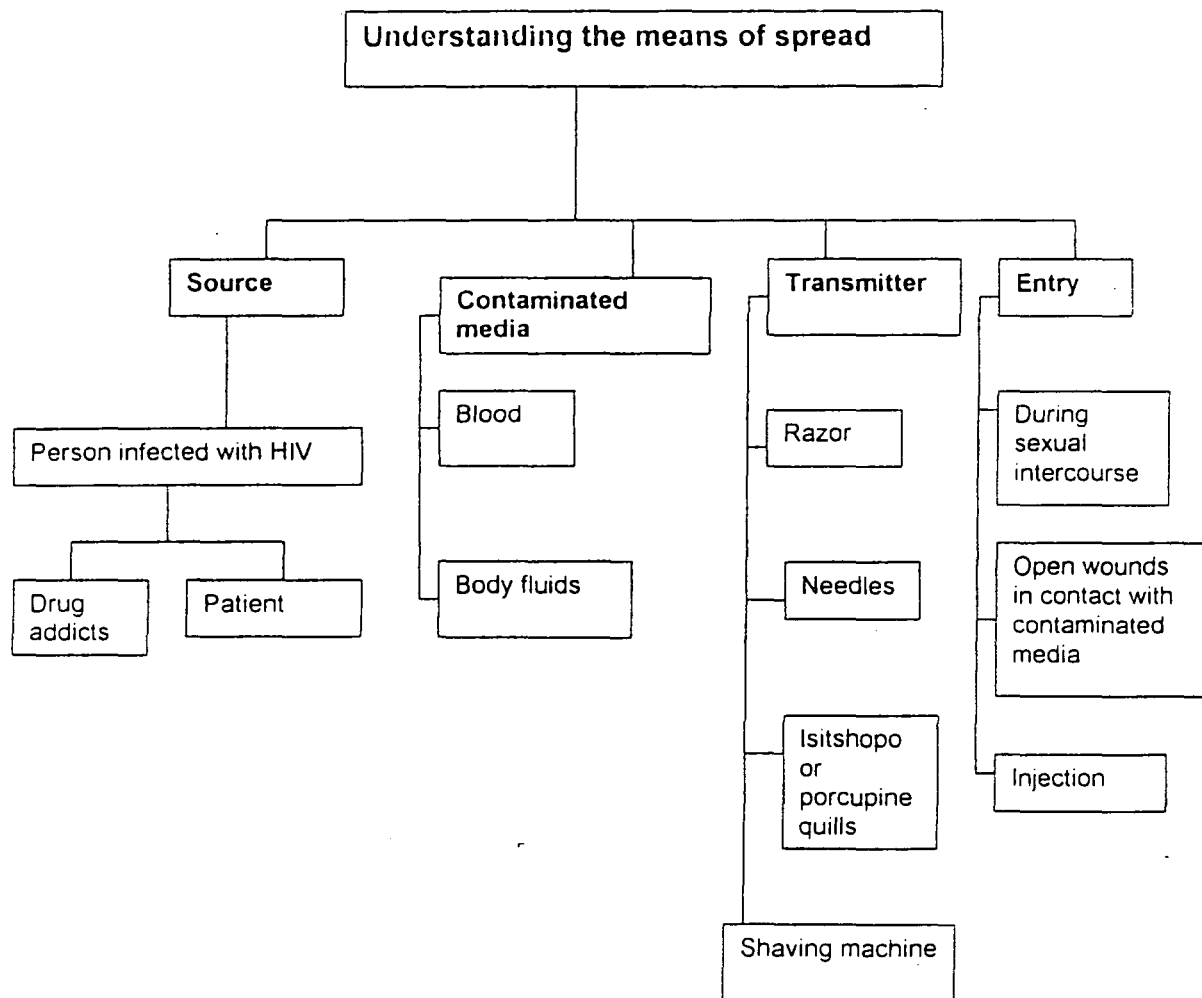


FIGURE 4.3 UNDERSTANDING THE MEANS OF SPREAD

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graph TD
    KM[Knowledge of myth] --> No1[No]
    KM --> Yes[Yes]
    Yes --> SK[Source of knowledge]
    SK --> Media[Media]
    SK --> CM[Community members]
    Media --> Radio[Radio]
    Media --> Television[Television]
    Media --> Newspaper[Newspaper]
    CM --> SK
    BM[Belief in myth] --> No2[No]
    BM --> Reason[Reason]
    Reason --> NCA[No cure for HIV/AIDS]
  
```

FIGURE 4.4 SOCCER PLAYER'S PERCEPTIONS OF THE EXISTENCE OF AND BELIEF IN THE MYTH

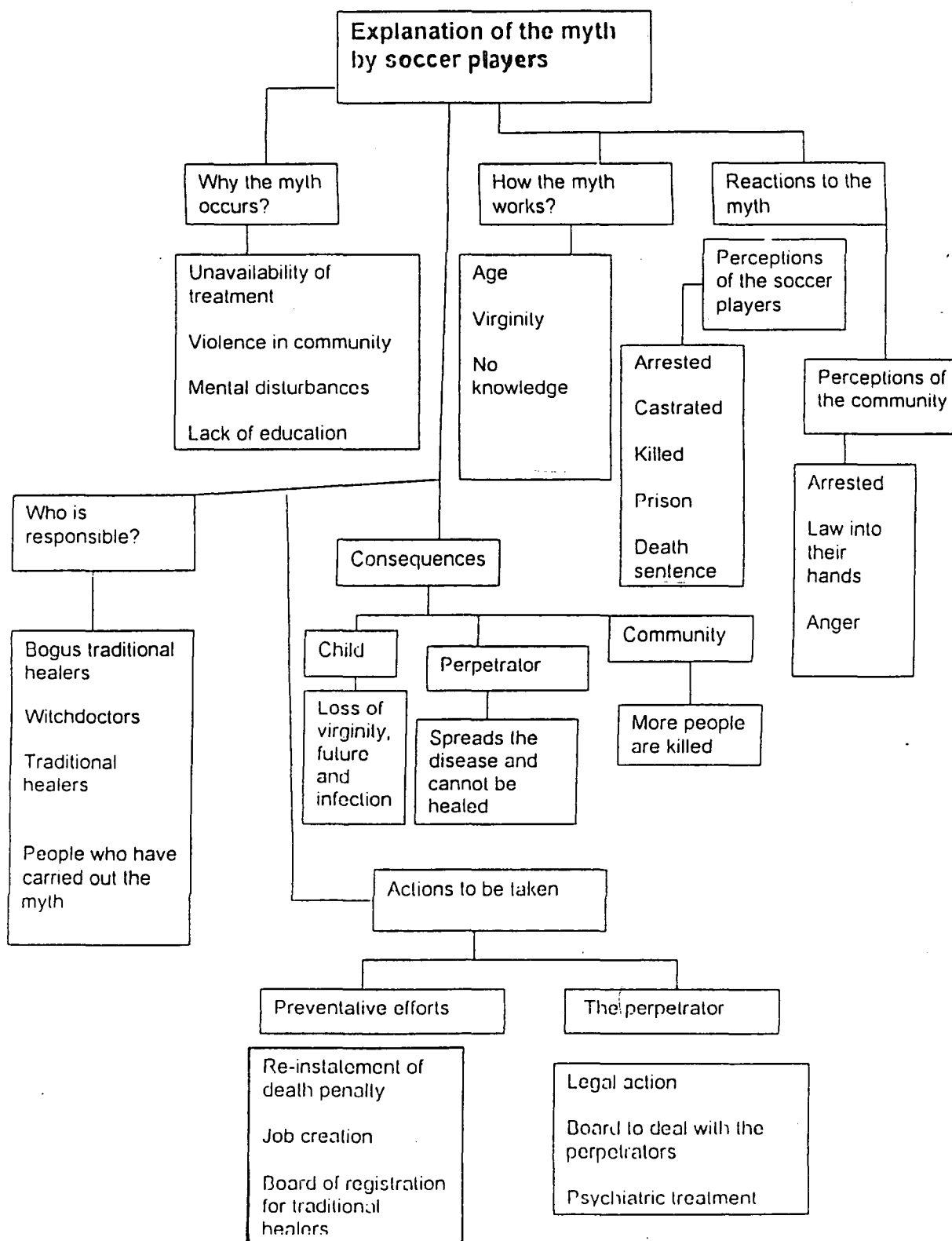


FIGURE 4.5 EXPLANATION OF THE MYTH BY SOCCER PLAYERS

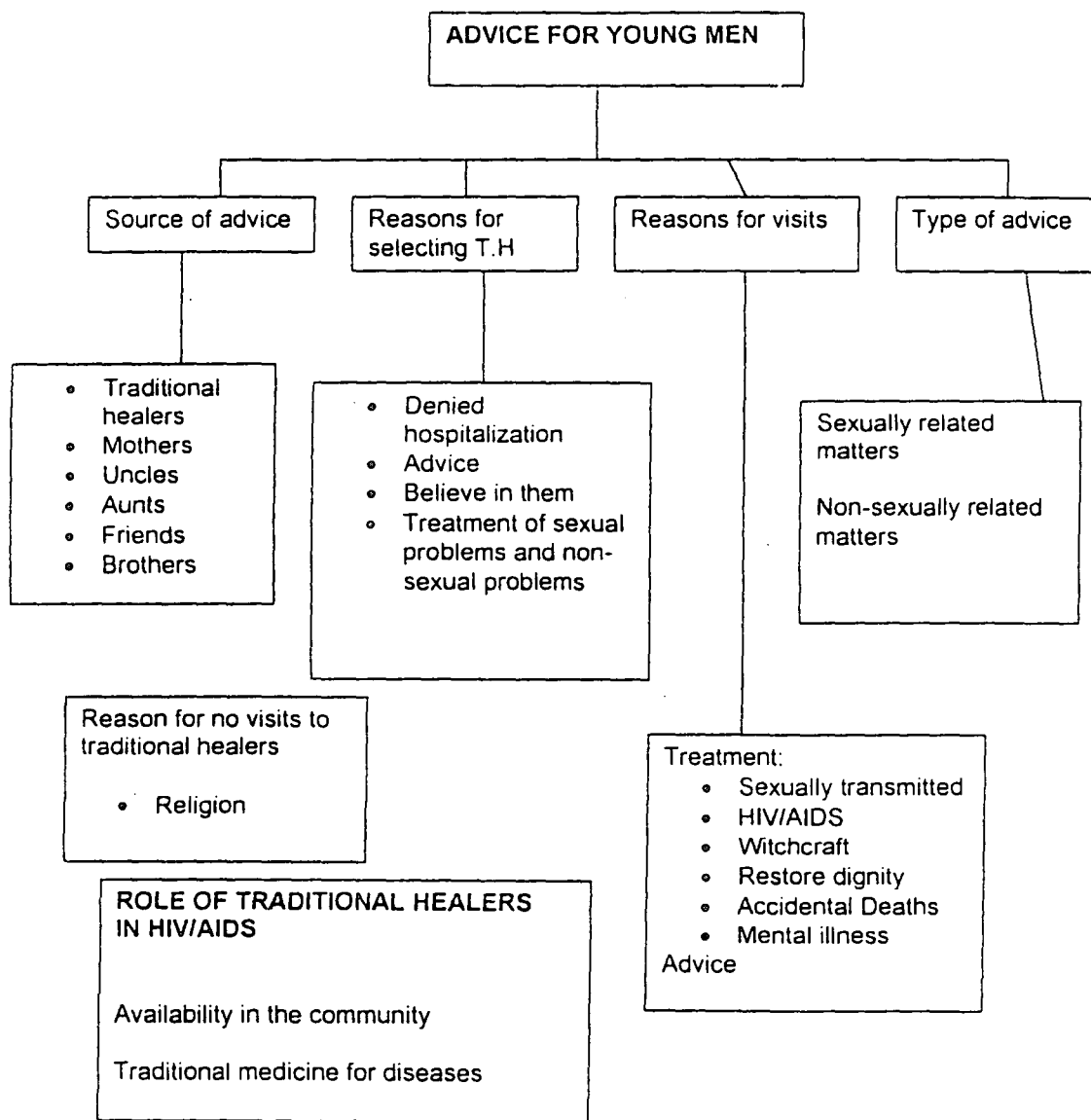


FIGURE 4.6 ADVICE FOR YOUNG MEN

4.3 YOUNG MEN: TERTIARY STUDENTS

There were four groups of young men who participated in the study. Two groups consisted of the tertiary institution students. The findings for these participants follow. The reason for selecting this group was to establish what young men with formal education perceive the myth and to find out if they share the same view about the myth as with the other groups chosen for the study. The other reason was to check if they have knowledge about the phenomenon.

4.3.1 MEDICAL SCIENCE STUDENTS

These were young men who had scientific knowledge of western or orthodox healing.

4.3.1.1 Knowledge of HIV/AIDS

Five participants out of eight said they had knowledge of the disease and how it is spread. The rest were in agreement with what was said. The reason for asking this question was to find out how much knowledge the participants have about HIV/AIDS. The results have been categorized according to the participant's knowledge, source of knowledge, community understanding and knowledge as well as the means of spread of HIV/AIDS.

4.3.1.2 Source of knowledge

The participants have heard about HIV/AIDS from a variety of sources. These have been grouped into categories and are described below.

Informal training:

Informal training is defined as teaching and learning that occurs in an informal manner, in that it was not part of a course, campaign. This includes health education provided by the media.

"...only in 1994 at the world Aids day when Mandela was giving a speech."

"...we hear about it on radio, television and on newspapers."

"... I learnt about it that it was a serious disease when it killed a lot of people in KwaZulu Natal in 2000."

"... HIV was just a rumor as if it did not exist."

"... I only knew about that it came from overseas and that is when it was spreading in Johannesburg."

It is interesting to note that none of these students stated that their knowledge had been derived from their formal tertiary education experience. This is surprising in view of the fact that they were doing medical sciences.

4.3.1.3 Perceptions of the community's knowledge of HIV/AIDS

Community's level of knowledge of HIV/AIDS

This question was asked to find out how much the community knew about HIV/AIDS. The participants came from different communities and they said that their communities were aware of the disease.

Community's source of knowledge

The source of information for the communities were from centers within the community where people were meeting to discuss health issues, as well as campaigns and youth teachings:

"... my community is well aware of the disease and this is because there are campaigns to bring more awareness, which takes place within the community."

"... yes my community is aware of the disease and I also take the initiative of teaching the youth when I am not on campus during the holidays."

"... there are lots of campaigns that are being held within the community where I come from and this helps in teaching the youth."

"... I come from a very remote area, such information is so scarce that is why I joined the peer health educators group on campus so that when I go home I can give this knowledge to the community, especially the youth."

4.3.1.4 Understanding the means of spread

This question was asked to find out if the participants understood how the disease gains entry into the body and is spread. The results have been categorized according to the mode of spread in the health literature, in respect of source of infection, contaminated media, transmitter and the mode of entry. (Pearse, 1997.)

Source of infection

All eight participants believed in the source of infection that it would be from a person and two gave the following answers:

"... come into contact with an infected person."

"... if the mother is infected."

Contaminated media

In order for the person to be infected, body fluids that are contaminated with the virus must be present. Two participants mentioned body fluids and infected blood.

"... infected blood."

"...exchange of body fluids."

Transmitter

The participants did not give any examples of the transmitter.

Entry

This is the way in which the infection gains entry into the body of a person. Participants mentioned that it is through cuts and wounds that are not covered, oral sex, blood transfusion and mother to child. All eight participants understood the mode of entry for the virus:

"... blood transfusion."

"... cuts and wounds that are not covered."

"... oral sex with an infected person."

"...through mother to child if the mother is infected."

It is interesting that none of these medical students mentioned heterosexual intercourse.

4.3.2 KNOWLEDGE OF AND THE BELIEF IN THE MYTH

This topic will be discussed under two headings, the existence of the myth and the belief that sexual intercourse with a young girl could cure HIV/AIDS. The results have been categorized under three topics.

4.3.2.1 Awareness of the myth

All the participants had heard of the myth.

4.3.2.2 Source of information

One participant had noted that the media was a source of information about the myth.

Media

"... on television and radio that people believe that they can be cured and they use babies for this."

The story of baby Tsepang was another example of the myth given. One participant said that this was used as an excuse to rape a child.

4.3.2.3 Belief in the myth

All the participants said that they did not believe that sex with a young girl could cure HIV/AIDS. Four participants answered as follows:

"...this is a lie."

"...I do not believe in this."

"...I do not think a person can be cured by doing this."

"...this is not possible."

"... the treatment that we know of is either taken orally, as an injection or applied topically but not by sexual intercourse."

"... I do not think a person can be cured by doing this."

Two participants felt that the myth could not work because there is no cure for HIV/AIDS.

"... doctors are still trying to get the cure for this disease."

"... there is no cure for this, people who believe in this myth are sick in their minds."

4.3.3 EXPLANATION OF THE MYTH

The results have been categorized in order to give an explanation of the myth:

The reasons for the occurrence of the myth;

how the myth works;

the reactions to the myth;

the consequences; and

who is responsible for perpetuating the myth.

4.3.3.1 Why the myth occurs

The participants gave two reasons:

The myth occurs for several reasons as the participants said. People who are psychologically affected by the fact that they have been diagnosed HIV positive and they use the myth as an excuse to rape a child.

- Mental disturbance

"...people who have HIV/AIDS are vulnerable and they can do anything they are told in order to help themselves."

"...people are very sick psychologically."

One participant believed that sometimes people carry out the myth, but not for the purpose of being cured of HIV/AIDS. They do it because they want to rape someone. This was not mentioned by any other young men in the study. However, the traditional healers noted that some people rape young girls, not as a cure for HIV/AIDS. This might have been a similar point (see 4.4.3.5).

"... some people use this as an excuse to rape someone."

4.3.3.2 How sleeping with a virgin/child supposedly cures HIV/AIDS

This question was asked in order to get clarity from the participants about how the myth worked.

- *Age*

Four participants gave different answers:

"...some people will tell you that it should be a baby."

"...the age of a child should be between months old and 13 years."

"... the age is 13 years and young and even newborn babies are affected by this."

"... some, would tell you that even a baby who is still on breast milk and nappies."

- *Virgin*

Two participants responded as follows:

"...a child who has not reached puberty."

"... child should be a virgin, less than 10 years old."

4.3.3.3 Reactions to the myth

This question was asked to find out about the participant's feelings about the myth and what they perceived their community feels about the myth. The results have been categorized as perceptions of young men and the perceptions of the community.

4.3.3.3.1 Perceptions of the participants

Six out of eight participants said people who are promoting the myth, should be arrested, castrated, be killed and given a death sentence.

Two said he should be arrested:

"...I think they should be arrested."

Two mentioned that he should be castrated

"... they should be castrated."

Two participants said these people should be a death sentence:

"...these people should be killed, a death sentence must be brought back."

"... it is high time the death sentence comes back so that these criminals can stop this."

4.3.3.3.2 Perceptions of the community

The participants said that the community was angered by what was happening and that the community felt that kangaroo courts should to deal with these cases. When members of a community meet to decide on punishment for a community member, which is then carried out, a Kangaroo courts' is said to have taken action. The court is not legally recognized and it is essentially a vigilante action.

"... the community is very angry about such things."

"... the feeling from the community where I come from is that if people can do this, they will open a kangaroo court and deal with these people themselves because the law takes too long to respond to such issues."

"... people are against this, but it is still going on, children are being raped."

4.3.3.4 Who is responsible for perpetuating the myth

This question was asked in order to find out if the participants knew who was promoting the myth. Five participants had different opinions some blamed this on the traditional healers and those people who believed in the myth.

Community members

"... some people use this as an excuse to rape someone."

"... some people are blaming this on traditional healers, and yet the influence is on the society in general." This is an interesting finding as the media report that traditional healers are responsible (see section 2.2.4) but do not mention the community a perpetrator.

"...I want to say that the media is responsible for giving the wrong information to the public."

"... it is people who believe in the myth."

"... it is amongst young men who are still highly sexual active."

"... there people who are perpetuating the myth within the society to serve their own interests."

This latter participant was not specific about who these people were.

4.3.3.5 Consequences of the myth

Different reasons were given by the participants about what happens to the child who has been subjected in the myth. The results have been categorized according to what happens to the child, the community and the perpetrator.

Consequences for the children

The participants felt that the person who did this to young girls was destroying the child's future. Given the range of health consequences for the child, their comments were correct (see section 2.1.4).

"... they are destroying our young sisters."

"... this is just destroying kids and their future."

No consequences for the perpetrator were mentioned

Community

The consequences for the community were that the nation was being destroyed and they were spreading the disease. Four participants responded

- *Destruction of the nation*

"... they are destroying the nation."

"... this disease is here to wipe us out."

- *Spread of the disease*

"...they are just spreading the virus."

"... the young men who are raping children are saying that they do not want to die quickly, this is the way of delaying getting sicker and they become carriers and yet they are spreading the disease."

The role of the myth in the spread of the disease in the community has been mentioned in the literature (see section 2.1.4).

4.3.4 ACTION TO BE TAKEN

The participants had answers on the preventative measures that needed to be taken in order to prevent the spread of the myth. They felt that the government should be responsible much of them for a lot of things.

4.3.4.1 Preventative efforts

- *Reinstatement of the death penalty*

"... the government should be serious about taking steps in bringing back the death sentence and they should engage themselves in designing programs to help our sick society."

4.3.4.2 The perpetrator

- *Psychological treatment*

"... people who are doing this are to be sent for psychiatric evaluation as they have psychological problem."

4.3.5 ADVICE FOR YOUNG MEN ON SEXUALLY RELATED MATTERS.

The findings indicated that most of the participants visited the traditional healers. Two participants went to the traditional healer with their parents. It was noted that these participants did not mention visiting the traditional healers for sexually related problems, but mostly for non-sexually related problems. The results have

been categorized according to the source of advice, reason for visits and the role of traditional healers.

4.3.5.1 Source of advice

This source of advice was not related to sexual problems, as has been the case with the other groups. All eight participants mentioned that they got their advice from television programs, parents, mothers and friends.

"...love-life program on television."

"...from parents, especially father I talk to him when I have a sexual problem."

"... my mother as she works with the youth."

"... from friends as they want to fit you in a group."

4.3.5.2 Reasons for visiting traditional healers

The participants said they visited the traditional healers for medication for dignity, for medicine to clean the system, if there is a death in the family and when the illness could not be treated with scientific medication:

"... yes for medicine to give me dignity."

"... for medicine to clean my system and so that people love me."

"... if there is death in my family, our parents take us to the traditional healer for cleansing."

"... I go for treatment that scientific world cannot cure."

"...we Africans use traditional healers for certain rituals within our families and culturally traditional healers are part of our lives."

The participants did not mention the types of visits that would make them seek help from the traditional healers. No mention of sexual related problems was done, only non-sexual problems were specified. The participants did not specify the role of the traditional healers in HIV/AIDS.

4.3.6 CONCLUSION

The participants showed that they were aware of the disease and how it was contracted and transmitted. They had no knowledge of the myth. They utilized the services of the traditional healers for non-sexually related matters.

4.3 YOUNG MEN: TERTIARY STUDENTS

The findings for the second group of young men, namely those who were anthropology students are described below.

4.3.7 ANTHROPOLOGY STUDENTS

These were young men who had knowledge about culture, norms and values of the society.

4.3.7.1 Knowledge of HIV/AIDS

Five participants out of eight responded to this question. The rest of the group members were in agreement with what was said. This question was asked to find out how much knowledge the participants have about HIV/AIDS. The results have been categorized according to the participant's knowledge, source of knowledge, community understanding and knowledge as well as the means of spread of HIV/AIDS.

4.3.7.2 Source of knowledge

The participants had heard about HIV/AIDS from a variety of sources. These have been grouped into categories and are described below.

Formal training

This is the teaching and the learning that occurs in a formal manner, which can be taught at school, by the Department of Health in the form of campaigns, courses and workshops.

- *Health education by Department of Health*

This is information that would be disseminated by the Department of Health through youth campaigns.

Two participants said they received the information from the campaigns and youth centres.

"...I came to study and lots of campaigns taught me."

"...the knowledge I have is from the youth center and the campaigns that took place next to my home."

- *Health education by Department of Education*

This information would be through teachings from the teachers at schools. One participant said that he received knowledge for the teachers at school

"...I got the knowledge from my teachers at school."

Informal Training

Training where teaching and learning occurs in an informal manner and there are no campaigns involved.

- *Media*

Two participants said that they got the information from the media.

"...I got this knowledge from the television and radio."

"...I have heard about it from the newspapers."

4.3.7.3 Perceptions of their community's knowledge of HIV/AIDS

The participants indicated that their communities had awareness although some lacked knowledge and had limited resources. Four participants responded to this question.

Community's level of knowledge

Two participants said their communities were aware of the disease:

"...yes, the whole community is aware."

"...other people know about this but they do not want to listen and they do things the way they want."

Reasons for the lack of knowledge

Two participants said their communities had knowledge but it was limited

"...my community has knowledge but it is so little because the pamphlets are written in English."

"...my community has very limited resources, which makes them not to be knowledgeable about this condition. This is because of poor roads, especially on rainy days, therefore no campaigns are done to increase awareness about HIV/AIDS."

4.3.7.4 Understanding the means of spread

This question was asked to find out if the participants understood how the disease is spread or transmitted. The results have been categorized according to the mode of spread in the health literature, in respect to the source of infection, the contaminated media, transmitter and the mode of entry. (Pearse, 1997.)

Source of infection

All eight participants believed in the source of infection that it would be from a person. Three participants gave the following answers.

"...a person can get this disease from using drugs."

"...a person can get the disease from an old sexually transmitted infection that was not treated."

Contaminated media

Two participants responded said it was bleeding gums and body fluids.

"... I know that if you touch body fluids with hands that have wounds and cuts, it is easy to get the virus."

"... this person might have bleeding gums."

Transmitter

One participant mentioned a toothbrush.

"... others get it by using the same toothbrush."

Entry

This is the way in which the infection gains entry into the body of the person. The participants mentioned that it is through unprotected sex, cuts and wounds and mother to child transmission. All eight understood the mode of entry and five participants gave the following answers.

"... indulging into unsafe sex or raping a girl not knowing that she has HIV."

"... what I know is that a person can get infected from unprotected sex."

"... from an accident and you find yourself helping unaware that you have a cut or an injury and there is contact with this person who is involved in an accident."

"... I have learned about that there is a mother to child transmission of the virus."

4.3.8 KNOWLEDGE OF AND BELIEF IN THE MYTH

This question was asked to find out if the participants had any ideas of the existence of the myth and the belief in it. The results have been categorized according to the existence of the myth and the source of information.

4.3.8.1 Awareness of the myth

All the participants indicated that they had heard of the myth one stated:

"...I have heard about this a lot."

4.3.8.2 Source of information

- *Community*

"...I have heard people talking about this."

"...some people are busy spreading this knowledge and they were telling us that they are from the clinic. This is a rural community where I stay and these people are not nurses or doctors."

- *Media*

"...I have heard about this on radio."

"...the radio and television."

4.3.8.3 Belief in the myth

All the participants said that they did not believe that sex with a young girl could cure HIV/AIDS. Quotes from our participants follow:

"...I do not believe in this."

"...there is no such thing and I do not believe in this."

"...there is no way that a person can be cured through this method."

“...there is no such thing in life.”

Three participants felt that the myth would not work, as there is no cure for HIV/AIDS:

“...there is still no treatment for the disease.”

“...traditional healers have not found the treatment for the disease.”

“...there is no cure for HIV/AIDS.”

4.3.9 EXPLANATION OF THE MYTH

The results have been categorized in order to give an explanation of the myth.

The reasons for the occurrence of the myth;

how the myth works;

the reactions to the myth;

the consequences; and

who is responsible for perpetuating the myth.

4.3.9.1 Why the myth occurs

- *Seeking a cure*

One participant stated that people do it because traditional healers tell them that it will cure them.

“...it is the instructions from the traditional healers thinking that he is getting help.”

Leclerc-Madladla (2002), amongst others, has noted that it is for this purpose that the myth is carried out (see Section 2.2.2.2).

- *Mental disturbance*

Desperation for treatment.

“...he is desperate to get help, he tries out the message that was on the news from television.”

Once again, the literature shows that desperation drives people to try the myth (see 2.2.2.2).

- *Intention to harm people*

One participant said that the witchdoctors advocate the myth with the intention of harming people’s daughters due to jealousy. This may be similar to the point made in 4.4.3.2 where a traditional healer said that witchdoctors advocate it for their own purpose (see section 2.3.2.5).

“...some people will tell you that it is witchdoctors, because they have jealousy of Mr. So and So’s daughter.”

4.3.9.2 How sleeping with a virgin/child supposedly cures HIV/AIDS

This question was asked to get clarity from the participants about how the myth worked.

Three participants linked the notion of age and virginity as requisites for cleansing HIV. This has been well documented in other research and media reports (see Section 2.2.3).

- *Virginity*

"...what I know is that the traditional healer will throw his bones and after that he tells you that he has no treatment for this illness that you have and the only way out is to sleep with a young girl and you will be cleansed."

- *Age*

Three participants gave different age groups:

"...some people will say a child of 3 years or months."

"...in most cases it is children under the age of 10 years."

"...in the news you will hear that a 9 month old baby or a 2 year old girl was raped."

- *Exchange of body fluids*

One of them believed that it was perceived that the exchange of body fluids resulted in the cleansing. This is similar to the reports of Meena (1992) and Kaya (2000), who write of the act resulting in cleansing (see section 2.2.3). However, it differs from the literature in that Leclerc-Madlala (1999) explains that the man is believed to get an infusion of clean blood from the girl. This participant stated that it was supposed to work because body fluids were exchanged – a slightly different notion.

"...I agree with the very first speaker, because this is just pure rape and people think the cleansing takes place when there is exchange of fluids, i.e. from an HIV positive person and getting the purity from the virgin."

- *No knowledge*

Five participants said they did not know how the myth was supposed to work:

"...I do not know how this belief works."

"...I do not know how this person can be cured."

"...there is no way this method can work."

"...there is no way that sleeping with a young girl can cure him."

"...there is just no way this can work."

4.3.9.3 Reactions to the myth

These were the perceptions of the participants about what should be done with people who were perpetuating the myth. The results have been categorized as perceptions of young men and the perceptions of the community.

4.3.9.3.1 Perceptions of the participants

Three participants responded and said the people who sleep with young girls thinking they could be cured of HIV/AIDS should be arrested, castrated and be given a life sentence:

"...I think they should be arrested and send to court for a life sentence."

"...I think for those who have been arrested for this should come out clean and tell the world why they are doing this."

"...I hate this, these people should be castrated."

4.3.9.3.2 Perceptions of the community

The participants said that the community felt that these people should given a heavy sentence, even a death sentence, or life sentence, and government should bring a death penalty.

Two said that the community resorted to taking the law into it's own hands and making out their own punishment in a kangaroo court. This was also mentioned by the group of medical students (see 4.3.3.3.2).

"...they should get a heavy sentence in court, even a death sentence."

"...they should get a life sentence."

"...the government must bring back the death penalty."

"...some community members have resorted into taking law into their hands, because they cannot sit and wait for the police to take action."

"...there is a 'kangaroo court' where people who are not arrested and are known by the community that they have done wrong are punished, by being bitten with sjamboks and being necklace with a burning tyre."

The rest of the group said these cases were to be handled by the policemen much as the community was not happy about cases not going to court.

4.3.9.4 Who is responsible for perpetuating the myth

This question was asked to find if the participants knew who was promoting the myth. Seven participants had different opinions:

- *Bogus traditional healers*

"...it is only those "traditional healers" who are not treating people in a true sense and only have herbs to kill or destroy."

"...we must distinguish between the traditional healer in a true sense and someone who is taking a chance, like those people who sell herbs along the road. I can never trust anything from that person and my thinking is that these are the people who are perpetuating this wrong information."

Once again, as with all the groups in the study, the perception that it was bogus traditional healers who were perpetuating the myth emerged, in line with the literature (see Section 2.2.4).

- *Witchdoctors*

"...this is the myth from the witchdoctors, not real traditional healers, because witchdoctors are bad people."

The witchdoctors have been blamed in other studies (see Section 2.3.2.5).

- *Traditional healers*

"...I think it is the traditional healers who are responsible for this."

The literature also cites traditional healers as perpetrators of the myth (see Section 2.2.4).

- *Media*

"...I think it is the television that is sending messages to people and showing the pictures that are not to be seen by young people and when a person gets to know his status and he is desperate to get help, he tries out the message that was on the news from television."

- *Community*

"...I think it is people who do not have enough knowledge about the disease."

"...the people who do this are already infected with the virus and they have jealousy."

4.3.9.5 Consequences of the myth

Different reasons were given by the participants about what happens to the child who has been subjected in the myth. The results have been categorized according to the consequences for the child and the perpetrator.

Consequences of Children

One participant mentioned child abuse:

"...it is child abuse."

Three participants mentioned emotional and physical damage. This was correct, according to the literature (see Section 2.1.4).

"...this is just the way of spreading the disease."

"...children are getting destroyed emotionally and physically."

"...sleeping with children will not help instead will destroy the kid's future and life."

Consequences of the perpetrator:

The participants said that this person was spreading the disease and he wants to die with a lot of children:

"...they are destroying the child's life."

"...one can spread the disease by sleeping with her."

"...he is spreading the disease."

"...they want to spread the disease and die with a lot of children or young people."

"...he is destroying the child's virginity, future and her life."

4.3.10 ACTION TO BE TAKEN

The participants had suggestions about what action is to be taken to prevent the spread of the myth. The government should be responsible for teaching the community about the disease.

4.3.10.1 Preventative efforts

▪ *Availability of treatment*

"...the government to bring the cure to people."

"...I say they should be admitted into psychiatric hospitals, because they are mentally sick."

"...these people need a lot of counseling about the illness."

"...people like this should have their behaviors modified."

▪ *Legal action*

"...it is the duty of the government to tighten the laws especially anything that affects the children."

▪ *Education*

"...more people should be sent out by government to teach the community about the HIV/AIDS."

The group of medical students also mentioned psychological treatment for the perpetrators.

4.3.11 ADVICE FOR YOUNG MEN ON SEXUALLY RELATED MATTERS

The data showed that only some of the participants visited the traditional healers. One participant had no comment.

"...I do not go to the traditional healer, because my family does not believe in the use of herbs and stuff."

"...I also do not visit the traditional healer, because of my home religion."

4.3.11.1 Source of advice

The source of advice was on sexually related matters and the participants said they got advice from parents, media, department of health, friends, uncles, mothers, aunty and granny:

"...from parents."

"...on television and radio."

"...from the department of health, [a television designed to teach people about safe sexual practices] family planning clinics."

"...from my friends."

"...from my peers here on campus."

"...from my uncles at home."

"...from my mother, because my father does not stay with us."

"...from my granny and my aunty."

4.3.11.2 Reasons for visiting traditional healers

The participants who did go to the traditional healers went there for both sexually related and non-sexually related matters:

"...traditional healers are good people and they give you stuff for sexually transmitted infections, like lice infestation, drop."

Four participants mentioned non-sexually related matters:

"...yes, at home our parents, we do visit the traditional healers if there is someone within the family who is sick and to check if that person is sick because of the ancestors or he/she has been bewitched."

"...I go to the traditional healer to get medicine to protect me from evil spirits, from witchcraft, because people out there are full of jealousy especially because we are studying and they do not like that as their kids are stuck on drugs."

"...I do go the traditional healer for medicine for dignity at work and among women."

"...I visit traditional healer for the medicine to clean my system when I do not feel well."

4.3.12 CONCLUSION

The participants had knowledge and awareness of the myth, although some indicated that they did not know how it worked. These participants used the traditional healers for both sexually-related and non-sexually related matters.

4.3.13 COMPARISON OF MEDICAL AND ANTHROPOLOGY STUDENTS

Both groups had a reasonable knowledge of HIV/AIDS and its means of spread. Notably, the Medical science students did not indicate that they had derived their knowledge from their tertiary education experience. Furthermore, this group did not mention contaminated media as a means of spread of HIV/AIDS, whereas the anthropology students said that body fluids were involved. The latter group indicated that a transmitter could be a shared toothbrush, which also said by the group of soccer players. Both groups indicated that they did not believe in the myth. The anthropology students said that virginity was used as a cleansing method where there was exchange of fluids in order to cure HIV/AIDS. The anthropology students listed a number of categories of people who were said to be promoting the myth, namely bogus traditional healers, witchdoctors, media and traditional healers, whereas the medical students only noted community members as a being responsible. The anthropology students also mentioned emotional and physical damage as a consequence for the child. This was the only group of participants, which stated this. Both groups indicated that they visited traditional healers for both sexually and non-sexually related matters. Figures 4.7 to 4.12 summaries the findings for both groups of tertiary students.

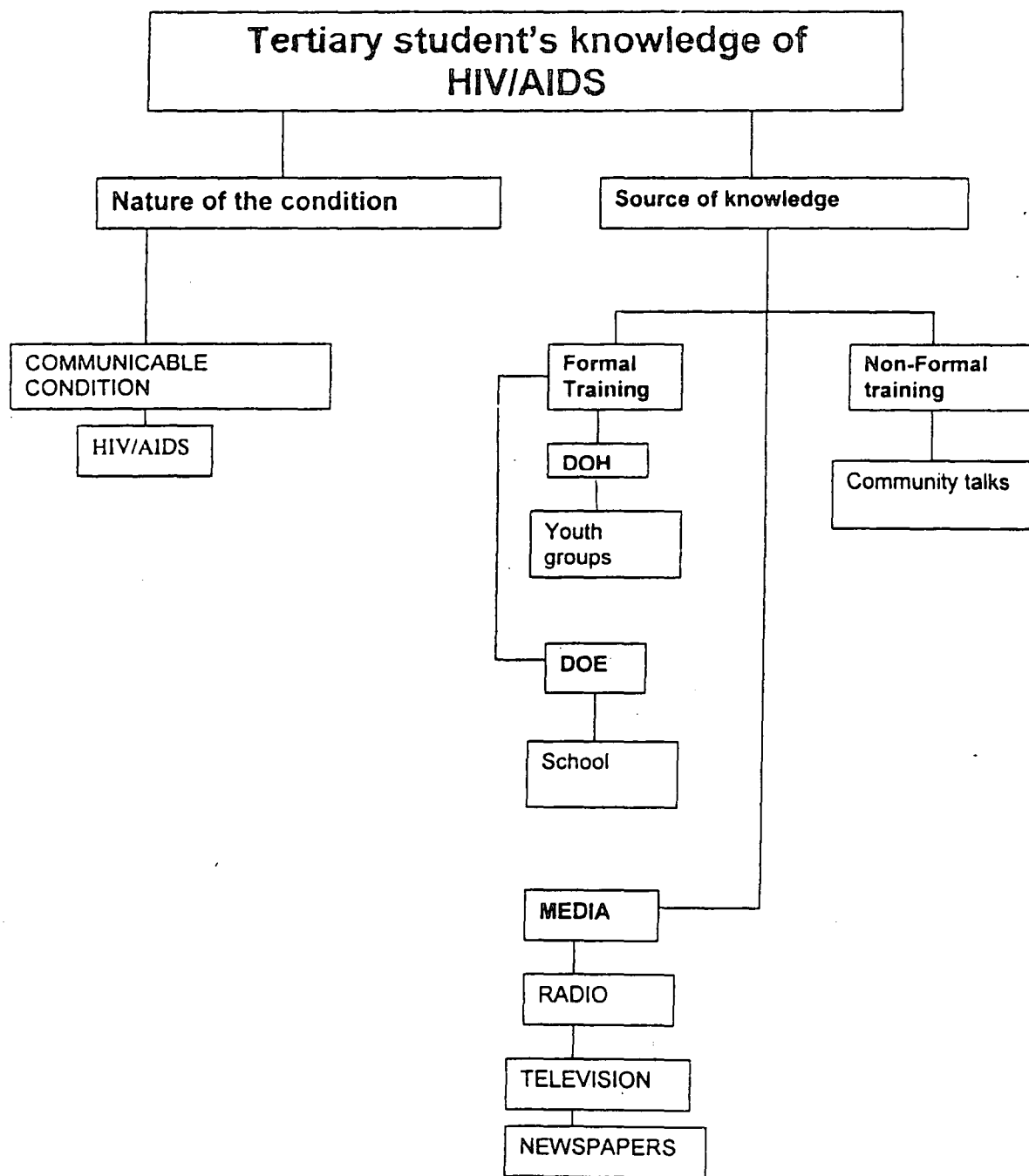


FIGURE 4.7 TERTIARY STUDENT'S KNOWLEDGE OF HIV/AIDS

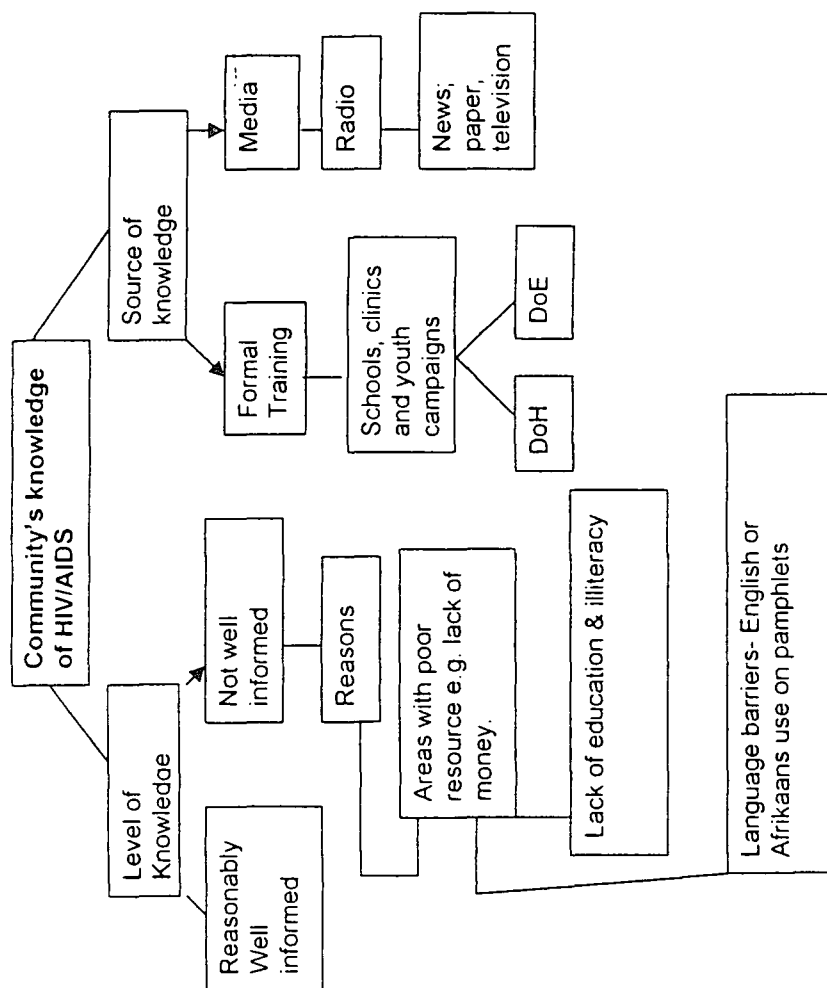


FIGURE 4.8 REPORTED COMMUNITY KNOWLEDGE OF HIV/AIDS

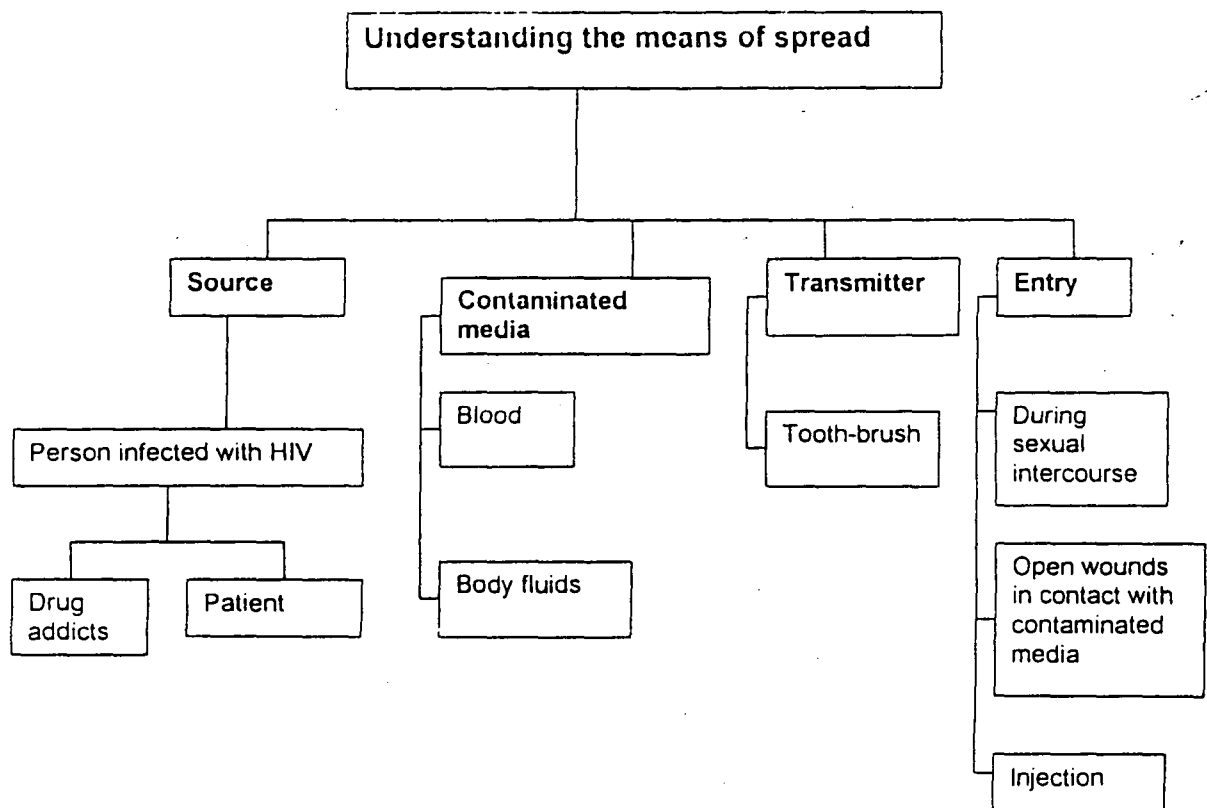


FIGURE 4.9 UNDERSTANDING THE MEANS OF SPREAD

TERTIARY STUDENT'S PERCEPTIONS OF THE EXISTENCE OF AND BELIEF IN THE MYTH

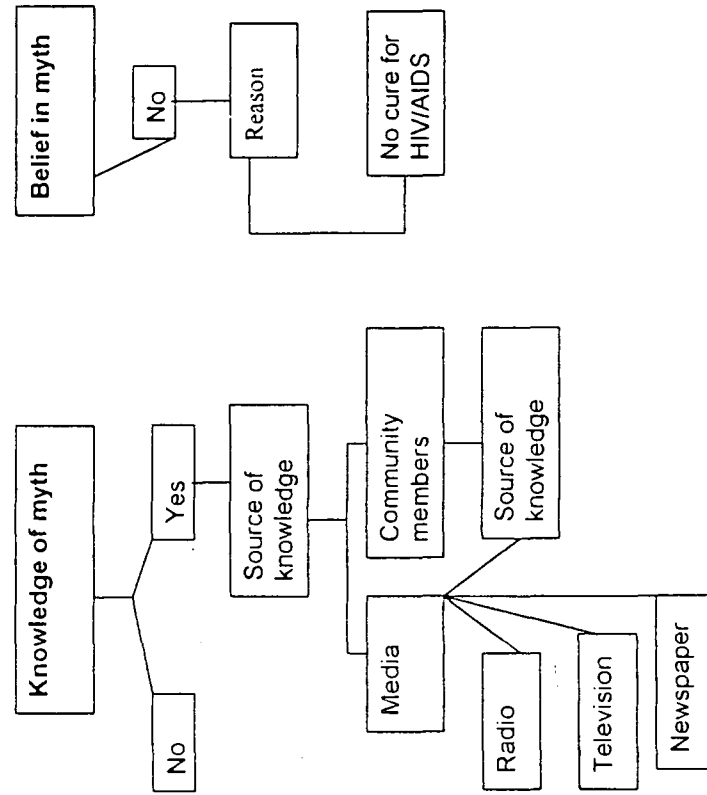


FIGURE 4.10 TERTIARY STUDENT'S PERCEPTIONS OF THE EXISTENCE OF AND BELIEF IN THE MYTH

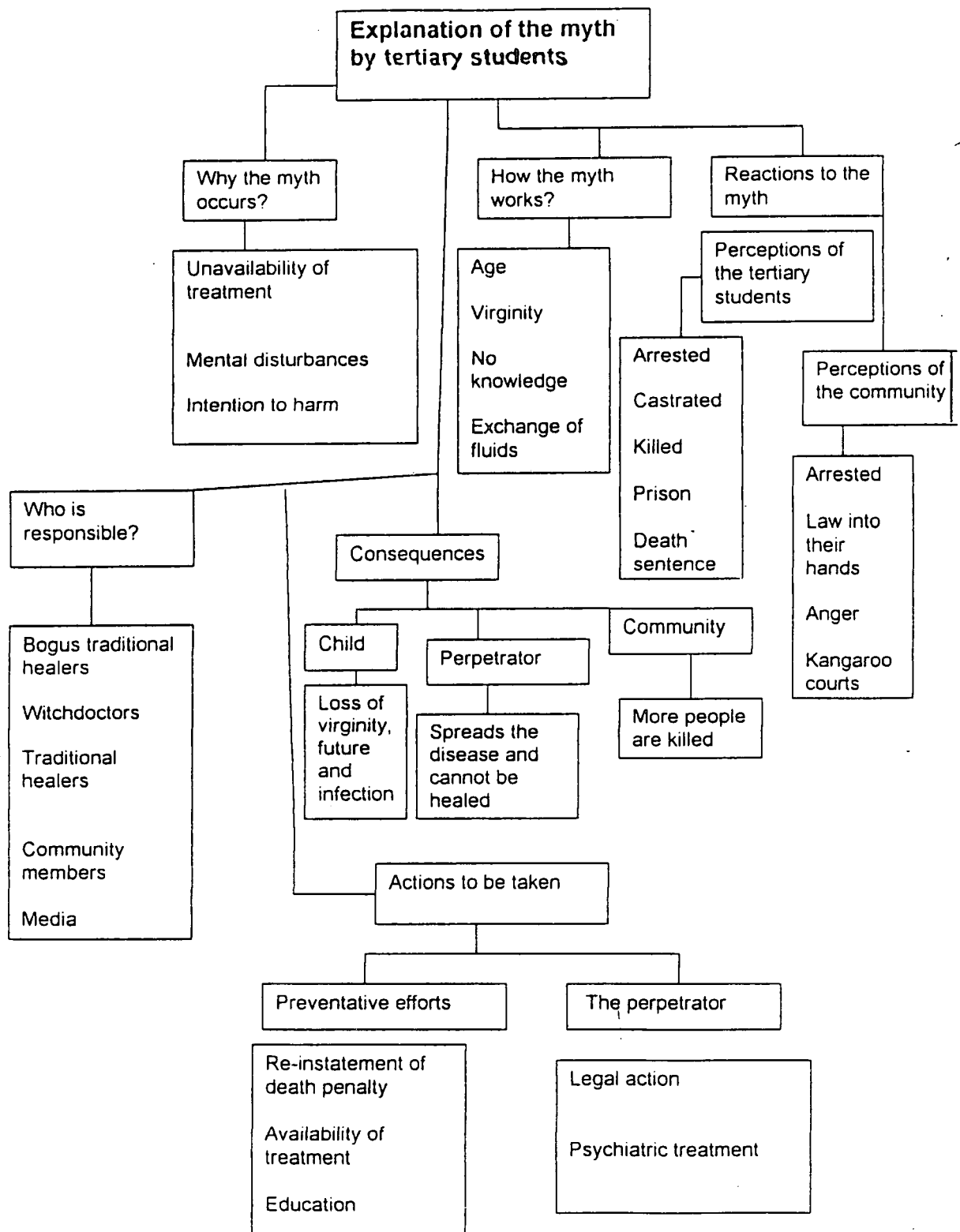


FIGURE 4.11 EXPLANATION OF THE MYTH BY TERTIARY STUDENTS

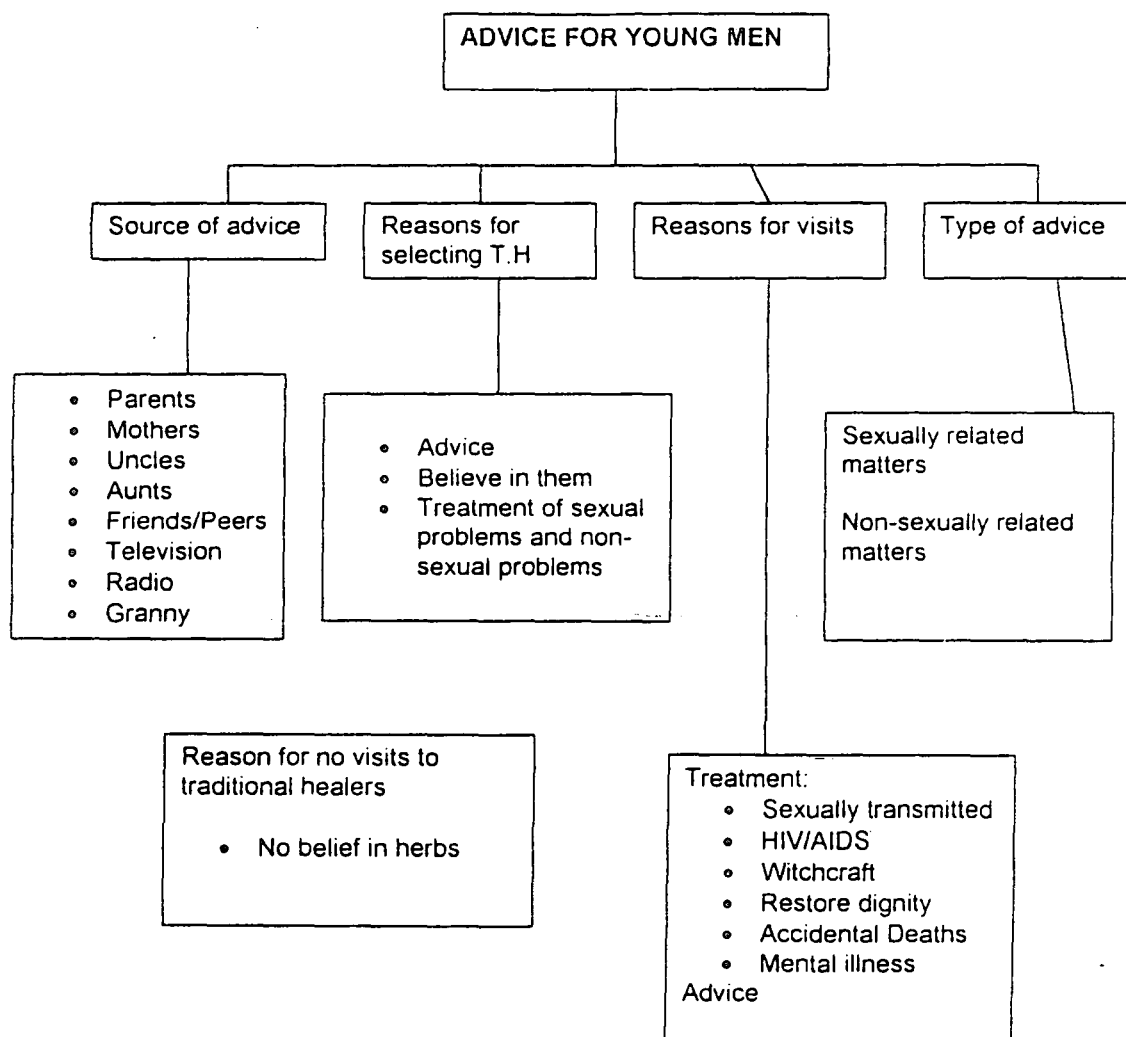


FIGURE 4.12 ADVICE FOR YOUNG MEN

4.4 TRADITIONAL HEALERS

As already explained in chapter three, ten traditional healers were interviewed. Initially some had denied any knowledge of aspects of the myth. However, they were prepared to give more information by the end of the interview, because they were more relaxed in the presence of the researcher and felt that they were able to trust her.

Some felt so negative about the myth that they did not want to discuss aspects about it. For example, when asked what age the girl must be, they refused to answer, they were so disgusted. This unwillingness to discuss details about myth signified their complete non-acceptance of it.

4.4.1 THE TRADITIONAL HEALER'S KNOWLEDGE OF HIV/AIDS, PERCEPTIONS OF COMMUNITY AWARENESS AND SOURCES OF INFORMATION

The reason for asking this question was to determine the traditional healer's and the community's knowledge of HIV/AIDS in order to get possible influences on their perceptions about the presence of the myth, how it work or does not work? The results have been grouped according to the knowledge of the traditional healers, the source of knowledge, the understanding of their communities and the source of their knowledge and the traditional healers knowledge of how the disease is spread.

4.4.1.1 Knowledge of the conditions known as HIV/AIDS

Correct knowledge

Eight out of ten the traditional healers said they had some knowledge of the disease and how it is spread. They knew that it is a communicable disease for which there is no cure.

However two participants had a different view. They said that the disease that is called HIV/AIDS is really a non-communicable disease. The men who gave this information were Mr. Si and Mr. Ce2. Their descriptions are given below

Ilumbo, iqondo, isipatsholo

- What is the condition and how does it present?

The two healers described three conditions. It can be seen that they present almost the same manner as HIV/AIDS. They are ilumbo, iqondo and isipatsholo. They stated that their ancestors had given them the knowledge of the condition.

A man who has ilumbo would have swelling of the stomach, swollen legs and feet, swollen testicles, which is almost the same as iqondo.

"... the knowledge I got from my ancestors and now people are calling it iqondo."

".... with iqondo a man will have swelling of the stomach, swollen legs and feet, swollen testicles, then present with a cough, diarrhea, loss of weight and aching body."

".... with isipatsholo the person with the same things as iqondo plus sores in his mouth and over the whole body."

They believed that these conditions have occurred for a long time, implying that they preceded knowledge of a condition called HIV/AIDS. They felt that HIV/AIDS was the same condition.

"... looking back at our history, HIV/AIDS is the same as isipatsholo."

".... this HIV comes from iqondo."

- *How do they get it?*

The traditional healers explained that the husband passes the medicine to a woman during sexual intercourse, after which it will get into her system and stay there for as long as he wishes.

".... Because of the medicine that her husband has placed in her."

"...it is something that a man put in a woman so that she cannot have other affairs. If she does the man she gets involved with will die.

One of the traditional healers also said that it could be administered by ingestion.

"...the woman is given a mixture to drink and this will make the person who sleep with her to be sick."

"...traditional healers do it so that no other man comes next to your wife. Only a traditional healer who has knowledge about this can help a person."

They both said that ilumbo, iqondo and isipatsholo occur as a result of a herbal mixture produced by a traditional healer being placed into the woman during sex or ingested by her. Thereafter, if she has sexual intercourse with any man other than her husband, that man will become sick with one of these conditions. The mixture is given to women to prevent her from being unfaithful to her husband. As she is aware of having been given the medicine, she will not sleep with other men, because they will get sick.

- *Can the three herb induced conditions be 'cured'?*

These traditional healers felt that the symptoms of ilumbo, iqondo and isipatsholo could be removed if a traditional healer, who knew the answer, was summoned quickly. Otherwise the condition is fatal.

".... this can be cured by us traditional healers."

".... people do not get cured as this is regarded as an illness with no cure and according to what my ancestors told me this is ilumbo."

However this participant also stated that a traditional healer who knows the correct treatment could cure it.

The important point to note from the above is that two traditional healers did not see HIV/AIDS as distinct from ilumbo, iqondo and isipatsholo and therefore did not recognize the existence of HIV/AIDS as known by conventional healthcare providers. Also, in their minds, since the above three can be 'cured', what health care providers regard as HIV/AIDS also can be cured, provided the right action is taken.

4.4.1.2 Source of knowledge

The traditional healers had heard about HIV/AIDS from a variety of sources. These have been grouped into categories and are described below.

Formal training

Formal training is regarded as a teaching and learning event that is formally planned and implemented for a group of people to be trained about HIV/AIDS.

- *Health education by the Health Department*

This is knowledge from the campaigns and workshops offered by Department of Health that bring awareness to people about the disease. Three of the traditional healers learnt about HIV/AIDS through such formal training, in the form of courses and workshops:

"... I have had training from the Department of Health about this disease."

"... I was trained at the Matikulu Health Center."

".... I have dealings with Prince Mshiyeni Hospital as they send T.B. treatment to my chemist for those people who are unable to reach the hospital and so they collect their treatment from me."

- *Health education by the Department of Education*

This traditional healer was a teacher, who had received training through his Department:

"...I had a chance of being chosen to go and attend a skills workshop at Mtubatuba where I got knowledge about HIV and its transmission."

Informal training

Informal training is defined as teaching and learning that occurs in an informal manner, in that it was not part of a course, campaign or workshop. It includes health education provided during consultation with individual clients by healthcare worker.

- *Health education by traditional healers*

All of this type of training occurred as a result of contact with other traditional healers. It took place on a one-to-one basis, at meetings and in different geographical areas. For example, one traditional healer said that another traditional healer had taught him. Another traditional healer said he receives information during meetings with other traditional healers:

"... I have knowledge that I get whenever we have meetings regarding this disease with other traditional healers."

Another traditional healer got information from Malawi when he went to get traditional medicine. He also, learnt about it when he went to Transkei to help people with tuberculosis:

"...from Malawi, I got the traditional medicine that I normally use on my patients. I also got knowledge from Transkei where I used to help people with conditions like T.B. which is related to HIV."

Media

The media had been a source of information about HIV/AIDS for three of the traditional healers:

"...The television teaches us about this disease, as well as the radio."

"...I have heard about this disease on the radio."

One healer mentioned that he did not get information from the newspapers as he lives far from the city:

"...I stay in an area where there is hardly any transport to go to the places like Durban and it is not easy to get newspapers."

Community members

The traditional healers had also learnt about the disease from their clients, who had been diagnosed to be positive, and in some cases, were on treatment for it:

"...I also got knowledge from Transkei where I used to help people with conditions like T.B. which is related to HIV."

"...I have dealings with Prince Mshiyeni Hospital that send T.B. treatment to my pharmacy as some of them are unable to reach the hospital and so they collect their treatment from me."

In summary it seems that the traditional healers have obtained their knowledge from a number of sources including formal training events, through the teachings of other traditional healers, from attending meetings and from the radio and television.

Figure 4.13 provides the summary for the above findings.

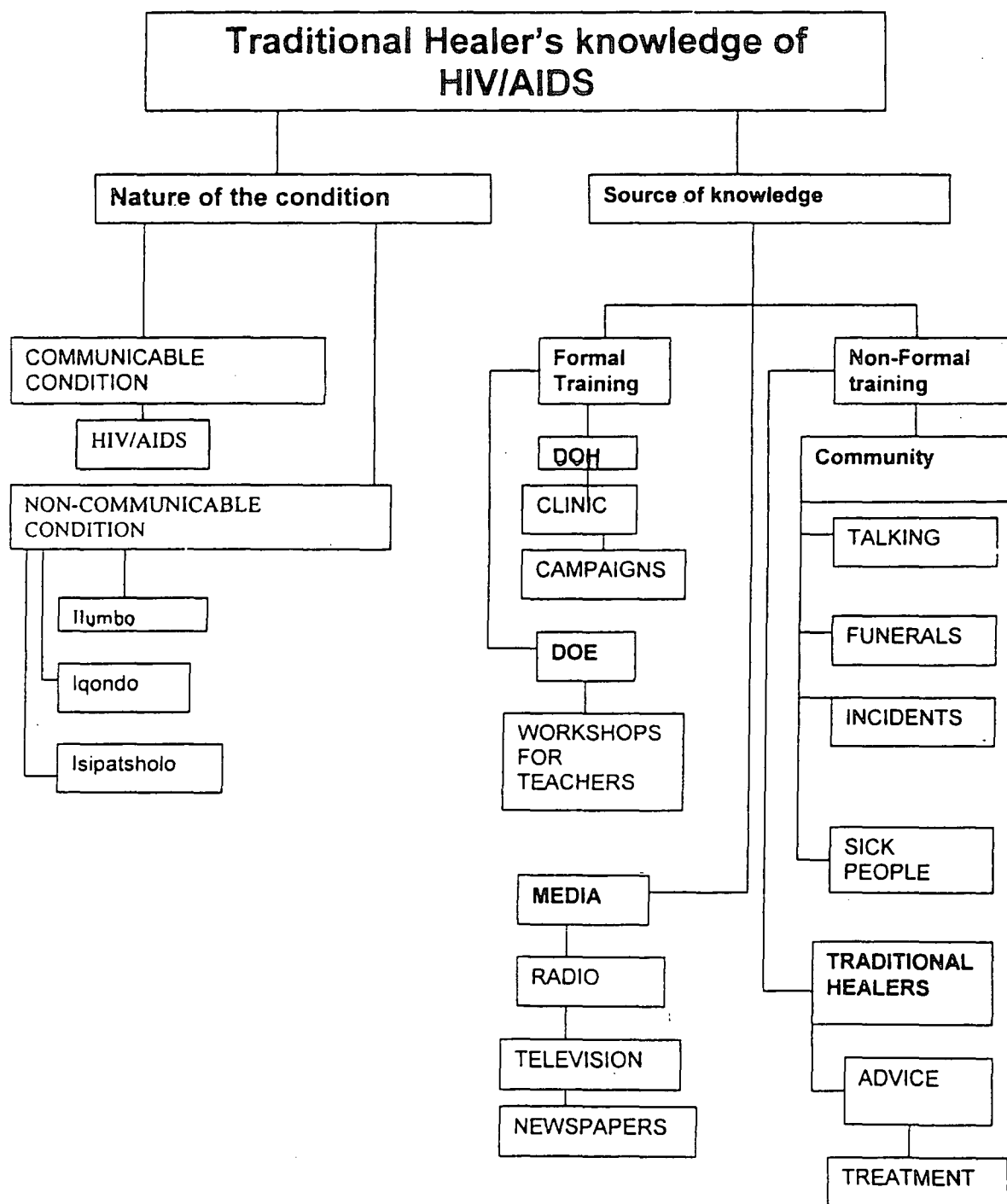


FIGURE 4.13 TRADITIONAL HEALER'S KNOWLEDGE OF HIV/AIDS

4.4.1.3 Traditional healers' perceptions of their community's knowledge of HIV/AIDS

Community's level of knowledge of HIV/AIDS

This question was asked to find out how much the community knew about HIV/AIDS, as perceived by the traditional healers. They believed that people in their community had some knowledge of the disease, although some were uninformed.

Communities knew about the disease, however the communities who were said to be knowledgeable had obtained their knowledge from different sources. These are described hereafter:

"...yes the community is aware of the disease, but some still carry on with unsafe behavior."

"...yes the community is fully aware about the disease, although you still find youngsters not practicing safe sex."

"...People in my community have no knowledge, but there are still some who have."

Reasons for the lack of knowledge in the community

The traditional healers felt that their communities lacked knowledge as result of poor resources, lack of education and beliefs.

"...due to poor resources and sometimes illiteracy. Some still believe that HIV is due to witchcraft."

"...The reason for poor teaching is that we are far from the urban areas." This implies that information does not reach them.

Community's source of knowledge

The traditional healers indicated that their communities had learnt about HIV/AIDS from a variety of sources.

Formal training

- *Health education by Health Department*

The Department of Health was clearly responsible for information dissemination.

"...there is a container that is run by people from the Health Department. They teach the community about HIV/AIDS, especially the youth who have limited knowledge."

Informal Training

- *Health Education by traditional healers*

Traditional healers were responsible for providing people with information.

"...they are aware and they come to me as a traditional healer for advice."

The clinics were another source of information for the community.

"...there are clinics nearby and young people get a lot of information from these places."

Media

The media appeared to play a big role in the spread of knowledge in the community as many people have access to radio and television:

"...the community is aware of the disease, although no campaigns have been done for them. They hear about this on radio."

Community members

Information was also derived from other community members by talking, to each other and meeting at community events. Two traditional healers said that their communities knew about disease through its presence in the community.

"...yes, my community is aware and they have seen people dying of HIV/AIDS. Everyday there are burials in the community of people who have died because of the disease."

"...yes, the community is fully aware about HIV/AIDS and there are funerals taking place within the community every day of people who have died from HIV/AIDS.

Figure 4.14 provides the summary of the above findings.

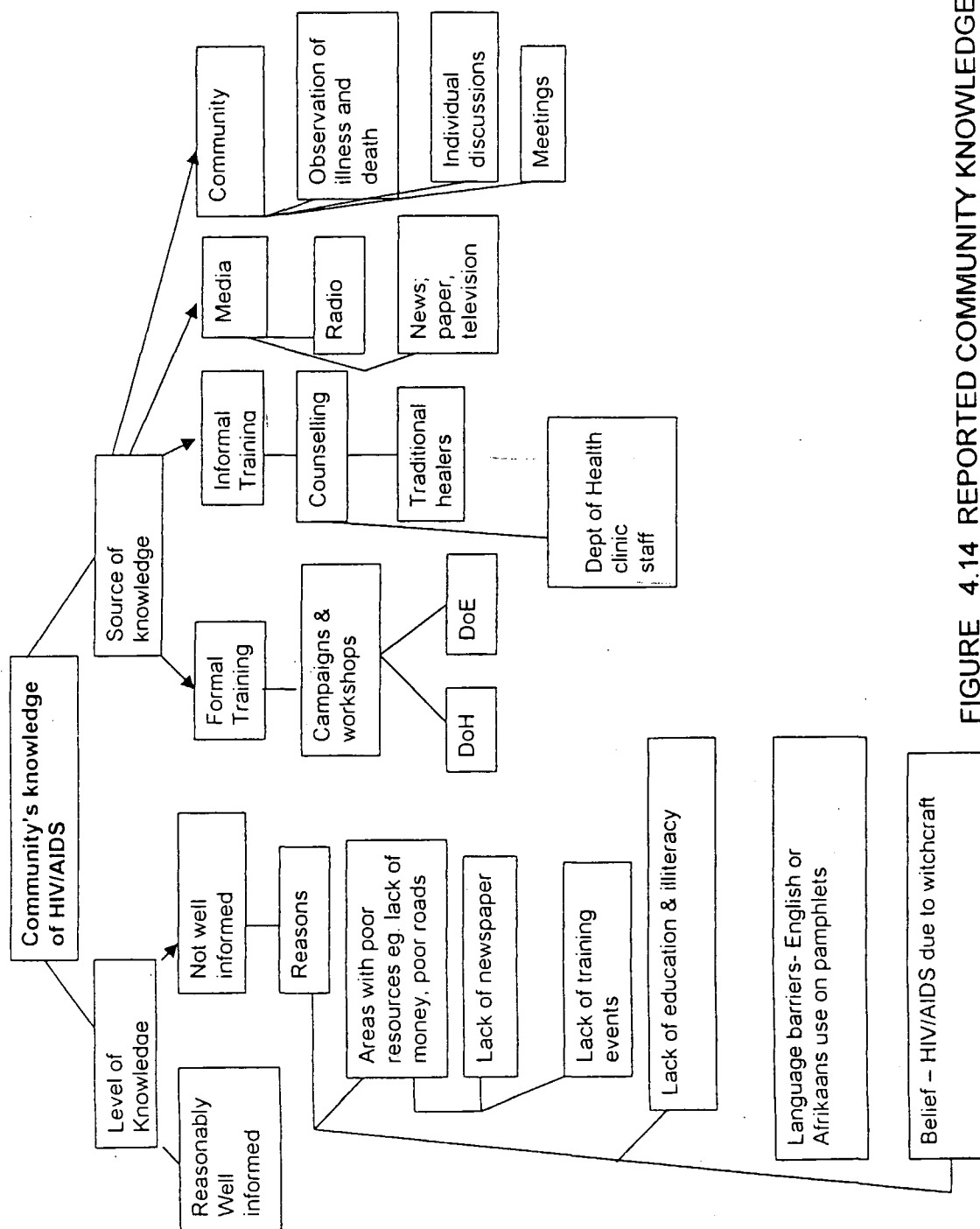


FIGURE 4.14 REPORTED COMMUNITY KNOWLEDGE OF HIV/AIDS

4.4.1.4 Understanding of the means of spread of HIV/AIDS

This question was asked to find out if the traditional healers understood how HIV gains entry to the body and is spread. The data has been categorized according to the mode of spread described in the health literature, with respect to source of infection, contaminated media, transmitter and mode of entry. (Pearse, 1997.) The eight traditional healers who believed that HIV/AIDS is a communicable disease agreed that, "...it is a contagious disease." They also had a similar understanding about the way people contract the condition.

Source of infection

All eight traditional healers were quite correct in believing that the source of infection would be an infected person:

"...person who has HIV/AIDS."

Such a person could be a drug addict or a patient:

"...people who use drugs."

Contaminated media

In order for a person to be infected, body fluids that are contaminated with the virus must be present. Only one traditional healer specifically mentioned contaminated media:

"...when there is contamination with blood or body fluids."

Transmitter

The body fluids, contaminated with the virus, are transmitted to other people by a number of means. The traditional healers correctly identified various transmitters. They mentioned needles being shared among drug addicts and razors being shared amongst clients. Razors are used to insert traditional medicine into a wound, also for beauty marks and for circumcision. Five of the traditional healers

said that the razor is a transmitter and three identified syringe or injection needles.

"...by using one syringe by people who use drugs."

"...one razor for all patients."

"...by using one razor when a person and his family come to me for treatment and some medicine is applied on the cuts made by the razor. The virus can infect me if I do not use something to protect my hands and the whole family will also be infected with the use of one razor."

Another means of transmission that they named was isitshopo. This is what the traditional healers use [porcupine quill] to puncture the skin of a client several times to insert traditional medicine. If this quill is used for all his patients without being changed, it can transmit the virus.

"...if a traditional healer has not cleaned isitshopo [porcupine quills] and use it between patients.

Entry

This is the way in which the infection gains access to the body of the person. Eight traditional healers understood that this could be when an infected person indulges in sexual intercourse with a person who is already infected.

"...through sexual intercourse."

"...through sexual intercourse between two people, they can get the disease if one of them is infected."

"...unprotected sex with a person who might be HIV positive."

One traditional healer said that the virus could enter a person through open wounds, which are exposed to an infected person's body fluids:

"...if a person is in contact with infected people and have open wounds."

One traditional healer stated that the virus could enter the body by injection.

"...injection with one syringe by drug addicts."

From the foregoing, it can be concluded that eight traditional healers understood the means by which HIV/AIDS is spread. However, has been stated earlier on, two of the traditional healers did not think the disease is communicable. Mr. Ce 2 said he was not very knowledgeable because he lives in the rural area. The rest seem to be well informed.

Figure 4.15 summaries the above findings.

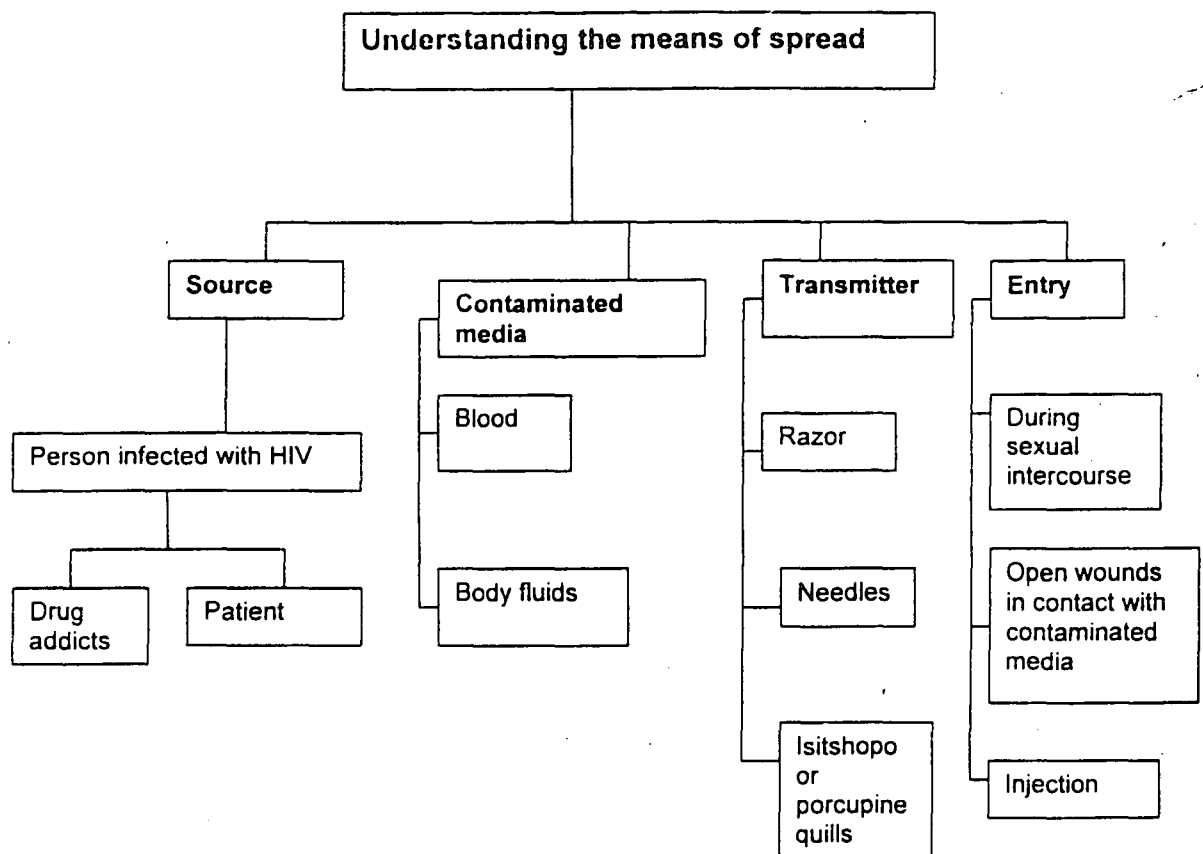


FIGURE 4.15 UNDERSTANDING THE MEANS OF SPREAD

4.4.2 KNOWLEDGE OF AND BELIEF IN THE MYTH

This topic will be discussed under two headings, the existence and the belief in the myth that an HIV positive man having sexual intercourse with a young girl would be cured of HIV/AIDS. The findings are presented under the following three topics:

Have you heard about the myth? What was your source of information and do you believe the myth?

4.4.2.1 Awareness of the myth

All traditional healers had heard of the myth

"...yes I had heard about this".

4.4.2.2 Source of information

Of the eight traditional healers who believed in HIV/AIDS, four had heard about the myth from various sources. Three did not know much and one did not answer the question. The different sources are described hereafter.

- *Media*

This was the most common source of information about the myth. It included the radio, newspaper and television. Six of the healers heard about the myth on the radio, two from the television and two from newspaper:

"...I have heard about this on the radio, television and newspaper."

"...yes I have heard on the radio, media."

"...yes from the radio, when one listens to the news and also the newspaper"

"...although there has never been an incident in this community, most people have heard about this on the news and the radio."

- *Community members*

Two traditional healers got their information from the community, some of whose members talk about it.

"...certain people are practicing this in order to be cured from the disease."

"...people are talking about this."

One traditional healer did not answer the question. Instead he showed that he was angry about the myth by responding that it is not acceptable. Such feelings about the unacceptability of the myth were present amongst all the participants, and have been recorded in the literature (see Section 2.13).

"...this is a disgrace."

Three traditional healers did not know about the myth.

"...I have never seen or witnessed this."

"...I have not heard of this."

"...I have never seen or heard about this."

It seems that some of the traditional healers did have knowledge about the myth while others did not. One showed his anger by not even answering the question. The above three did not say anything at the beginning, but as they were more relaxed with in the interview, they revealed that they had heard about it.

4.4.2.3 Belief in the myth

Five of the traditional healers answered that they do not believe in this myth.

"...I do not believe in this."

"...they cannot be cured by this method."

"...when he sleeps with a child he cannot be cured."

"...no, if a person has already contracted the disease, I do not think it can come out through this way and I do not believe in this at all."

One noted that he did not think that the myth actually existed.

"...I still feel that this belief does not exist."

One healer decided against it at a very early age.

"...I have said I do not believe in this, although this was said to us as young boys."

One traditional healer verbalized that some people think that HIV is related to witchcraft, although he personally did not believe in it.

"...some still believe that HIV is not an illness but it is witchcraft when someone has poisoned you by putting something in your food or drink to kill you and you start to loose weight, cough, poor appetite and yet it is tuberculosis."

Four traditional healers also noted that they knew the myth would not work, as there is no cure for HIV/AIDS at the present time.

"...I do not believe that this can work, as a person is already infected and he cannot get this disease out of his system."

"...people are just full of corruption and once a person has been infected with the virus, there is no way that it can get out of the system."

"...I do not believe in this, because there is still no cure for this disease."

One traditional healer still felt that the HIV was ilumbo and that one could not cure the disease by sleeping with a young girl. He had been told by his ancestors that ilumbo is an illness made by traditional healers to make sure that a woman does not sleep around with men other than her husband.

"...people do not get cured as this is regarded as an illness with no cure and according to what my ancestors have told me this is ilumbo."

Figure 4.16 provides the summary of the above findings

TRADITIONAL HEALERS PERCEPTIONS OF THE EXISTENCE OF AND BELIEF IN THE MYTH

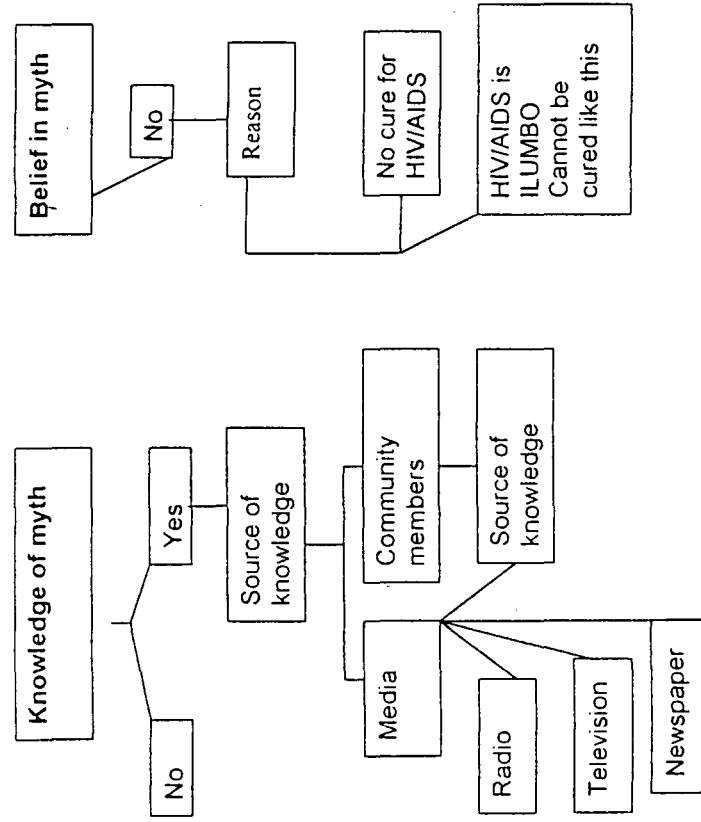


FIGURE 4.16 TRADITIONAL HEALER'S PERCEPTIONS OF THE EXISTENCE OF AND BELIEF IN THE MYTH

4.4.3 EXPLANATION OF THE MYTH

The following categories have been chosen to explain the myth:

when it started;

why the myth occurs;

how the myth works;

reactions of traditional healers and those of the community;

who is responsible for perpetuating the myth; and

consequences of the myth.

4.4.3.1 When it started

One traditional healer said that the myth of a virgin cure for sexually transmitted infections had been around for a long time as they heard about it in their youth. This perception was also evident in the literature (see Section 2.2.1).

“...even in the olden days, our fathers use to say the people who came from the mines had sexually transmitted infections, for an example, gonorrhea were engaging themselves into such evil things.”

4.4.3.2. Why the myth occurs

The myth for HIV/AIDS cure occurs for several reasons according to the traditional healers.

- *Unavailability of treatment*

One traditional healer believed that people resort to carrying out the myth because treatment is not available. This is probably a significant reason, and has been noted in other reports (see 2.2.2.2).

"...people who see that the government is not providing any treatment and they resort to this wrong thing."

- *Mental disturbance*

Two participants felt that people carry out the myth because they are mentally disturbed. One linked this to the person's desperation for a cure for the terminal illness.

"...he becomes wild and out of desperation he goes around committing crimes by raping children and he becomes mentally disturbed."

"...I think it is people who do not have any conscience, because no one in his right mind can do this to a little child."

Another seemed to be alluding to the mental anguish that occurs after being diagnosed as HIV positive. This results in the person using drugs to deal with it and trying the myth out of desperation.

"...some feel they are being discriminated against and they take drugs after being tested positive and they see the only way out is to sleep with a child thinking they will be cured."

These perceptions have been also identified in the literature (see 2.2.2.2).

- *Generation of income*

Three traditional healers also felt that the occurrence of the myth was due to poverty and unemployment. They said that the people who were promoting the

behavior were masquerading as traditional healers, as they needed money and knew that because people were desperate for help they would come to them for treatment.

"...they see that people are so desperate for help and they call themselves traditional healers because they need money, this is because there is high unemployment within the country."

"...these traditional healers go around teaching wrong things to people so that they get money in order to put food on the table, they are hungry."

"...there is a lot of poverty around us and some traditional healers are just after money and they are not true traditional healers."

One suggested that bogus traditional healers advocate the myth so that the infection is spread to others, who will then seek care from them in return for payment.

"...because they want to spread the disease in order to make money from people who come to them when they are desperate."

Another referred to corruption of witchdoctors, who would possibly make money from harming people.

"...the only people who are responsible for this are the witchdoctors, who do not make medicine to heal but make anything to kill. They are corrupt."

Jewkes (1999) also found that unscrupulous people advocated the myth to earn money (see 2.2.4).

- *Evil spirits and practices*

Two were of the opinion that the myth was carried out as a result of possession by evil spirits or because of evil practices.

"...I think people who have Satanism and have evil spirits within them use this to fulfill certain rituals in their belief."

"...I fully believe that it is those people who call themselves traditional healers and yet are not, they are just witchdoctors who have no conscience and who want children dead as they want to fulfill their own doings."

4.4.3.3 How sleeping with a virgin/child supposedly cures HIV/AIDS

This question was asked because the researcher wanted to establish what the traditional healers thought about how the myth worked.

- *Virginity*

There was mention of the virgin child who is pure and clean, being used for the myth. The traditional healer who mentioned this said the forefathers gave him this information before western medicine became available in people's lives:

"...I will again refer to what used to be said by my elder. He said when a man had contracted an illness like gonorrhea, the only help at that time as there were no western doctors, was to think of how pure and safe and clean a child who had not reached puberty was and that is why most men use to sleep with virgins as they were a symbol of purity and men will feel cleansed after having sex with these young girls.

- *Age*

Traditional healers were asked how old the child was supposed to be in order for the cure to occur. The traditional healers mentioned different age groups, but they were all young children. Presumably with extreme youth comes the assumption of virginity.

"...the forefathers use to say the girl should be a girl child who has not reached puberty."

"...they say that this can work by sleeping with a young girl who is less than 10 years of age, meaning sexual act and then a person can be cured."

"...I have heard people saying that it is girls who are still young, from ten years and below."

"...the child should be from 5 years downwards to 3 or 2 years or even months old."

"... 3 months to 5 years and 8 years."

- *No knowledge*

Three traditional healers had no knowledge as to how the myth works:

"...I have no knowledge about this."

"...I do not know."

"...I do not have any ideas as to how this works."

- *No answer*

It is worth repeating that two traditional healers felt so strongly about it that they did not answer the question. One felt that what people were doing to young children was a disgrace.

"...I can't say anything about this, as this is a disgrace in our Zulu society."

It seems that just one traditional healer understood that the myth is believed to only work if the victim was a virgin and therefore clean and pure. This information came from his forefathers. His perception accorded with the literature (Section 2.2.3). Therefore, little information on how the myth works was obtained from the traditional healers.

4.4.3.4 Reactions to the myth

This question was asked to find out about the traditional healer's feelings about the myth and what they perceived their community feels about the myth. Very strong feelings were reported in answer to this question. They also tended to emerge in response to other questions and it became clear that they were expressing reactions to the myth. These results have been categorized as perceptions of the traditional healers and perceptions of the community.

4.4.3.4.1 Perceptions of traditional healers

The traditional healers felt that people who sleep with young girls thinking they can cure their HIV/AIDS should be arrested, castrated, punished by law, killed and or sent to prison with a death sentence. Four of them actually mentioned the person being killed.

"...if a person does this, he can be killed."

"...they should be killed."

"...people have no morals any more, they should be killed or arrested."

One said the perpetrator must be castrated:

"...be castrated."

Eight traditional healers said they should be arrested:

"...because they are sinners or criminals, they should be arrested."

"...I feel that they should be arrested."

"...they should be arrested."

"...should be arrested."

Two of the traditional healers felt they must be punished:

"...I say law should punish them."

While two felt they deserved a death sentence:

"...receive a death sentence."

"...even the old death sentence like guillotine should be carried out."

Five said the sentence must be heavy, be long or even lifetime imprisonment:

"...be given a heavy sentence."

"...get a long sentence."

"...get a life sentence."

"...be sentenced to life imprisonment as there is no longer a death sentence in South Africa."

One of the traditional healers said these people should not belong to this country, they should be deported:

“...be sent out of the country.”

In summary some traditional healers gave two or three reactions about what should be done to the person who carries out the myth. Many felt that the government should bring back the death penalty in order to reduce such things. All the participants showed anger when they were responding to this question, and it was clear that they regarded the behavior as completely unacceptable. Similar feelings have been documented in the literature (see Section 2.13).

4.4.3.4.2 Perceptions of the community

The traditional healers also conveyed a strong perception of anger on the part of the community in relation to the myth. It appeared that some even wanted to take the law into their own hands:

“...the community wants to take law into their hands and kill the people who are doing this to young girls.”

“...the community is shocked at this and they believe that the people who are doing this should be handed to the law.”

They also felt that the community was unhappy about the myth as they treasured their girls.

“...we Zulu people have respect and our children are very important to us and we love them.”

The value of little girls amongst Zulu people is confirmed in the literature (see Section 2.4).

The traditional healers also said that the community wanted the perpetrators killed or arrested:

"...the community feels these people should be arrested."

"...the community should kill these people and if a person is lucky not to be killed, he should be arrested."

One traditional healer explained that in his community the chief would decide what action should be taken about people who have committed this type of crime. The process was that the person is first sent to the induna [an elder who is elected by the chief] and if the matter is not resolved, he is then sent to the chief for a decision.

"...in this community if you have committed a crime you are sent to ikoMkhulu...[chief's kraal]...where the induna will deal with your case in the presence of the chief and if the case needs a chief to take a decision than you might end up being arrested. So these people who commit such evil things should be arrested and be sentenced to jail for their lifetime."

The traditional healers said that the community members had the same feeling as they did about people molesting young virgins to cure HIV/AIDS. They wanted them imprisoned or killed. The community wanted to take the law into its own hands because of anger.

4.4.3.5 Who is responsible for perpetuating this myth

This question was asked to find out who the traditional healers believed was promoting the myth.

- *Bogus traditional healers*

Most of the traditional healers felt that those who were responsible for promoting the myth were traditional healers who had not undergone any training and had no idea about the proper use of traditional medicine. In other words, they were not real traditional healers. Similar findings have been noted in the literature (see Section 2.2.4).

"...the people who are perpetuating the myth are not traditional healers, they are chancers."

"...the other reason for people to do this is because these traditional healers are not the real traditional healers."

"...there is a lot of poverty around us and some traditional healers are just after money and they are not true traditional healers."

▪ *Witchdoctors*

Some of the traditional healers said that the witchdoctors were capable of doing such things.

"...the only people who are responsible for this are the witchdoctors, who do not make medicine to heal but make anything to kill. They are corrupt."

"...I would say besides the Satanism, the witchdoctors are responsible for perpetuating this belief."

"...I fully believe that it is those people who call themselves traditional healers and yet are not, they are just witchdoctors who have no conscience and who want children dead as they want to fulfill their own doings."

It is clear from the above that these traditional healers did not regard witchdoctors as healers, but rather as people who use methods to harm people.

These accords with the literature (Section 2.3.2.5) and operational definitions used for this study (Section 1.5).

▪ *Traditional healers*

One traditional healer felt that real traditional healers were spreading the myth in relation to ilumbo (see 4.4.1.1.2). He stated that some of them give a herbal medicine to a man with ilumbo, and then tell him to sleep with a virgin to cure himself of ilumbo. The medicine was believed to protect the virgin from contracting the condition (see section 2.2.4). Only one other participant mentioned a medicine that was believed to protect the girl. He was a member of the Iziko soccer players group (see Section 4.2.3.2).

"...yes, some traditional healers are spreading the myth."

▪ *Satanists*

Two people cited Satanists as perpetrators and the myth.

"... I would say besides the Satanism, the witchdoctors are responsible for perpetuating this belief."

"...I think people who have Satanism and have evil spirits within them use this to fulfill certain rituals in their belief."

▪ *Media*

One traditional healer felt that the media was responsible for spreading the myth. Then people who are desperate for a cure try it out.

"...HIV people who listen to the radio also hear of such belief, because they are desperate, they go out and practice this myth, because they are not thinking straight."

▪ *Immigrants*

Some of the traditional healers felt that people who had immigrated from other countries, where the myth was practiced, were spreading the myth. These people told members of the community about it, which then tried it out.

"...the reason for the spread of this is because of migration people."

"...I have a feeling that the people from outside the country are responsible for this, for an example, the Nigerians, because such things have been happening in their country and also that this has not been happening in our black community."

"...I believe it is from the African countries, the people who brought the myth here in Natal or South Africa are from Mozambique."

▪ *People who have carried out the myth*

One traditional healer taught that people who had tried the myth might be telling others to try it.

"People who are practicing this myth are deceiving themselves and each other..."

Two traditional healers also discussed who was spreading the practice of child rape that was not linked to a cure to HIV/AIDS. They felt that this was out carried by white men.

"...this comes from overseas, brought here by a white man."

"...it is the white people, because they know how this disease presents itself and what measures a person can take when he or she is infected with the virus. The whites came into the country with all sorts of illnesses."

4.4.3.6 Consequences of the myth

According to the traditional healers a number of changes occur as a result of a child being raped to cure HIV/AIDS. The major consequences were that the rapist was not cured but had spread the disease to a child. Their observations have been categorized according to child's point of view, the community view and the person who is responsible for the rape.

Consequences of children

Various consequences for the child were mentioned:

- Loss of virginity was mentioned by one participant:

"...they are destroying the young girl's virginity."

The child gets infected with the virus. Three traditional healers noted this:

"...he is infecting the child."

"...he is infecting the young girl."

These consequences have also been noted in the literature (Sections 2.1.3 and 2.1.4).

Lastly, they perceived that the child's life and future is destroyed. Seven traditional healers gave responses to this effect, some of which appear below. There was no specific mention of physical damage, the effect on the child's psyche, or that lost virginity devalues the girl and leads to no marriage or marriage without lobola [dowry] that has been found in the literature (see Section 2.4). However, it appears that they are at least alluding to some of these.

The following quotes imply physical effect resulting in death of the child.

"...he is destroying the child's life."

"...the children's lives are being destroyed."

"...the myth is destroying a lot of our children."

It is possible the quotes hereafter relate to the girl's future partly as wives.

"...they are destroying the future of young girl's."

"...he is destroying the future of the young girl."

"...these people are destroying the future of these kids...[children]

The perpetrator

The traditional healers said that this person was spreading the disease and deceiving themselves into believing the myth. From information given about the reactions of the community to the myth (see section 4.4.3.4.2) his life is probably at stake, and, it will not cure his HIV/AIDS:

"...a person who does this is spreading the disease."

"...the person with the disease cannot get rid of it or cannot be healed."

"...the person is making things worse for himself and the children as he is spreading the disease."

"...people who are practicing this myth are deceiving each other and thus in the process spread the disease."

The community

The community would have to deal with consequences of the myth relating to more people being infected with HIV/AIDS of child molestation:

"...the myth is a bad thing in society as the disease is spreading and more people are getting killed."

"...in some communities these evil people are giving children money so that they can sleep with them to cure themselves and yet it will not help them but instead they are spreading the disease."

Figure 4.17 provides the summary of the above findings.

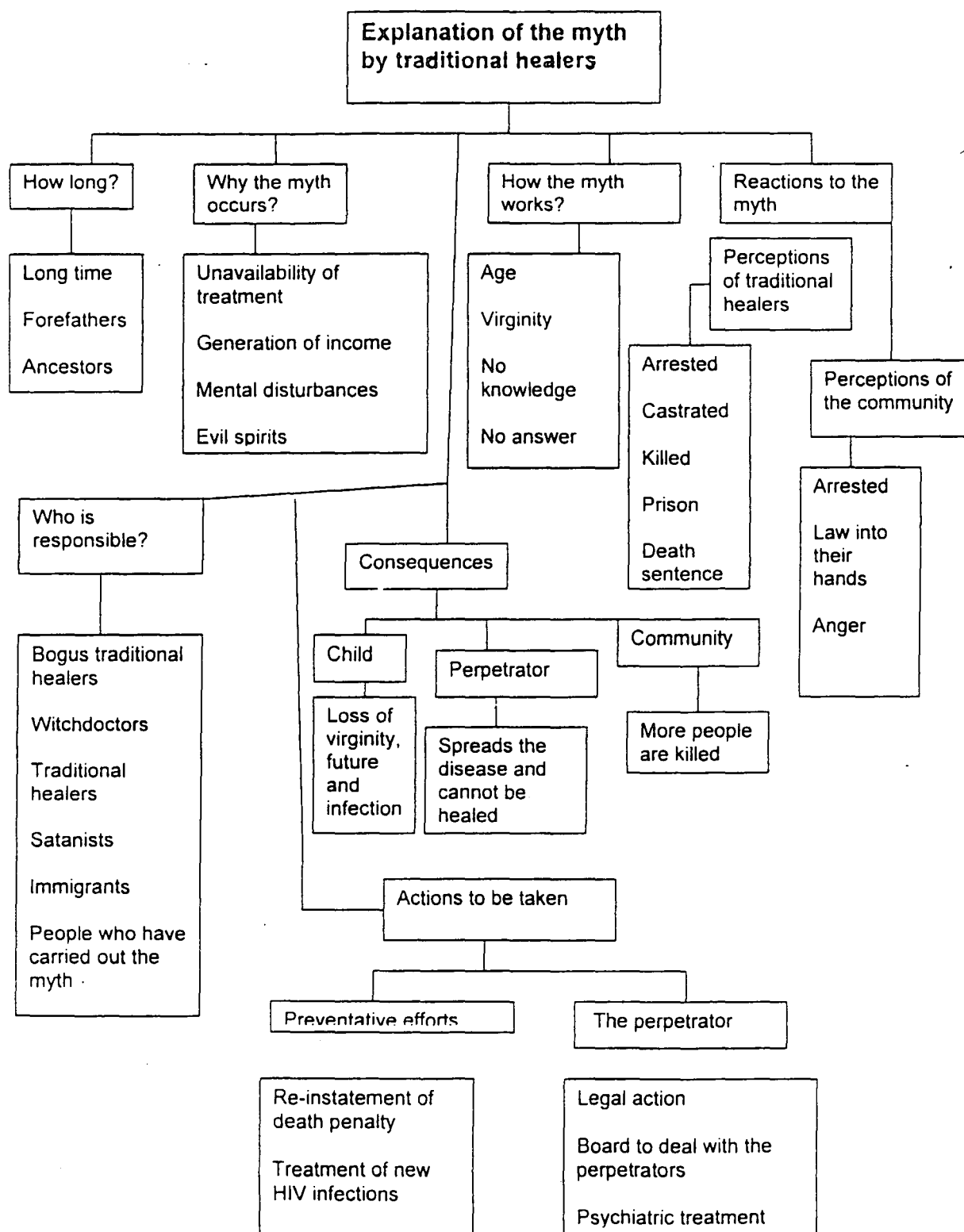


FIGURE 4.17 EXPLANATION OF THE MYTH BY TRADITIONAL HEALERS

4.4.4 ACTION TO BE TAKEN.

The traditional healers believed that action needed to be taken regarding preventative efforts and dealing with the perpetrators.

4.4.4.1 Preventative efforts

▫ *Reinstatement of the death penalty*

The government has a role in the prevention of the myth from spreading and the reduction of sexual abuse of young girls by people who think they would be cured of HIV/AIDS. The comments of three participants seem to imply that the reinstatement of the death penalty could deter people from caring out the myth.

"...most of our community members are against this and it is shocking to them, they feel that the government must act very fast and bring back the death penalty so that these people should be killed."

▫ *Appropriate treatment for newly diagnosed HIV positive people*

Comments related to help being available for people so that they do not resort to the myth in the hope of a cure. This seems logical, and is supported by other studies that indicate that it is the lack of treatment that drives people to try it (see Section 2.2.2.2).

"...people who sleep with young girls have a psychological problem. They do this, because it is a sign of needing help and once a person who has not been counseled before being tested gets positive results, he becomes wild and out of desperation he goes around committing crimes by raping children and he becomes mentally disturbed."

Two healers said that these people should go for proper treatment instead of sleeping with children:

"...for people who rape children they should seek help not to kill young lives."

"...these people need to be treated with proper medication."

4.4.4.2 The Perpetrator

- *Legal action / punishment*

All of them felt that law, in some form, should punish the perpetrator.

"...I say the law should punish them."

- *Board to deal with perpetrators*

One suggested that a body of people (presumably especially skilled in this respect) should be set up to manage the perpetrators. This implies some form of rehabilitation or treatment to prevent a recurrence.

"...the government should have a board that will be responsible to handle such cases thoroughly."

- *Psychological treatment*

Four traditional healers said that these people had a mental problem and needed counseling.

"...the people who are doing this have a mentality that is low and they need a lot of counseling so this myth is not perpetuated."

4.4.5 ADVICE FOR YOUNG MEN ON SEXUALLY RELATED MATTERS

The data collected showed that young men do visit traditional healers for general problems, including sexually related matters. It stands to reason that traditional

healers are a valuable source of information in helping with treatment of illnesses especially sexually transmitted infections. This accords with the motivation for the inclusion of the traditional healers in the study (see Section 3.3) and the literature (see Section 2.3.2). The results have been categorized according to the source of advice, type of advice given, reason for selecting the traditional healers and the reason for visiting the traditional healers.

4.4.5.1 Source of advice on sexually related matters

According to the traditional healers the young men get advice on sexual related matters from different people and for different reasons.

The traditional healers were mentioned most frequently as a source of this advice as young men believed in them. They are elderly men who are respected within the community. Five traditional healers mentioned that they were a source of advice.

One traditional healer said other people who gave advice to young men were friends, peers and older brothers. This way because young men had no one who was old enough within the families to give them advice on sexually related matters.

One traditional healer said that mothers were also a source of advice.

Three healers said that uncles were also selected as a source of advice for young men.

One traditional healer said that the radio and television gave the young men information regarding sexually related matters.

Each of the traditional healers mentioned at least two of the above.

4.4.5.2 Types of advice given to young men

The advice has been grouped into growth of young men, advice related to sexual partners, witchcraft and mental illness.

Two traditional healers said they gave advice pertaining to the growth of young people into men:

"...I normally give them advice both spiritually and also socially as they are young and they are still trying to build their families and relationships."

"...I give them advice that they should not allow girls to visit them without being invited, because they need to discipline themselves from having sexual intercourse every time and the girl can be your girlfriend at the same time having another boyfriend who might have an illness."

Three healers said they advise young men about sexual partners:

"...they get advice like abstaining from sex when they are sick, choosing the right partner and protecting themselves from infections."

"...bringing the partner for treatment as well and that they should not be shy to tell their partners if they have a problem that needs treatment."

"...to abstain from sex if they are sick and use condoms."

One healer said that he gives advice related to belief in witchcraft and mental illness:

"...they come for things like fits and psychiatric problems, e.g. schizophrenia."

4.4.5.3 Reason for selecting traditional healers as a source advice and help

The traditional healers are selected for many reasons and they form a large part of the study, when people do not get admitted to hospital, especially the AIDS patients, they resort to traditional healers for treatment.

"...people who are already infected and have been denied hospitalization, because they are terminally ill with AIDS."

The traditional healers are regarded as good listeners and that is why people will go to them for advice.

"...yes they do come for advice especially when they do not have parents."

"...they get advice from us as we deal with their sexual problems. Some very young ones rely on their parents, but the problem is, parents have no time to sit with their children and talk."

They are older men and since the communities often no longer have elderly people to advice these young men, the young men seek help from them.

"...because most of the older are dead, these youngsters believe in us traditional healers for help on matters relating to their sexuality."

"...they normally get advice from people like me, because they do not have elders in their household and some stay on their own. Even if the mother is there, it is difficult to talk about these issues, especially sexual problems."

In summary traditional healers are used as a source of advice because there are no elders within the families, because they have died or some young men stay in rented places away from their homes. It is not easy to talk to their parents about

sexual matters, because parents do not give them time to talk and some parents have left their homes to the urban areas to look for jobs.

4.4.5.4 Reasons for visit

Reasons for the visit to the traditional healers are grouped according to those related to sexual problems, sexually transmitted infections, relationships and non-sexually related matters.

Sexually related problems refer to anything pertaining to cleansing of the system by the traditional medicine for sexual performance.

Four healers answered:

"...for medicine for good sexual performance."

"...poor sexual performance."

"...for advice on sexual problems."

Sexually transmitted infections, like gonorrhea, HIV/AIDS, lice infestation also lead young men to consult traditional healers. Six healers responded as follows:

"...I treat sexually transmitted infections."

"...those with HIV/AIDS do come for help, but sometimes they will come when it is too late and they are already in the terminal stages."

"...yes, they do, for sexually transmitted infections, like gonorrhea and lice infestation. They come for ilumbo."

"...to seek medicine that will clean their system from sexually transmitted infections and when they have loss of libido."

Relationships are important in the lives of young men. Six participants referred to help with relationships being a reason for visiting them. Sexual relationships were included in these:

"...they do visit me for different things, like wanting to strengthen their relationships with their partners."

"...relationships."

"...when there is no communication between him and his partner."

"...to make the girl love him more and think about him at all times."

"...when a person has lost his girlfriend to another man and he wants her back."

The traditional healers were also used for guiding young men on non-sexually related matters, like dignity, backache and family deaths by accident.

Seven healers have answered as follows:

"...yes they do come and it is for cleansing their system and backache that is due to ill health."

"...for different illnesses."

"...yes, they do come for things like enema."

"...when they are be-witched by other people."

"...sharp pains in the body."

"...people with deaths in their families."

In summary it seems that young men frequently utilized the traditional healers for sexually related and non-sexually related matters. The traditional healer also helped people who were terminally ill and had been denied hospitalization by giving them traditional medicine to delay the symptoms.

4.4.6 ROLE OF TRADITIONAL HEALERS IN HIV/AIDS.

The findings showed that there were a number of ways in which traditional healers were able to help with HIV/AIDS.

- *Medicines to boost immunity*

"...as a traditional healer, I help people to get better from their illnesses and some of these illnesses cannot be cured scientifically but traditional healers are able to help. For example with HIV where a person will have a lowered immune system, traditional healers are able to give this person medicine to drink and gain strength and build the immune system

- *Medicines for candidiasis*

"...I also help with traditional medicine for those who have oral thrush and have difficulty in eating."

- *Medicines to cure HIV/AIDS*

Although most of the participants believe that there is no cure for HIV/AIDS, two were hopeful of finding a cure:

"...what I can say is that people who have the spirits of the ancestors within them can help in getting the cure for the illness, because they have direct communication with the ancestors who can lead them to the cure."

“...I am mixing some medicine that is trying to help people with this illness.”

One believed that he had found a cure for HIV/AIDS:

“...Mr O taught me about illnesses such as this one and how to cure it by using mixtures to drink for people who are still HIV positive and have not reached the AIDS stage.”

This treatment required that the men abstain from sexual intercourse whilst taking it.

“...I give people treatment to help with this illness and ask them to use condoms and also to go and be re-tested to see if the virus is still in their system.”

Traditional healers also teach young people to abstain from sex when they are using their medicine.

- *Prevention of transmission of HIV*

Prevention by not sharing razors and quills was mentioned.

“...I also teach people when they visit my surgery about the use of one razor for one person. Even isitshopo.”

- *Teaching the community*

One participant referred to his teaching role in relation to HIV/AIDS. A similar role was mentioned by WHO in 2003 (see Section 2.3.2.6).

“...that is why I am taking classes to know more about the disease in order to help teach the community.

Figure 4.18 provides the summary of the above findings.

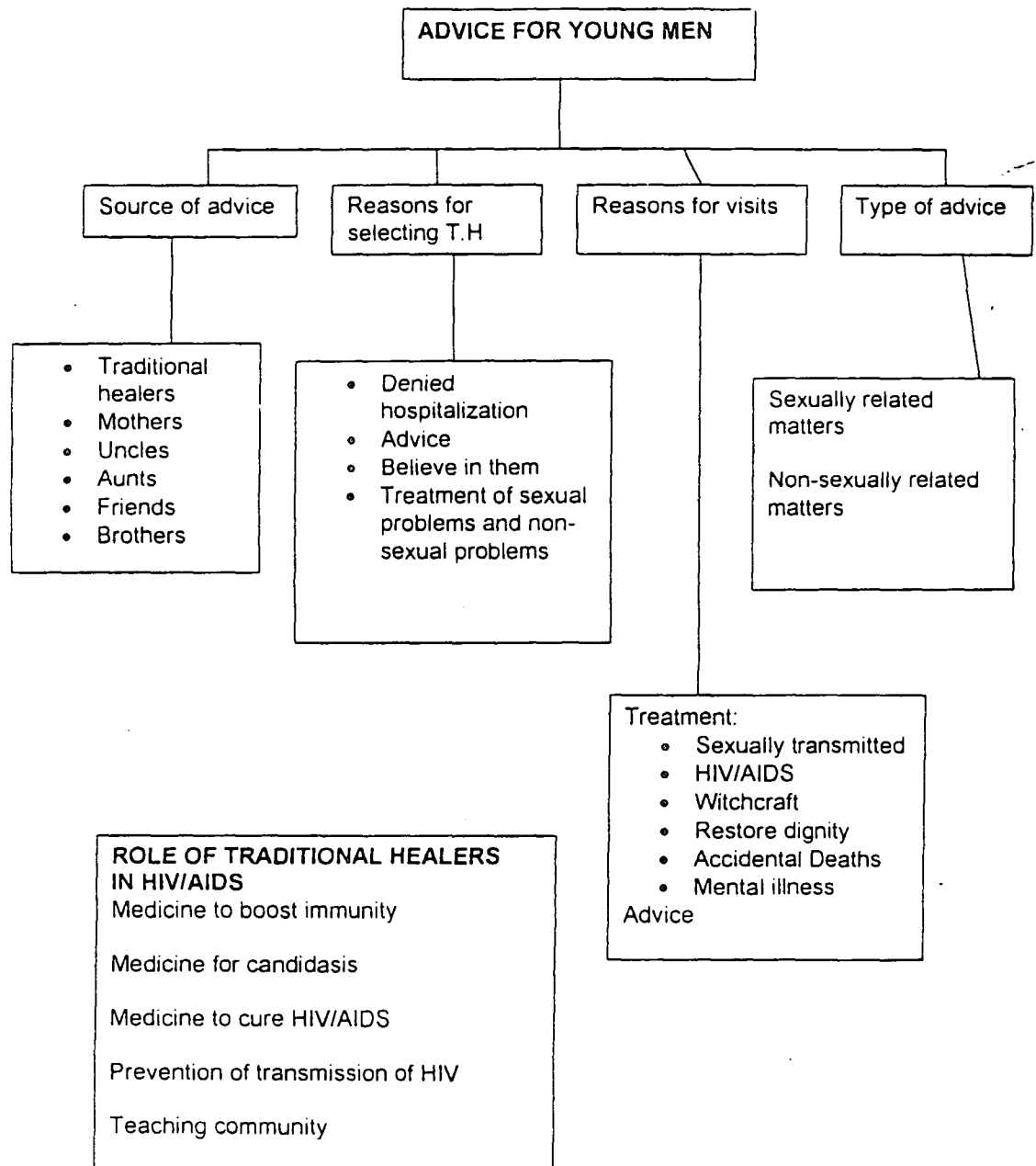


FIGURE 4.18 ADVICE FOR YOUNG MEN

4.4.7 CONCLUSION

Traditional healers showed that they had knowledge and understanding of HIV/AIDS although two of the traditional healers felt different about the disease saying that HIV/AIDS was the same as ilumbo, or iqondo, or isipatsholo. According to the traditional healers, the latter three conditions are curable if a person is lucky to find traditional healers who could cure them. All had heard of the myth but did not believe in it. They felt that the virgin cure for sexually transmitted disease was not new. They believed that it was practiced because of the unavailability of treatment, because of mental disturbance, to generate money and as a result of possession by evil spirits. They believed that various people were perpetuating the myth, principally bogus traditional healers. The traditional healers described the consequences of the myth for the child, perpetrator and community and suggested actions to prevent the myth and deal with perpetrators. They had limited understanding of the myth with respect to how it worked and were strongly against it. Finally, they showed that they were a valuable source of information and help in their communities especially in regard to sexually related matters and HIV/AIDS. The two traditional healers who did not think HIV/AIDS was a new disease, nor that it was a communicable condition, did provide input about what they had heard regarding the myth.

4.5 CHILD RAPE REHABILITATEES

The need for selecting these individuals came about when the data that was collected from the other groups showed that no one had a direct experience with the phenomenon. Two individuals volunteered to be interviewed. They have served their sentences because they committed crimes by sleeping with children thinking that they would be cured from HIV/AIDS.

4.5.1 THE CHILD RAPE REHABILITATEE'S KNOWLEDGE OF HIV/AIDS, PERCEPTIONS OF THE COMMUNITY AWARENESS AND SOURCE OF INFORMATION

The reason for asking this question was to find out how much understanding they have about the HIV/AIDS. The results have been categorized according to the participant's and the community's knowledge of HIV/AIDS, the source of knowledge and knowledge of the means of spread of HIV/AIDS.

4.5.1.1 Source of knowledge

The participants said that they have heard about the disease and how it is spread. The source of knowledge was both formal and the knowledge from the media. These two participants had some knowledge about the disease as they have been tested positive.

Formal training

Formal training is regarded as a teaching and learning event that is formally planned and implemented for a group of people to be trained about HIV/AIDS.

- *Health education by the Department of Health*

One participant said he had heard about the disease through campaigns that are done by the Department of health

"... the people who were running campaigns in our community from the department of health."

Informal training

The participants did not provide any knowledge about informal training.

Media

The participants said that they have heard about the disease from the media

"...yes, I have heard about the HIV/AIDS from the radio especially Ukhozi radio."

"...I have heard about it on the radio, television."

Figure: 4.19 provide the summary of the above findings.

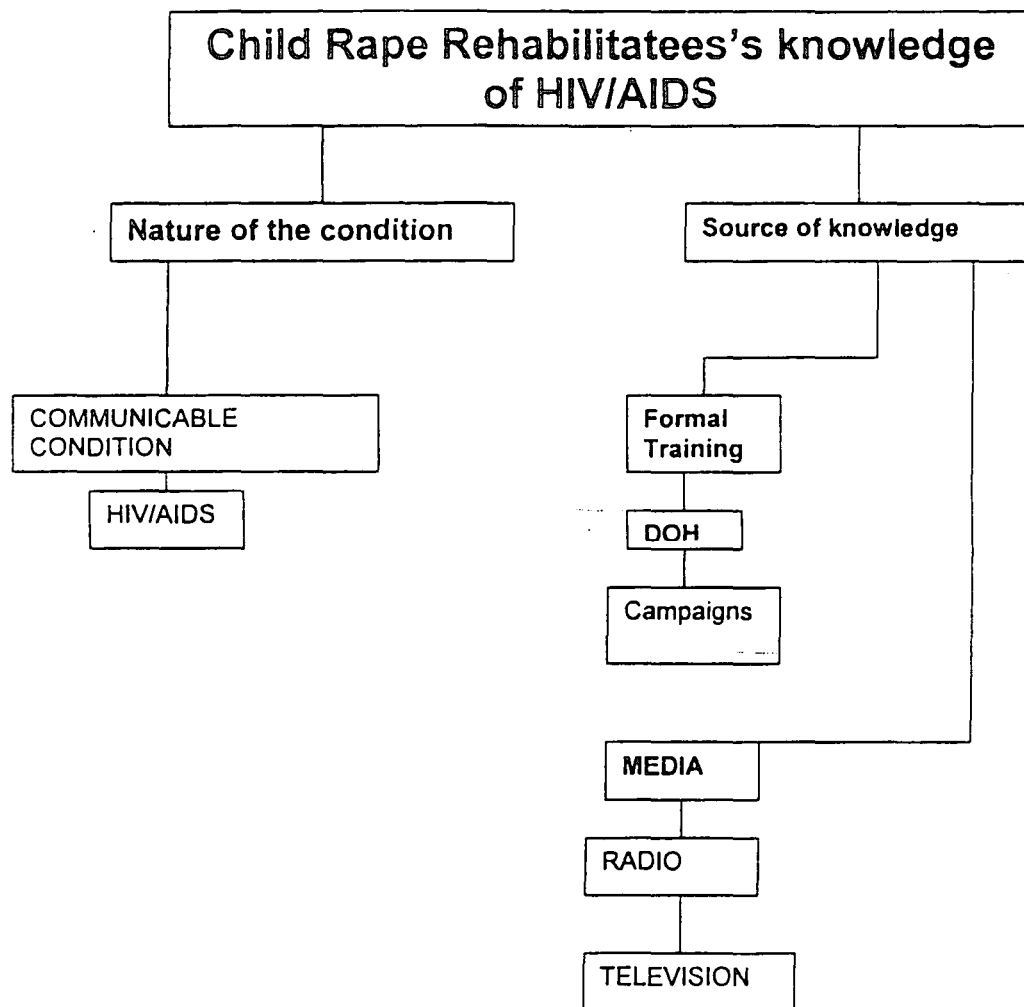


FIGURE 4.19 CHILD RAPE REHABILITATEE'S KNOWLEDGE OF HIV/AIDS

4.5.1.2 Perceptions of the community knowledge of HIV/AIDS

The reason for asking this question was to find out if they thought that their community had knowledge about the disease. The participants came from different communities, who were aware about the disease.

"...everyone knows about HIV/AIDS."

"... my community is aware of this disease and there are lots of things that are done to raise awareness in the community."

Figure: 4.20 provide a summary of the above findings.

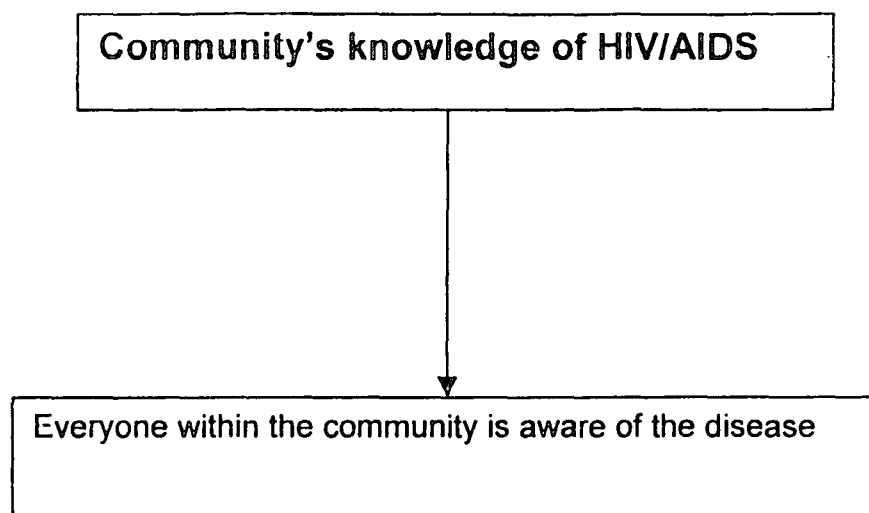


FIGURE 4.20 REPORTED COMMUNITY KNOWLEDGE OF HIV/AIDS

4.5.1.3 Understanding of the means of spread

This question was asked to find out if the participants understood how HIV/AIDS gains entry into the body and is spread. The results have been categorized according to the health literature, which had following the source of infection, contaminated media, transmitter and the entry into the body. (Pearse, 1997.)

Source of infection

Both participants believed that the source of infection that it would be from a person:

"... firstly people get infected."

Contaminated media

The participants did not mention contaminated media.

Transmitter

One participant mentioned needles

"... you can get it through a needle that has been used on another person who has a virus."

Entry

This is the way in which the infection gains access into the body and the participants understood that it was through sexual intercourse with lot of girls:

"... yes, I only know that it is through unprotected sexual intercourse with a person who has the virus."

"... yes, I know because I am also infected with the virus. People get infected through unprotected sexual intercourse with a person who has a virus. I got this virus because I was sleeping around with a lot of girls and I did not know their HIV status."

Both participants had an understanding of the means of spread for the disease, although they did not give much information about the source of knowledge for HIV/AIDS.

Figure: 4.21 summarize the above findings.

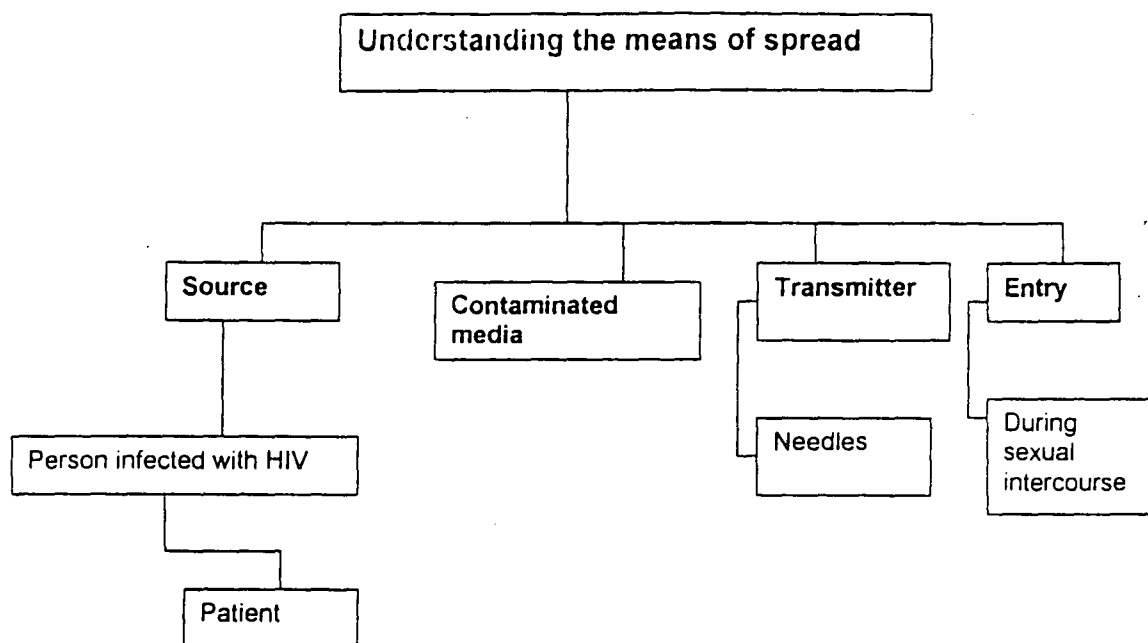


FIGURE 4.21 UNDERSTANDING THE MEANS OF SPREAD

4.5.2 KNOWLEDGE OF AND THE BELIEF IN THE MYTH

Two headings will be discussed under this section, namely the existence of and the belief in the myth that sexual intercourse with a young girl could cure HIV/AIDS. The results for this have been categorized under three topics.

4.5.2.1 Awareness of the myth

Both participants indicated that they had heard of the myth, but did not elaborate.

"...yes I have come across such a thing."

One participant had direct experience of the myth.

4.5.2.2 Source of information

One participant said that he heard about this myth from the boy who was his neighbor:

"...as we were growing up, there was a boy who I heard was HIV positive since 1988. During this time the disease was not heard of in our community. People were not aware as it is today. This boy is still alive and he said he was cured though sexual intercourse with a young girl."

4.5.2.3 Belief in the myth

One participant said that he did not believe in the myth:

"...I do not have any belief."

The other participant said he used to believe in the myth as his neighbor had practiced it hoping that he could be cured from HIV/AIDS:

"... yes, I did believe in that, because the boy who did this is still living and like I said earlier he had this belief that he has been cured from HIV/AIDS."

The participant who had this belief went on to say that he realized later that he was not going to be cured in this way, although he had believed that this was going to help him. This accords with the literature (see Section 2.2.2.1).

4.5.2.4 Experience with the belief

One participant had sexually abused a child. This participant said the myth was not the motive when he slept with the child, it was just rape.

"... after I was tested and given the results that I have an HI virus, I then started drinking a lot and lost track of what I was doing. The day I raped the child was when I was heavily drunk and doing anything that was bad."

The other participant had raped a child because he believed in the myth.

Figure: 4.22 provide the summary of the above findings.

CHILD RAPE REHABILITATEE'S PERCEPTIONS OF THE EXISTENCE OF AND BELIEF IN THE MYTH

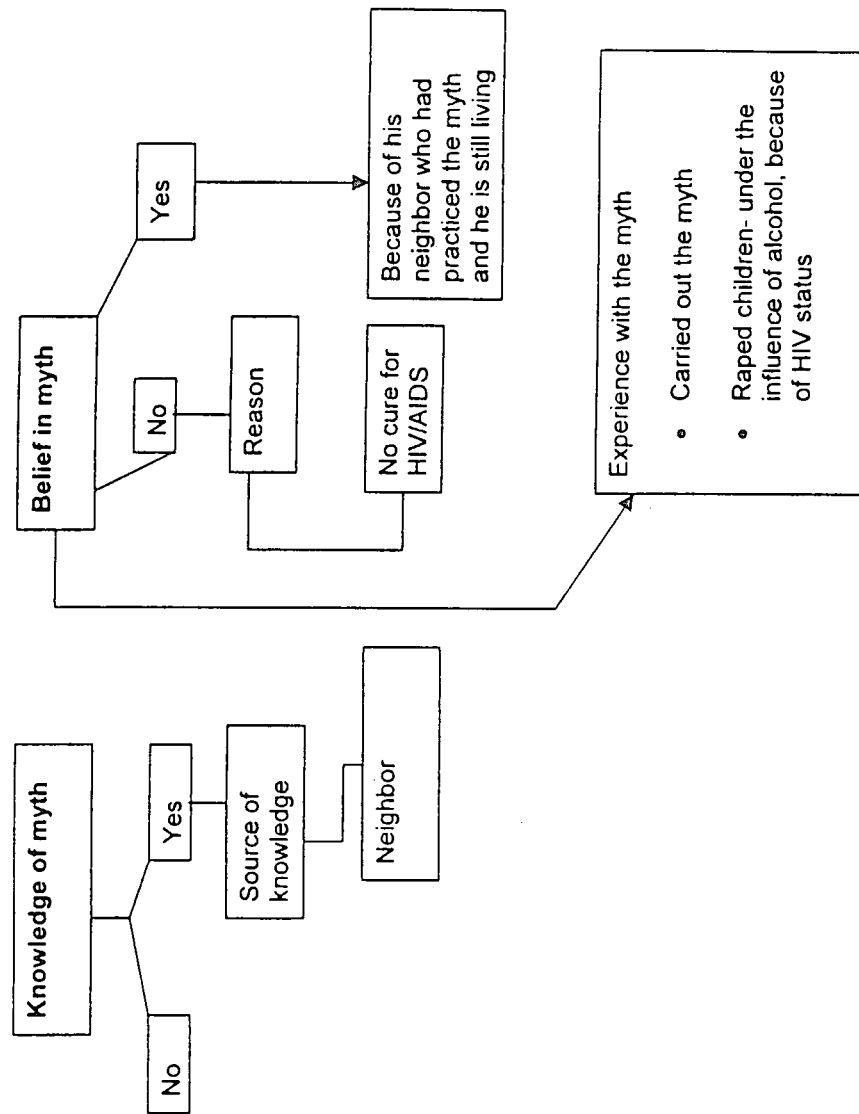


FIGURE 4.22 CHILD RAPE REHABILITATEE'S PERCEPTIONS OF THE EXISTENCE OF AND BELIEF IN THE MYTH

4.5.3 EXPLANATION OF THE MYTH

The following categorizes have been chosen to explain the myth:

The reason for the occurrence of the myth;

how the myth works;

the reactions to the myth;

who is responsible for perpetuating the myth; and

the consequences of the myth.

4.5.3.1 Why the myth occurs

This question was asked to find out about of the occurrence of the myth within the communities.

- Seeking a cure

One participant said he carried out the myth in an effort to get cured:

"...as we were growing up, there was a boy who I heard was HIV positive since 1988. During this time the disease was not heard of in our community. People were not aware of it as it is today. This boy is still alive and he said he was cured through sexual intercourse with a young girl."

- Mental disturbance

The other participant said he raped the child because of mental disturbance due to his HIV status and drinking. It was not for a cure however:

"... after I was tested and given the results that I have an HI virus, I then started drinking a lot and lost track of what I was doing. The day I raped the child was

when I was heavily drunk and doing anything that was bad, because I felt I did not have anything to lose by doing this I also felt I had lost hope in life."

4.5.3.2 How sleeping with a virgin/child supposedly cures HIV/AIDS

This question was asked to get clarity from the participants about how they thought the myth worked.

One participant said his neighbor who had believed in the myth mentioned that the age of a child has a link with the myth:

- *Virgin/Age*

"... but the girl should be below 7 years of age and a virgin."

Both participants did not know how the myth worked:

"...I do not have any knowledge about this."

"...I do not know."

4.5.3.3 Reactions to the myth

This question was asked to obtain out the information about the feelings of the participants regarding the myth and what should be done to people who are raping young girls thinking they could be cured from HIV/AIDS. The results have been categorized as perceptions of the child rape rehabilitatees and those of the community.

4.5.3.3.1 Perceptions of the child rape rehabilitatees

Both participants said that people who rape children should be arrested, be convicted and served their sentences:

"... in my own opinion I would say that if a person has raped a child thinking he would be cured of HIV, he must be arrested, be convicted and serve his sentence."

"...they will end up in prison and serve a very heavy sentence."

4.5.3.3.2 Perceptions of the community

The participants said the community members were angered by what had happened to the children and even wanted to take the law into their hands. The participants said that the community wanted these people arrested, to sent to a 'kangaroo court' and killed:

"...the community wants to kill people like me."

"...arrested."

"...the community usually prefers to take the law into it's own hands, because they believe that the law system in our country is too slow. This is happening in all types of cases and the community members hate people who are law-breakers. They are always talking about government that the death penalty has to come back."

"...the community has different opinions about this. Like in my case I was nearly taken to the kangaroo court, had my family not acted fast in taking me to the police station."

This is similar to the findings for both sets of young men from the tertiary institution (see 4.3.3.3.2 and 4.3.4.3.2).

In summary the participants were both arrested for what they had done and they served their sentence. They still felt the community had not fully accepted them, which was why they were in a support group in order to fit within the community.

4.5.3.4 Who is responsible for perpetuating the myth?

This question was asked to find out if the participants knew who was responsible for promoting the myth. Different views were given regarding this.

- *People who have carried out the myth*

One participant blamed the boy who was his neighbor who caused him to be to directly involved with the myth:

"...this boy I was talking about is my neighbor. He told me he was attending a traditional healer and this traditional healer is the one who encouraged him to sleep with a young girl in order to be cured from HIV/AIDS."

The other participant had no idea about the perpetuation of the myth. He said that he did not know where the myth came from:

"...I do not know where this thing comes from and who is responsible for this belief. I have never heard that there is someone responsible for this."

4.5.3.5 Consequences of the myth

Consequences for child

One participant said that he had infected the child because of his heavy drinking. This accords with the literature (see Section 2.1.5).

"...I have infected this child because of my heavy drinking."

"...I think that the girl too is infected."

One indicated that they were blamed for destroying the children's lives:

"...they say that we are destroying young girls, their lives as well as their future."

Consequences for perpetrator

The first participant commented that this was through deception by another person and he blamed himself for the rape:

"...not to trust men who are deceivers, as they will find themselves in trouble just like me."

The other participants mentioned the consequences of the myth in relation to themselves:

"...I do not sleep at night because of nightmares."

"...I am dying of the disease."

A diagrammatic representation of these findings is given in Figure: 4.23.

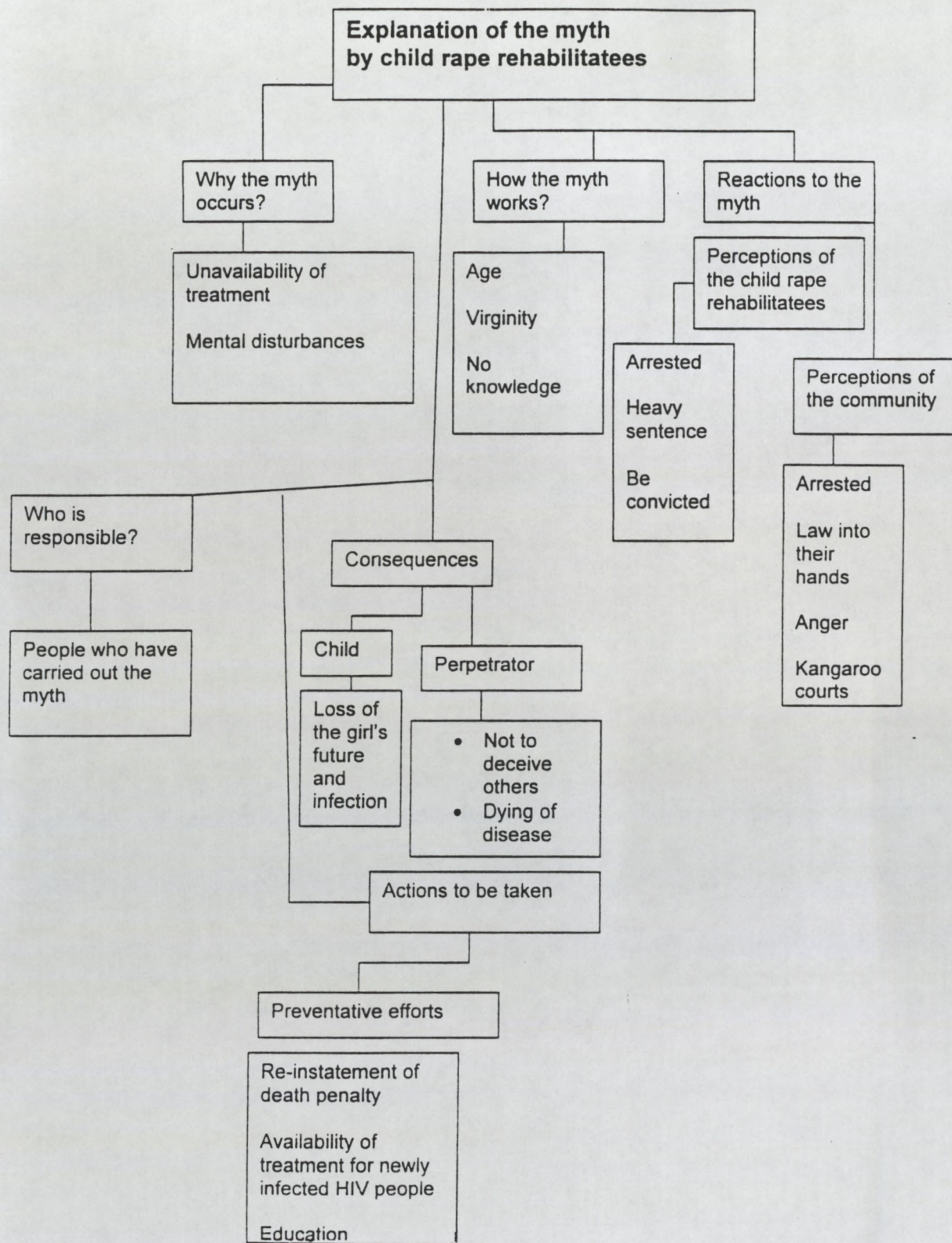


FIGURE 4.23 EXPLANATION OF THE MYTH BY CHILD RAPE REHABILITATEES

4.5.4 ACTION TO BE TAKEN

The participants said that they had learnt their lesson and that they were prepared to share their experiences with other people.

4.5.4.1 Preventative efforts

All their suggestions related to the preventative efforts

- *Reinstatement of death penalty*

"...they are always talking about government that the death penalty has to come back."

- *Help for newly diagnosed HIV people*

People need to ask professional people for information if they did not know about diseases:

"...people within the community should learn to ask professional like you...[nurses]...for anything that they are not sure of, as non professional people tend to mislead us."

- *Education*

"...give awareness to some of our brothers not to fall in the situation like the one I was in."

4.5.5 ADVICE FOR YOUNG MEN ON SEXUALLY RELATED MATTERS.

Once again both participants acknowledged the use of traditional healers for both sexually related matters and non-sexually related matters.

4.5.5.1 Source of advice

The participants said that they obtained advice from friends within the community and professional people:

"...I used to get advice from friends and older brothers within the community."

"...presently I am getting advice from a social worker. This is regarding everything from sexual relationships, personal [issues].

4.5.5.2 Reasons for selecting traditional healers.

One participant said that the traditional healer was older man who helps people with traditional medication to cure illnesses:

"...the traditional healers in my community are older men who are well known within the community for the job they are doing in curing illnesses."

4.5.5.3 Reasons for the visits

The participants said that they visited the traditional healers when they were suffering from diseases and when they needed medication to go to court, so that they were not given a lifetime sentence.

- *Sexually related matters:*

"...yes, I do go to the traditional healer, for treatment, especially now because I am sick and I need medicine to slow down the spread of HIV/AIDS."

"...yes, I do go to them for herbs to cure sexually transmitted infections."

- *Non-sexually related problem:*

"...for the medicine when I went to court so that I would no be given a lifetime imprisonment or a heavy sentence. The traditional healers in my community are older men who are well known within the community for the job they are doing in curing illnesses."

4.5.6 ROLE OF TRADITIONAL HEALERS IN HIV/AIDS

One participant responded to this statement:

- *Medicine for sexually transmitted diseases.*

"...this is someone who uses herbs with an aim of getting rid of the problem from a person, for an example a sexually transmitted infection."

Figure: 4.24 provide a summary of the above findings.

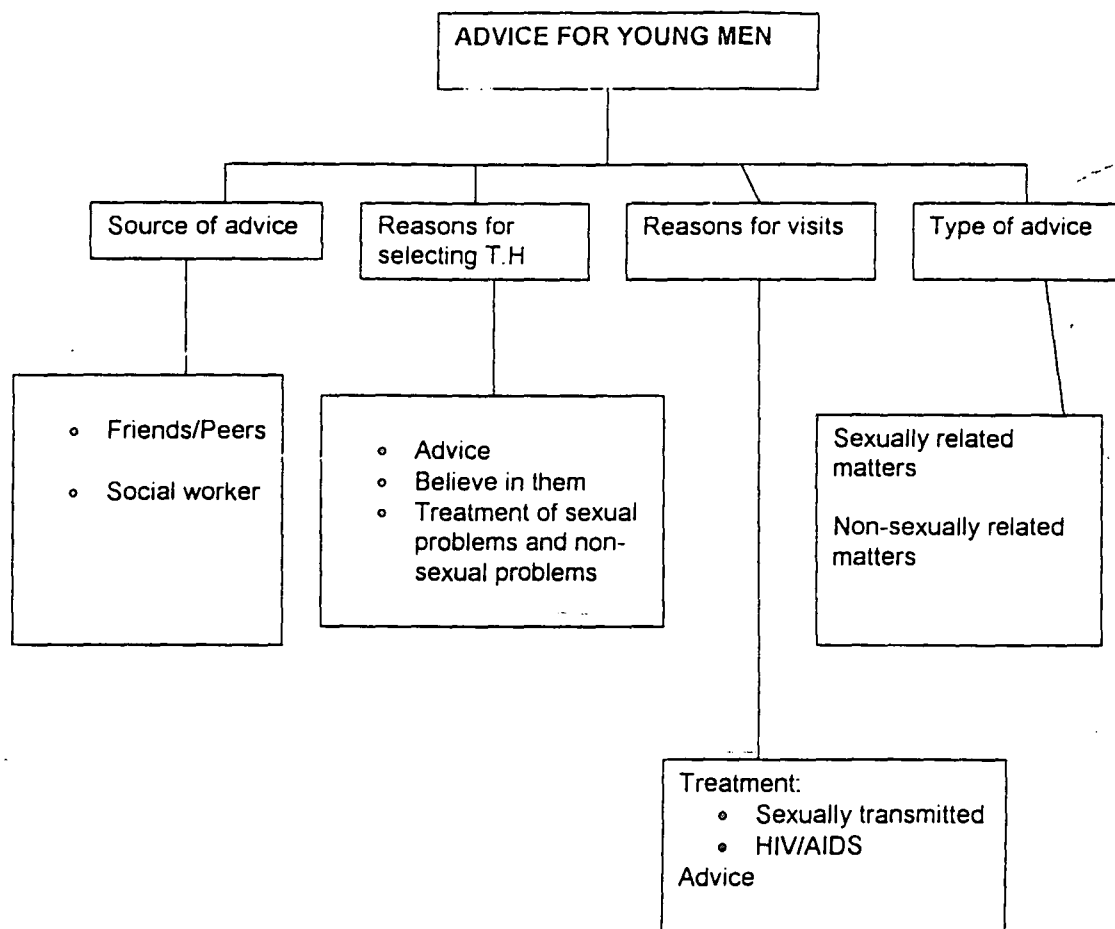


FIGURE 4.24 ADVICE FOR YOUNG MEN

4.5.7 RAPE NOT FOR THE CURE

One participant indicated that he raped the child, but that this was not related to the myth. After he tested HIV positive he started drinking, and it was whilst he was drunk that he raped the child. Although this particular participant denied acting out the myth, the literature does note that alcohol plays a role in the perpetration of the myth (see Section 2.2.2.1).

"...I raped a young girl, but that is in the past now, because I have served my sentence. My situation was not for the purpose of the cure, just rape."

4.5.8 CONCLUSION

The two participants differed in terms of their stated experience of the myth. One said he had a direct experience and the other one did not do this for the cure but he said it was just rape. Both knew about the HIV/AIDS and the myth, had minimal knowledge of how it was supposed to work, gave useful suggestions about its prevention and believed it was unacceptable.

4.6 SUMMARY AND COMPARISON OF THE FINDINGS

As explained in the introduction to this chapter, the findings for the study as a whole and comparisons between the groups have been included in this section. They have also been summarized in tabular form (Table 4.1). The findings have also been linked to the literature review, with mention being made of confirmation of reports as well as findings that differ from the literature.

Knowledge of HIV/AIDS and its spread

All had heard about the disease and their knowledge of the means of spread is generally good except for two traditional healers who had a different view about HIV/AIDS. They saw ilumbo, iqondo and isipatsholo as the same as HIV/AIDS and said these have been around for a long time. The participants also explained that some communities have poor knowledge due to poor resources, poverty and high levels of illiteracy.

Knowledge of the myth

All of the participants had heard of the myth.

Source of knowledge

It was from the media. Community members talking about it was also an important source. The rape rehabilitatee who had done virgin cure heard about this from his neighbour.

Belief in the myth

None of the participants acknowledged a belief in the myth, except for one participant who had direct experience with the myth.

Reasons for the myth

The traditional healers indicated that a virgin cure existed a long time ago. This was carried out because people were seeking a cure for sexually transmitted diseases. Nowadays, the lack of treatment and the fact that people are desperate for a cure for HIV/AIDS, result in resorting to the virgin cure. The traditional healers, Iziko group of soccer players, the anthropology students and the child rape rehabilitate mentioned this.

Manner in which the myth is believed to work

All the groups mentioned the belief that sexually transmitted diseases, in this case HIV/AIDS, can be cured by sexual intercourse with young girls because they are virgins. Age was also mentioned as a factor tha was linked to virginity by all the groups. Only the traditional healers and the Iziko soccer player mentioned that intercourse with a virgin is supposed to cleanse the man's blood of HIV/AIDS. The soccer player had heard that it was the exchange of body fluids that cleansed him.

Acceptability of the myth

All the participants had strong reactions towards the myth, and felt that the rape of children was completely unacceptable. They also perceived that their communities felt likewise.

Consequences

Consequences for the child, the perpetrator and the community were identified. Traditional healers and Iziko soccer players mentioned the loss of virginity, whilst the traditional healers, Iziko soccer players, anthropology students and the child rape rehabilitates noted destruction of the children's lives. The anthropology students made specific mention of the emotional and physical trauma sustained by the child. The value of virginity in an African sense, has been associated with purity and cleanliness, as noted in Section 2.4.

Who is advocating the myth

The most commonly noted group of people blamed for advocating the myth were untrained or bogus traditional healers. These were not people who knew what they were doing or who were healers. In a similar vein, most groups mentioned witchdoctors for perpetuating the myth in order to harm people. It was felt that both these groups did so in order to get money. These findings accord with the literature. All the groups also mentioned that traditional healers were perceived to be responsible for promoting the myth. One traditional healer and one Iziko soccer player mentioned that there was a medication that the traditional healer gave to the man so that the virgin would not get the disease. An important finding was that many of the participants believed that the media played a significant role in perpetuating the myth. Desperate people in the community heard about it and tried it out or recommended it to others. It is clear from the literature review that most of the reports of the myth come from the media. However, research studies have not explained the role of the media in the dissemination of the myth.

Actions to be taken

The participants mentioned that preventative efforts in the form of the reinstatement of the death penalty, treatment for the newly diagnosed HIV positive people should be made. Legal action regarding the perpetrators promoting the myth, include punishment and psychiatric treatment. Job creation opportunities, education and registration of the traditional healers should also be done. Actions to be taken were not discussed in the literature.

Role of the traditional healers in HIV/AIDS

All the men acknowledged that they visited the traditional healers for both sexually and non-sexually related matters. An important reason for this were the perceptions that traditional healers did not harm people, which could not be said for witchdoctors who are known to carry out evil deeds. The extent of use by the men in this study accords with the literature. The role of the traditional healer as an educator, counselor, provider of symptomatic care and conveyor of norms regarding sexual behaviour with respect to HIV/AIDS was identified in line with the literature.

Only one group of soccer players mentioned the need for the registration of traditional healers in order to prevent bogus healers from practicing.

TABLE 4.1 COMPARISONS OF THE FINDINGS FOR ALL PARTICIPANTS

TOPIC	TRADITIONAL HEALERS	YOUNG MEN				STUDENTS			CHILD-RAPE REHABILITATEE
		SOCCER PLAYERS		KWAMAKHUTHIA		MEDICAL	ANTHRO		
HIV/AIDS Knowledge Source of knowledge	Yes / ilumbo* DOH, DOE, Media, traditional healers, community	Yes DOH, Media	Yes DOH, Media	Yes Informal	Yes DOH, DOE, Media	Yes DOH, MEDIA			
	• Means of spread: Source	Person infected	Person infected	Person infected	Drug addicts	Person infected		Person infected	
Contaminated media	Blood, body fluids	blood	NIL	Blood, body fluids	Body fluids	NIL		NIL	
Transmitter	Razor, needles, isitshopo	Needles, tooth-brush, shaving machine	Needles, razor, isitshopo	NIL	toothbrush	Needle			
Mode of entry	Sexual intercourse, open wounds, injection	Unprotected sex, open wounds	Sex,	Oral sex, wounds,	Unsafe sex	Unprotected sex			
HIV/AIDS Community knowledge	Yes DOH, DOE, Community, media	Yes DOH, DOE, Media	Yes DOH, DOE, Media	Yes DOH, DOE, Media	Yes DOH, DOE, Media	Yes Everyone is aware			
Myth									
Existence Source of knowledge	Yes Community, media	Yes Community, media	Yes Community, media	Yes Media	Yes Community, media	Yes Community			
Belief in myth	No	No	No	No	No	Yes/No			
• Explanation of the myth									
How long	Long time	Nil	Nil	Nil	Nil	Nil			
Reasons for the occurrence of the myth	Unavailability of treatment, mental disturbance, generation of income, evil spirits	Lack of education, no medication	Mental disturbance, violence	Mental disturbance	Seeking a cure, mental disturbance, intention to harm	Seeking a cure, mental disturbance			
How it works	Virginity, age, no knowledge, no answer,	Virginity, age,	Age, no knowledge	Age	Virginity, age, exchange of fluids*, no knowledge	Virginity, age, no knowledge			

TOPIC	TRADITIONAL HEALERS	YOUNG MEN				CHILD-RAPE REHABILITATEE
		SOCCER PLAYERS		STUDENTS		
		IZIKO	KWAMAKHUTHA	MEDICAL	ANTHRO	

• Actions Preventative efforts Punishment of perpetrators	Re-instate death penalty, treat newly diagnosed HIV people	Re-instate death penalty, job creation, registration of T.H.*	Education about the myth	Re-instate death penalty	Availability of treatment, education	Treat newly diagnosed HIV people, education, re-instate death penalty
Perpetrator	Legal action, board to deal with perpetrators, psychological treatment	NIL	Legal action, psychological treatment	Psychological treatment	Legal action	NIL
Role of traditional healers						
Source of advice for young men	T.H., mothers, brothers, peers, friends,	T.H. Uncles, peers	T.H., friends, mothers, aunts, uncles, grandparents, teachers	Media, parents, mothers youth, friends,	Parents, media, friends, uncles, mothers, granny, aunt	Brothers, friends, social worker
Type of advice	Sexual, non-sexual matters	Sexual and non-sexual matters	Sexual and non-sexual matters	Non-sexual matters	Sexual and non-sexual matters	Sexual and non- sexual matters
Reason	Treatment of STD, advice	Treatment STD	Treatment STD	Treatment STD	Treatment STD	Treatment
Role of traditional healers – HIV/AIDS	Medicine to boost immunity, candidiasis, HIV, prevention of transmission of HIV, teaching community	Availability within the community, treatment of illnesses	NIL	NIL	NIL	Medicine for sexually transmitted infection

CHAPTER 5: CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The purpose of this chapter is to provide conclusions from the study and recommendations for practice and further research.

5.2 Overview of findings

5.2.1 Iziko soccer players

Knowledge of HIV/AIDS

The participants had heard about the disease from the media and clinics. The community's level of knowledge was lacking in this group, because of illiteracy. The pamphlets are supplied in a language they did not understand. The source of knowledge that the community had, was from the health and education departments. The participants also understood the means of spread that was an infected person, through infected body fluids and the transmission was by sharing needles, shaving machine and toothbrush. The group understood that the virus enters the system through unprotected sex and open wounds.

Knowledge of the myth

The participants had heard about the myth and the source of knowledge is from community and the media. The participants did not believe in the myth. They indicated that they had no idea when the started. They gave reasons for the occurrence of the myth saying that it was due to the lack of education and the unavailability of medication. The participants said that the manner in which the myth worked was through the use of a virgin child and also the fact that the man would indulge in sexual intercourse with a young girl.

The participants had a strong reaction to the myth and said that people who sleep with young children should be arrested, killed, castrated and be given a

death sentence. Their community felt angered and said that these people should be arrested, castrated and even wanted to take the law into their own hands. The participants said that the consequences of the myth would be that the child would suffer. The group said that the bogus traditional healers, the drug addicts and the traditional healers were responsible for perpetuating the myth.

The following were the suggestions from the group, that the death penalty should be re-instated, job creation and that the traditional healers should be registered with the board of traditional healers for control purposes.

Role of traditional healers

These participants said that they got the advice on sexually related matters from their uncles, traditional healers and peers. They visited the traditional healers for treatment and also for sexually transmitted infections as they are available within the community at all times.

5.2.2 Kwa-Makhutha soccer players

Knowledge of HIV/AIDS

The participants have heard about the disease and they said it was from the media and the health department. They understood that this was from an infected person. The contaminated media was not mentioned. The group mentioned needles, razor, isitshopo as transmitters of the virus. The virus entered the system through sexual intercourse. The participants mentioned that the community had knowledge of the disease from the education, health departments and media.

Knowledge of the myth

The participants said that they had heard of the presence of the myth, but did not believe in it. The group said that the myth occurred because of violence and that people who did this were mentally disturbed. The participants had no idea as to how the myth worked, they only gave an indication that the person who did this

used the age as a factor, meaning that he slept with a child. The participants felt that people who did this should be sent out of the community, be given a life sentence, castrated and be arrested. The community also felt that these people should be killed. The group felt that the child's life becomes destructed. This group also said that the perpetrator was not cured through this. The participants said that traditional healers, witchdoctors, media and community were responsible for the spread of the myth.

The following suggestions were given by the group, that education be given to people regarding the myth, legal action be taken against the perpetrators and that these people should be given psychological treatment.

Role of traditional healers

The participants received their advice on sexually related matters from the traditional healers, mothers, friends, aunts, uncles, grandparents and teachers. The participants said that they visited traditional healers for treatment and sexually transmitted infections.

5.2.3 Medical Science students

Knowledge of HIV/AIDS

The participants had heard about the disease through informal sources. The group mentioned that source of infection was from an infected person and through blood and body fluids. They did not give any form of transmitter. The mode of entry was through oral sex and wounds. The participants said community knew about the disease from health and education departments as well as the media.

Knowledge of the myth

The participants had heard about the myth from media, but they did not believe in it. The group said that the myth occurred because people were mentally disturbed. The group said that, in order for the myth to work, the age of a child

was taken into consideration. The participants felt that these people who have sexual intercourse with young girls, should be arrested, castrated, be given a life sentence and be dismissed from the community. This group's community showed anger towards this and suggested kangaroo court for these people. This was because the child's life got destructed through this action, the nation was getting destroyed and these people were spreading the disease. The group felt that the community members were responsible for perpetuating this myth.

The suggestions given by the group were that the death penalty be re-instated and the perpetrators be given psychological treatment.

Role of traditional healers

The participants received their advice on sexual related matters from mothers, parents, youth and friends. As medical students, they visited the traditional healers for advice on non sexual matters and got treatment for sexually transmitted infections.

5.2.4 Anthropology students

Knowledge of HIV/AIDS

The participants had heard about the disease for the health and education departments as well as the media. The group felt that source of infection was drug addicts and contaminated media was body fluids. They mentioned a toothbrush as a transmitter of infection. The group said that the virus enters the body through unsafe sex. The community knew about the disease from the same sources as the participants.

Knowledge of the myth

The participants said they had heard about the myth from the community and the media. They said that they had no belief. The group said that the myth occurred because people who did this wanted the cure, they were mentally disturbed and they had intentions to harm children. This group said that the myth worked with

exchange of fluids, use of a virgin child and the age of the child was taken into consideration. The participants felt that these people should be arrested, castrated and be given a life sentence. The community felt these people be given a death sentence or be sent to kangaroo courts. The group felt that the child's life gets destructed and she gets damaged physically. The community also felt that these people are destroying the child and spreading the disease.

The participants felt that bogus traditional healers, witchdoctors, media and the community were responsible for perpetuating the myth. The group suggested there should availability of treatment, education given to people and legal action be taken against the perpetrators.

Role of traditional healers

The participants got their advice on sexual related matters from parents, media, friends, uncles, mothers, granny and aunty. The group visited traditional healers for general treatment and for sexually transmitted infections.

5.2.5 Traditional healers

Knowledge of HIV/AIDS

The traditional healers had different views about the disease. They saw it as the same as ilumbo, iqondo and isipatsholo. They had this knowledge from different sources, example the ancestors told them, other traditional healers gave them this information and even the community. Their communities knew about the disease from the health, education departments, the community and the media. The traditional healers said that the disease is spread through an infected person and drug addicts, thorough blood and body fluids. The traditional healers mentioned razors, needles and isitshopo and transmitters of the disease. They had an understanding of the mode of entry that is through sexual intercourse, open wounds and injections.

Knowledge of the myth

The traditional healers knew about the myth for a long time from the community and the media. They also did not believe in its existence like the other groups. They said that this myth occurred because of unavailable treatment, mental disturbance, evil spirits and the fact that some traditional healers were generating money through this process. The traditional healers mentioned that virgins were targeted for the myth and the fact that the girl's age was looked into. The traditional healers and the community felt that these people should be killed, castrated, arrested, be given a death sentence, life sentence and be dismissed from the community. The reasons for all above was because the child lost her virginity, got infected, her life was destructed and the fact that people who are doing this were spreading the disease and deceiving other people. Traditional healers felt that other traditional healers, bogus traditional healers, witchdoctors, Satanists, the media, immigrants and those carrying out the myth were responsible for perpetuating the myth.

The traditional healers suggested that the death penalty be re-instated, that people who were newly diagnosed with the virus should be treated, that legal action be taken against the perpetrators and they should be treated for psychological problems.

Role of traditional healers

The traditional healers were responsible for giving advice to young men, as well as the mothers, brothers, peers and friends. The traditional healers said that the young men visited them for treatment of sexually transmitted and advice. The traditional healers gave medicine to boost the immunity, to treat sexually transmitted infections, help in teaching the community and in prevention of further transmission of the disease.

5.2.6 Child rape rehabilitatee

Knowledge of HIV/AIDS

These two individuals said that they had heard of the disease from the department of health and the media. They understood the means of spread as a person who has been infected with the virus. The contaminated media was not mentioned and the needles were mentioned as transmitters of infection. They also said that the virus gains entry through unprotected sex. The communities where these rehabilitates reside knew about the disease.

Knowledge of the myth

The child rape rehabilitates knew of the existence of the myth and one believed in the myth. They both mentioned that the myth occurred because people were seeking the cure and people did this because they were mentally disturbed. One rehabilitate mentioned that the myth worked because of the use of a virgin child and the fact that she was young. They felt that people who did this, be convicted and be given a heavy sentence. Their communities felt that they should be killed, be arrested, be given a death sentence and be sent to kangaroo courts. This was because they were destroying the child's life and infecting her. These rahabilitatees felt that they had deceived people through the myth and this had affected them as they were dying of the disease. The people who had done this were responsible for perpetuating the myth.

The child rape rehabilitates suggested that the death penalty be re-instated, education about the disease be given to people and treatment of newly diagnosed people be done.

Role of traditional healers

The rehabilitates said that they got advice on sexual related matters from brothers, friends and social workers. The rehabilitatees said that they visited the traditional healers for treatment of sexually transmitted infections.

The study has demonstrated that the myth that sexual intercourse with a young girl can cure HIV/AIDS does exist. Although only identified one person who acknowledged that he had raped a young girl in order to be cured, there was sufficient evidence to show that people do believe in and practice the myth. In some cases, this occurs out of desperation. It is also clear that the myth of the virgin cure for sexually transmitted disease is not a new phenomenon. It has been practiced for centuries in various parts of the world. What is new is the practice of the myth as a cure for HIV/AIDS.

The media appears to play significant role in the dissemination of the myth. Either the print or broadcasting media reports most of the information that the community has. This is evident from the number of incidences from media reports that have been included in the literature review.

All the participants in this study were very negative about the myth and displayed a lot of anger saying that people sleeping with children are destroying the future of children. The myth contradicts the values of the African communities, in which little girls are treasured and respected by adults.

An interesting finding concerned two traditional healers, who felt that HIV/AIDS is the same as the conditions known as iqondo, ilumbo and isipatsholo. They believe that these are induced by traditional medicines, and that the knowledge about these is derived from their ancestors' spirits. They further believe that they are able to cure HIV/AIDS. As a result, it appears that they are giving people incorrect treatment. Most of the traditional healers who participated in the study stated that they were only able to provide immune boosters for people who have contracted the virus, and not medicines to effect a cure. It is hoped that as the antiretroviral drug program is rolled out, the myth might be reduced as people who have been committing such crimes were often doing so because of the unavailability of treatment.

5.3 Recommendations for practice

Programs should be designed around teaching the youth and the community about that the 'virgin cure' for HIV does not work and that it has negative consequences for children and society. Programs should be community driven, as this would help communities dispel the myth. Parenting programs should focus on teaching parents about the safety of children both at home with specific reference to avoiding leaving the girl child alone at home or sending her to the shop after hours on her own where she could be abducted. This recommendation is made as a result of the evidence that unattended children are at risk.

More training is needed for nurses, teachers and other essential services like correctional services and child protection units to be able to cope with the problem of rape of children as a result of the myth. The role of the nurse regarding identification of child rape and referral is needed within the clinic setting and proper referral system.

Traditional healers need to be registered by the board of traditional healers, in order to get rid of the charlatans and people who are misleading society. Appropriate education on HIV/AIDS and its treatment is important. This is the citation of the bill for the content of traditional healers (Annexure 2.17).

Suggestions of preventative actions from participants regarding appropriate and effective counseling of newly diagnosed HIV positive patients; psychological treatment and education should be explored. Rehabilitation of perpetrators is also needed.

5.4 Recommendations for further research

A number of areas for further research have been identified as a result of the study. These are outlined below.

The role of the media in perpetuating the myth needs to be explored.

The issue about the muti induced conditions [ilumbo, iqondo, isipatsholo] being the same, as HIV/AIDS according to the two traditional healers within this study needs to be further explored in the light of educating others about HIV and the treatment. The other issue is about looking at the benefits of reinstating the death penalty and an intensive counseling tool for newly diagnosed HIV positive people.

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Annexure 1.1

Perceptions of different subsets of African men and African traditional healers in the eThekweni Metropolitan area that sexual intercourse with young girls can cure HIV/AIDS.

Interview guide for the Pilot Study

1. Have you heard of HIV/AIDS? If yes from what source?
2. Have you got any idea as to how people get infected with HIV/AIDS?
3. Have you heard of people talking about being cured of HIV/AIDS by having sexual intercourse with young girls?
4. Do you believe that HIV/AIDS can be cured by having sex with a young girl? What makes you say this?
5. In order for the cure to work, does the girl need to be of a certain age?
6. In your own opinion, who is responsible for perpetuating this belief?
7. How is this believed to work?
8. What are your perceptions about people who have sexual intercourse with young girls as a cure for HIV/AIDS?
9. How aware is the community about HIV/AIDS?
10. What are the perceptions of the community about the people who have sexual intercourse with young girls as a cure for HIV/AIDS?
11. Who is advocating this as a cure for HIV/AIDS?

Annexure 1.2

Perceptions of different subsets of African men and African traditional healers in the eThekweni Metropolitan area that sexual intercourse with young girls can cure HIV/AIDS.

Interview guide for the focus groups

1. Have you heard of HIV/AIDS? If yes, from what source?
2. Have you got any ideas as to how people get infected with HIV/AIDS?
3. Have you heard of people talking about being cured of HIV/AIDS by having sexual intercourse with young girls? If yes, what have you heard?
4. Do you believe that HIV/AIDS can be cured by having sex with young girls? If yes, what makes you say this?
5. In order for the cure to work, does the girl need to be of a certain age?
6. In your own opinion, who is responsible for perpetuating this belief? Or where does this myth come from?
7. How is this believed to work?
8. What are your perceptions about people who have sexual intercourse with young girls as a cure for HIV/AIDS?
9. How aware is the community about HIV/AIDS?
10. What are the perceptions of the community are about people who have sexual intercourse with young girls as a cure for HIV/ AIDS?
11. Do you visit traditional healers? If yes, for what purposes?
12. Where do you get advice about sexually related matters?
13. Is there anything else that you would like to tell me that has not been mentioned (regarding the myth)?

Perceptions of different subsets of African men and African traditional healers in the eThekweni area that sexual intercourse with young girls can cure HIV/AIDS.

Imibuzo eqondene nalesihloko esingenhla

Umbuzo 1

Nike nezwa nge gciwane lesandulela ngculazi ? Uma nithi yebo, chazani ukuthi nilutholephi lolulwazi?

Umbuzo 2

Niyazi ukuthi abantu basithola kanjani lesisifo ?

Umbuzo 3

Senike nezwa abantu bekhuluma ngokwelapheka kwengculazi ngokuthi balale / benze ucansi nezingane zamantombazane ? Uma nivuma, senizweni ?

Umbuzo 4

Niyakholelwa ekutheni kungenzeka ukuthi umuntu elapheke ngokuya ocansini nengane yentombazane ? Kuyini okwenza nivumelane nalokhu ?

Umbuzo 5

Ukuze umuntu elapheke, inkolelo kulokwenza ithi ingane yentombazane kufanele ibe ngakanani noma ibe eyeminyaka emingaki

Umbuzo 6

Ngokubona kwenu ngubani okunguye ogqugquzela lenkolelo/kuvelaphi loku ?

Umbuzo 7

Ngokwenu ukwazi lenkolelo isebenza kanjani ?

Umbuzo 8

Nithini ngalabantu abaya ocansini nezingane zamantombazane becabanga ukuthi bazolapheka kwingculazi ?

Umbuzo 9

Umphakathi walapho nihlala khona uyazi ngengculazi

Umbuzo 10

Umphakathi walapho nihlala kuwo wona uthini ngalabantu abaya ocansini nezingane zamantombazane ngoba bekholelwa ukuthi bazolapheka ?

Umbuzo 11

Niyaya yini ukuyobonana nomuntu oyinyanga? uma nithi YEBO, kusuke kuyisiphi isizathu ?

Umbuzo 12

Izaluleko mayelana nokukhula komuntu wesilisa, mayelana nezocansi nizithola kubani ?

Umbuzo 14

Kukhona okunye eningafisa ukungitshela kona esingakubalanga kulenkulumo yethu maqondana nalenkolelo ?

Annexure 1.4

Perceptions of different subsets of African men and African traditional healers in the eThekweni Metropolitan area that sexual intercourse with young girls can cure HIV/AIDS.

INTERVIEW GUIDE FOR THE AFRICAN TRADITIONAL HEALERS

1. Have you heard of HIV/AIDS? If yes, from what source?
2. Have you got any ideas as to how people get infected with HIV/AIDS?
3. Have you heard of people talking about being cured of HIV/AIDS by having sexual intercourse with young girls? If yes, what have you heard?
4. Do you believe that HIV/AIDS can be cured by having sex with a young girl? What makes you say this?
5. In order for the cure to work, does the girl need to be of a certain age?
6. In your own opinion, who is responsible for perpetuating this belief?
7. How is this believed to work?
8. What are your perceptions about people who have sexual intercourse with young girls as a cure for HIV/AIDS?
9. How aware is the community about HIV/AIDS?
10. What are the perceptions of the community about the people who have sexual intercourse with young girls as a cure for HIV/ AIDS?
11. Do young men visit you? If yes for what purposes?
12. Where do young men get advice about sexually related matters?
13. Is there anything else that you would like to tell me that has not been mentioned (regarding the myth)?

Perceptions of different subsets of African men and African traditional healers in the eThekweni area that sexual intercourse with young girls can cure HIV/AIDS.

Imibuzo eqondene nalesihloko esingenhla

Umbuzo 1

Usuke wezwa nge gciwane lesandulela ngculazi ? Uma uthi yebo, chaza ukuthi ulutholephi lolulwazi?

Umbuzo 2

Uyazi ukuthi abantu basithola kanjani lesisifo ?

Umbuzo 3

Usuke wezwa abantu bekhuluma ngokwelapheka kwengculazi ngokuthi balale / benze ucansi nezingane zamantombazane ? Uma uvuma, senizweni ?

Umbuzo 4

Uyakholelwa ekutheni kungenzeka ukuthi umuntu elapheke ngokuya ocansini nengane yentombazane ? Kuyini okwenza uvumelane nalokhu ?

Umbuzo 5

Ukuze umuntu elapheke, inkolelo kulokwenza ithi ingane yentombazane kufanele ibe ngakanani noma ibe eyeminyaka emingaki

Umbuzo 6

Ngokubona kwakho ngubani okunguye ogqugquzela lenkolelo/kuvelaphi loku ?

Umbuzo 7

Ngokwakho ukwazi lenkolelo isebenza kanjani ?

Umbuzo 8

Uthini ngalabantu abaya ocansini nezingane zamantombazane becabanga ukuthi bazolapheka kwingculazi ?

Umbuzo 9

Umphakathi walapho uhlala khona uyazi ngengculazi

Umbuzo 10

Umphakathi ohlala kuwo wona uthini ngalabantu abaya ocansini nezingane zamantombazane ngoba bekholelwa ukuthi bazolapheka ?

Umbuzo 11

Bayaye beze yini ukuzobonana nawe njengenyanga abantu besilisa abasebancane ? uma uthi YEBO, kusuke kuyisiphi isizathu ?

Umbuzo 12

Iziluleko mayelana nokukhula komuntu wesilisa, mayelana nezocansi bazithola kubani ?

Umbuzo 13

Kukhona okunye ongafisa ukungitshela kona esingakubalanga kulenkulumo yethu maqondana nalenkolelo ?

**PERCEPTIONS OF DIFFERENT SUBSETS OF AFRICAN MEN AND AFRICAN
TRADITIONAL HEALERS IN THE ETHEKWINI METROPOLITAN AREA THAT
SEXUAL INTERCOURSE WITH YOUNG GIRLS CAN CURE HIV/AIDS**

**INTERVIEW GUIDE FOR THE FOCUS GROUP OF CHILD RAPE
REHABILITEES**

1. Have you heard of HIV/AIDS? If yes, from what source?
2. Have you got any ideas as to how people get infected with HIV/AIDS?
3. Have you heard of people talking about being cured of HIV/AIDS by sexual intercourse with young girls?
4. If yes, what have you heard? Have you had any experience in relation to this belief?
5. Do you believe that HIV/AIDS can be cured by having sex with young girls? What makes you say this?
6. In order for the cure to work, does the girl need to be of a certain age?
7. In your own opinion, who is responsible for perpetuating this belief or where does this myth come from?
8. How is this believed to work?
9. What are your perceptions about people who have sexual intercourse with young girls as a cure for HIV/AIDS?
10. How aware is the community about HIV/AIDS?
11. What are the perceptions of the community about the people who have sexual intercourse with young girls as a cure for HIV/ AIDS?
12. Do you visit traditional healers? If yes, for what purposes?
13. Where do you get advice about sexual related matters?
14. Is there anything else that you would like to tell me that has not been mentioned (regarding the myth)?

Perceptions of different subsets of African men and African traditional healers in the eThekweni area that sexual intercourse with young girls can cure HIV/AIDS.

Imibuzo eqondene nalesihloko esingenhla

Umbuzo 1

Usuke wezwa nge gciwane lesandulela ngculazi ? Uma uthi yebo, chaza ukuthi ulutholephi lolulwazi?

Umbuzo 2

Uyazi ukuthi abantu basithola kanjani lesisifo ?

Umbuzo 3

Usuke wezwa abantu bekhuluma ngokwelapheka kwengculazi ngokuthi balale / benze ucansi nezingane zamantombazane ? Uma uvuma, senizweni ?

Umbuzo 4

Uma uthi yebo, usuzweni? Kukhona yini ulwazi onalo mayelana nalenkolelo?

Umbuzo 5

Uyakholelwa ekutheni kungenzeka ukuthi umuntu elapheke ngokuya ocansini nengane yentombazane ? Kuyini okwenza uvumelane nalokhu ?

Umbuzo 6

Ukuze umuntu elapheke, inkolelo kulokwenza ithi ingane yentombazane kufanele ibe ngakanani noma ibe eyeminyaka emingaki

Umbuzo 7

Ngokubona kwakho ngubani okunguye ogqugquzela lenkolelo/kuvelaphi loku ?

Umbuzo 8

Ngokwakho ukwazi lenkolelo isebenza kanjani ?

Umbuzo 9

Uthini ngalabantu abaya ocansini nezingane zamantombazane becabanga ukuthi bazolapheka kwingculazi ?

Umbuzo 10

Umphakathi walapho uhlala khona uyazi ngengculazi

Umbuzo 11

Umphakathi ohlala kuwo wona uthini ngalabantu abaya ocansini nezingane zamantombazane ngoba bekholelwa ukuthi bazolapheka ?

Umbuzo 12

Uyaya yini ukuyobonana nomuntu oyinyanga? uma uthi YEBO, kusuke kuyisiphi isizathu ?

Umbuzo 13

Izaluleko mayelana nokukhula komuntu wesilisa, mayelana nezocansi uzithola kubani ?

Umbuzo 14

Kukhona okunye ongafisa ukungitshela kona esingakubalanga kulenkulumo yethu maqondana nalenkolelo ?

Consent form

Title of the research project: Perceptions of different subsets of young African men and African traditional healers in the EtheKwini Metropolitan area that sexual intercourse with young girls can cure HIV/AIDS

Name of Supervisor: Prof L Grainger, PhD. Soc. Sci. Tel no. (031) 204 2036

Name of Co-supervisor: Dr N. Ndimande, PhD. Tel no. (031) 2607711

Please tick the appropriate answer

1. Have you read the research information sheet?
Yes No
2. Have you had an opportunity to ask questions regarding the study?
Yes No
3. Have you received satisfactory answers to your questions?
Yes No
4. Have you had an opportunity to discuss the study with the researcher?
Yes No
5. Have you received enough information about this study?
Yes No
6. Do you understand the implications of the study?
Yes No
7. Do you understand that you are free to withdraw from the study at anytime and without giving reasons for withdrawing?
Yes No
8. Do you agree to voluntarily participate in the study?
Yes No
9. Do you understand that you have the right to anonymity or confidentiality?
Yes No

If you have answered "NO" to any of the above, please obtain the information
Before signing.

I _____ hereby consent to participate in the proposed research project. Signature

Witness Name _____ Signature _____

Researcher's name: Ms. B. Ndlovu (B. Cur Nursing) Signature _____

M Tech, Nursing student, Durban Institute of Technology (Tel.: 031 2607302)

Isihloko: Perceptions of different subsets of African men and African traditional healers in the eThekweni area that sexual intercourse with young girls can cure HIV/AIDS.

UMALULEKI-----PROF. L GRAINGER Ucingo (031)2042036

PhD. Soc.Sc,

ISEKELA-----Miss N.Ndimande Ucingo (031)2607711

PhD IsiZulu

Bhala kulokho okuphendulayo kuphela

1. Bese ufundile ipheshana elinemininingwane?

Yebo

Cha

2. Ulitholile ithuba lokubuza imibuzo mayelana naloku ofanele ukwenze?

Yebo

Cha

3. Wanelisekile ngezimpendulo zemibuzo yakho?

Yebo

Cha

4. Ubenalo ithuba lokuxoxa ngalokhu nowenza lolu cwaningo?

Yebo

Cha

5. Ulithole lonke ulwazi ngalolu cwaningo?

Yebo

Cha

6. Uyakuqonda kahle okushiwoyo mayelana no cwaningo?

Yebo

Cha

7. Uyazi ukuthi ukhululekile ukuyeka noma inini ngaphandle kokunika isizathu?

Yebo

Cha

8. Uyavuma ukuthatha leli thuba lokungena kuloluhla laba zobuzwa imibuzo
Ngaphandle kwe mpoqo?

Yebo

Cha

9. Uyazi ukuthi unelungelo lokungaziwa futhi kuyimfihlo/ akuyukwaziswa
namunye ngokungena kwakho kulolu cwaningo?

Yebo

Cha

Uma izimpendulo zakho zino "Cha" cela ulwazi ngaphambi koku shicilela
ngenzansi

Mina-----ngiyavuma ukuthi
ngibe sohlweni lalabo abangene kulolu cwaningo, ngiyavuma ukuthi
ngibuzwe imibuzo.

Owenza ucwaningo : BUSISIWE A. NDLOVU-----Sayina
(031) 2607302

Umfundi wezobuhlelengikazi M Tech
Durban Institute of Technology

Subject information sheet

Dear participant

**Perceptions of different subsets of African men and the African traditional healers in the eThekweni metropolitan area that sexual intercourse with a young girl can cure HIV/AIDS
(Soccer players – iZiko)**

I am a professional nurse currently doing a Masters degree with the Durban Institute of Technology for which I will be undertaking a research project. The reason for doing this study is to find from men their feelings about people who have sexual intercourse with young girls in order to be cured from HIV/AIDS. The results found could be used in helping the health professional when they are faced with problems regarding the myth or belief about people who have sexual intercourse with young girls with an aim of curing HIV/AIDS and the fact that this is not acceptable by the society. Lastly, that Intervention strategies can be built based on this information.

You have been purposefully selected to be part of the study because you have some knowledge about cultural or traditional ways of healing and you tend to consult traditional healers on sexual related problems. You are therefore requested to participate in an interview with the researcher that will be conducted with an aim of obtaining information about your perceptions regarding child sexual intercourse as a cure for HIV/AIDS.

This interview will take place at the Soccer Sport center during your soccer practice to find more knowledge about the topic. This interview will be scheduled for a mutually suitable time and will take approximately 45 minutes. If time is needed, the consent will be re-negotiated. The researcher will personally conduct the interview. In addition the researcher wishes to use a tape recorder in order to capture comments and it could be easy to get all the information needed for the

study, although the researcher will write down all the information or comments.
You have a right to reject the use of tape recorder.

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You have the right to withdraw at any time and refusal to participate will not result
in adverse consequences of any kind. At the completion of the study, results will
be made available to you. Confidentiality will be maintained at all times. The
names will not be known to anyone even my supervisor. Member check will be
done before finalizing the data, to ensure that what the member has said co-
relates with the information at hand.

The results of this study will be used to make recommendations to the society,
health professionals and the country on HIV/AIDS matters.

Should you require further information feel free to contact me or my supervisor at
the below mentioned numbers

RESEACHER: B.A. NDLOVU
(c) 083-5307191
(W) 031 2607302

SUPERVISOR: Prof. L. GRAINGER
PhD Nursing
(031) 204 2036

Co- Supervisor: Dr. N. NDI MANDE
PhD IsiZulu Literature
(W) 031-2607711

Subject information sheet

Dear participant

**Perceptions of different subsets of African men and the African traditional healers in the eThekweni metropolitan area that sexual intercourse with a young girl can cure HIV/AIDS
(Soccer players – KwaMakhutha)**

I am a professional nurse currently doing a Masters degree with the Durban Institute of Technology for which I will be undertaking a research project. The reason for doing this study is to find from men their feelings about people who have sexual intercourse with young girls in order to be cured from HIV/AIDS. The results found could be used in helping the health professional when they are faced with problems regarding the myth or belief about people who have sexual intercourse with young girls with an aim of curing HIV/AIDS and the fact that this is not acceptable by the society. Lastly, that Intervention strategies can be built based on this information.

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This interview will take place at the Soccer Sport center during your soccer practice to find more knowledge about the topic. This interview will be scheduled for a mutually suitable time and will take approximately 45 minutes. If time is needed, the consent will be re-negotiated. The researcher will personally conduct the interview. In addition the researcher wishes to use a tape recorder in order to capture comments and it could be easy to get all the information needed for the

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Subject Information Sheet

Iphepha elinolwazi lesifundo

Dear Participant

Sawubona Msizi

Ngingumhlengikazi ongungweti njengamanje ngenza izifundo zeMasters degree ngifunda e Durban Institute of Technology. Njengoba ngenza lolu cwaningo. Isifundo engisenzayo simayelana nokuthi abantu besilisa nalabo abalapha ngesintu eThekwini namaphethelo banenkolelo yokuthi uma umuntu eya ocansini nentombazane esemncane ungelapheka kwi sifo sengculazi.

Ngicela ube omunye esizosebenzisana naye kahle singabinankinga kule ngxenye yesifundo engisikhethile. Ngicela ukuba sisizane ekwenzeni iqoqwana esizosebenzisana nalo ukuze ngithole imibono emihle ngenhloso yokuthola ulwazi mayelana nezinkolelo ezibhekenelele nokuhlukunyezwa kwezingane ezincane, ngoba kunenkolelo yokuthi loku kuyayelapha ingculazi. Ukuba kulelo qoqwana elixoxayo kuhloswe ukuba izingxoxo zibhekele kulesosihloko esikhethiwe kukhulunywe ngaso ukuze kube nemibono eyakhayo nokuyiyona yona lezo zingxoxo zamaqoqwana zizoba ngesikhathi sakho soku phumula nokuthi zizothatha imizuzu engu 45. Umcwaningi uzozenzela yena alalele yena futhi esebenzisa isiqophamazwi, ukuqopha umuntu nga munye ngesikhathi ephawula. Umuntu unelungelo lokunqaba uma engathandi ukuthi aqoshwe uma ephawula kuzoba nomuntu okwazi, ukuthatha amanothi noma amadokhumenti, usolwazi ozokulekelela ekuthatheni/ekubhaleni amanothi ngesikhathi nisaxoxa kule loqoqwana. Igama lakho ngeke libe khona kunoma iyiphi dokhumenti yethu esikhundleni segama lakho kuzoba nenamba ezoba khona ezovikela ubuwena kanye negama lakho.

Ukulekelela kulolucwaningo, ukuzinikela ngokungabheki nkokhelo. Akukho mandla omthetho akuphoqayo ukuba usize. Unelungelo lokuyeka noma ingasiphi isikhathi uma ungasathandi ukusiza noma ukuqhubeka nezingxoxo zamaqoqwana akunampoqo yanoma iluphi uhlobo. Emaphethelweni alolucwaningo imiphumela yakho izobakhona. Imiphumela yalesifundo izosebenza ekwenzeni izincomo ezizosiza osolwazi, abezempilo nomphakathi ekwazini ngokwenzekayo mayelana nesifo sengculazi. Njengoba ngishilo akukho kuzifaka ebucayini, nokuzizwa ungakhululekele ngemibuzo ebikade sikubuza yona kumele uhlale ukhululekile. Ngifisa wazi ukuthi konke lokhu esizoku khuluma nengikubhale phansi kuzoba yimfihlo, akekho noyedwa ozokwazi ngaphandle konabo kuleli qoqwana.

Uma unemibuzo noma kukhona ofuna ukwazi kabanzi ngakho, ungaxhumana nomcwaningi noma usolwazi ongumeluleki wakhe kulezi zinombolo ezingezanzi

Umcwaningi B.A. NDLOVU

031) 7014981 (Ekhaya
(031) 2607302 (Ehovisi)

Umaluleki PROF.L.Grainger
PhD Soc.Sc.
(031) 204 2036

Isekela Dr. N.Ndimande
PhD IsiZulu
(031) 2607711

Subject information sheet

Dear participant

Perceptions of different subsets of African men and the African traditional healers in the eThekweni metropolitan area that sexual intercourse with a young girl can cure HIV/AIDS

(Medical Science Students)

I am a professional nurse currently doing a Masters degree with the Durban Institute of Technology for which I will be undertaking a research project. The reason for doing this study is to find from men their feelings about people who have sexual intercourse with young girls in order to be cured from HIV/AIDS. The results found could be used in helping the health professional when they are faced with problems regarding the myth or belief about people who have sexual intercourse with young girls with an aim of curing HIV/AIDS and the fact that this is not acceptable by the society. Lastly, that Intervention strategies can be built based on this information.

You have been purposefully selected to be part of the study because they have some knowledge about the western ways of healing as you are studying towards a medical science degree. You are therefore requested to participate in an interview with the researcher that will be conducted with an aim of obtaining information about your perceptions regarding child sexual intercourse as a cure for HIV/AIDS.

This interview will take place at the Student Health Services Boardroom during their common break to find more knowledge about the topic. This interview will be scheduled for a mutually suitable time and will take approximately 45 minutes. If time is needed, the consent will be re-negotiated. The researcher will personally conduct the interview. In addition the researcher wishes to use a tape recorder in order to capture comments and it could be easy to get all the

information needed for the study, although the researcher will write down all the information or comments. You have a right to reject the use of tape recorder.

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The results of this study will be used to make recommendations to the society, health professionals and the country on HIV/AIDS matters.

Should you require further information feel free to contact me or my supervisor at the below mentioned numbers

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(c) 083-5307191

(W) 031 2607302

SUPERVISOR: Prof. L. GRAINGER

PhD Nursing

(031) 204 2036

Co- Supervisor: Dr. N. NDIMANDE

PhD IsiZulu Literature

(W) 031-2607711

Subject information sheet

Dear participant

Perceptions of different subsets of young African men and the African traditional healers in the eThekweni metropolitan area that sexual intercourse with a young girl can cure HIV/AIDS

Anthropology Students

I am a professional nurse currently doing a Masters degree with the Durban Institute of Technology for which I will be undertaking a research project. The reason for doing this study is to find from men their feelings about have sexual intercourse with young girls in order to be cured from HIV/AIDS. The results found could be used in helping the health professional when they are faced with problems regarding the myth or belief about people who have sexual intercourse with young girls with an aim of curing HIV/AIDS and the fact that this is not acceptable by the society. Lastly, that Intervention strategies can be built based on this information.

I would like to request permission to conduct interviews with the above-mentioned group. You have been purposefully selected to be part of the study because you have some knowledge about cultural or traditional ways of healing as you are studying anthropology, which deals with culture, values, norms and the society. You are therefore requested to participate in an interview with the researcher that will be conducted with an aim of obtaining information about your perceptions regarding child sexual intercourse as a cure for HIV/AIDS.

This interview will take place at the Student Health Service Boardroom during the common break to find more knowledge about the topic. This interview will be scheduled for a mutually suitable time and will take approximately 1 hour. If time is needed, the consent will be re-negotiated. The researcher will personally conduct the interview. In addition the researcher wishes to use a tape recorder in order to capture comments and it could be easy to get all the information needed

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Subject information sheet

Dear participant

Perceptions of different subsets of young African men and the African traditional healers in the eThekweni metropolitan area that sexual intercourse with a young girl can cure HIV/AIDS

Child rape Rehabilitees

I am a professional nurse currently doing a Masters degree with the Durban Institute of Technology for which I will be undertaking a research project. The reason for doing this study is to find from men their feelings about have sexual intercourse with young girls in order to be cured from HIV/AIDS. The results found could be used in helping the health professional when they are faced with problems regarding the myth or belief about people who have sexual intercourse with young girls with an aim of curing HIV/AIDS and the fact that this is not acceptable by the society. Lastly, that Intervention strategies can be built based on this information.

I would like to request permission to conduct interviews with the above-mentioned group. You have been purposefully selected to be part of the study because you have some knowledge or direct experience with this phenomenon as you are in the support group of people who have been convicted, or sentenced for child rape to cure HIV/AIDS. You are therefore requested to participate in an interview with the researcher that will be conducted with an aim of obtaining information about your perceptions regarding child sexual intercourse as a cure for HIV/AIDS.

This interview will take place at the Durban office of the Correctional Services/ Child Protection Unit to find more knowledge about the topic. This interview will be scheduled for a mutually suitable time and will take approximately 1 hour. If time is needed, the consent will be re-negotiated. The researcher will personally conduct the interview. In addition the researcher wishes to use a tape recorder in

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PhD IsiZulu Literature

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Co- Supervisor: Dr. N. NDI MANDE

PhD IsiZulu Literature

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Subject Information Sheet

Iphepha elinolwazi lesifundo

Dear Participant

Sawubona Msizi

Ngingumhlengikazi ongungweti njengamanje ngenza izifundo zeziqoqo zeMasters degree ngifunda e Durban Institute of Technology. Njengoba ngenza lolu cwaningo. Isifundo engisenzayo simayelana nokuthi abantu besilisa nalabo abalapha ngesintu eThekwini namaphethelo banenkolelo yokuthi uma umuntu eya ocansini nentombazane esemncane ungelapheka kwi sifo sengculazi.

Ngicela ube omunye esizosebenzisana naye kahle singabinankinga kule ngxenye yesifundo engisikhethile. Ngicela ukuba sisizane ekwenzeni iqoqwana esizosebenzisana nalo ukuze ngithole imibono emihle ngenhloso yokuthola ulwazi mayelana nezinkolelo ezibhekenelele nokuhlukunyezwa kwezingane ezincane, ngoba kunenkolelo yokuthi loku kuyayelapha ingculazi. Ukuba kulelo qoqwana elixoxayo kuhloswe ukuba izingxoxo zibhekele kulesosihloko esikhethiwe kukhulunywe ngaso ukuze kube nemibono eyakhayo nokuyiyona yona lezo zingxoxo zamaqoqwana zizoba ngesikhathi sakho soku phumula nokuthi zizothatha imizuzu engu 45. Umcwaningi uzozenzela yena alalele yena futhi esebenzisa isiqophamazwi, ukuqopha umuntu nga munye ngesikhathi ephawula. Umuntu unelungelo lokunqaba uma engathandi ukuthi aqoshwe uma ephawula kuzoba nomuntu okwazi, ukuthatha amanothi noma amadokhumenti, usolwazi ozokulekelela ekuthatheni/ekubhaleni amanothi ngesikhathi nisaxoxa kule loqoqwana. Igama lakho ngeke libe khona kunoma iyiphi dokhumenti yethu esikhundleni segama lakho kuzoba nenamba ezoba khona ezovikela ubuwena kanye negama lakho.

Ukulekelela kulolucwaningo, ukuzinikela ngokungabheki nkokhelo. Akukho mandla omthetho akuphoqayo ukuba usize. Unelungelo lokuyeka noma ingasiphi isikhathi uma ungasathandi ukusiza noma ukuqhubeka nezingxoxo zamaqo qwana akunampoqo yanoma iluphi uhlobo. Emaphethelweni alolucwaningo imiphumela yakho izobakhona. Imiphumela yalesifundo izosebenza ekwenzeni izincomo ezizosiza osolwazi, abezempilo nomphakathi ekwazini ngokwenzekayo mayelana nesifo sengculazi. Njengoba ngishilo akukho kuzifaka ebucayini, nokuzizwa ungakhululekele ngemibuzo ebikade sikubuza yona kumele uhlale ukhululekile. Ngifisa wazi ukuthi konke lokhu esizoku khuluma nengikubhale phansi kuzoba yimfihlo, akekho noyedwa ozokwazi ngaphandle konabo kuleli qoqwana.

Uma unemibuzo noma kukhona ofuna ukwazi kabanzi ngakho, ungaxhumana nomcwaningi noma usolwazi ongumeluleki wakhe kulezi zinombolo ezingezanzi

Umcwaningi B.A. NDLOVU

031) 7014981 (Ekhaya)
(031) 2607302 (Ehovisi)

Umaluleki PROF.L.Grainger
PhD Soc.Sc.
(031) 204 2036

Isekela Dr. N.Ndimande
PhD IsiZulu
(031) 2607711

Subject information sheet

Dear participant

Perceptions of different subsets of African men and the African traditional healers in the eThekweni metropolitan area that sexual intercourse with a young girl can cure HIV/AIDS

Traditional healer

I am a professional nurse currently doing a Masters degree with the Durban Institute of Technology for which I will be undertaking a research project. The reason for doing this study is to find from men their feelings about people who have sexual intercourse with young girls in order to be cured from HIV/AIDS. The results found could be used in helping the health professional when they are faced with problems regarding the myth or belief about people who have sexual intercourse with young girls with an aim of curing HIV/AIDS and the fact that this is not acceptable by the society. Lastly, that Intervention strategies can be built based on this information.

You have been purposefully selected to be part of the study because you have some knowledge about cultural or traditional ways of healing and that young men consult on sexual related problems, as they have a poor understanding of biological changes in their bodies. You are therefore requested to participate in an interview with the researcher that will be conducted with an aim of obtaining information about your perceptions regarding child sexual intercourse as a cure for HIV/AIDS.

This interview will take place at your home or your convenient place to find more knowledge about the topic. This interview will be scheduled for a mutually suitable time and will take approximately 45 minutes. If time is needed, the consent will be re-negotiated. The researcher will personally conduct the interview. In addition the researcher wishes to use a tape recorder in order to capture comments and it could be easy to get all the information needed for the

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(c) 083-5307191
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Co- Supervisor: Dr. N. NDIMANDE
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Information Sheet

Iphepha elinolwazi lesifundo

Dear Participant

Sawubona Msizi

Ngingumhlengikazi ongungweti njengamanje ngenza izifundo zeziqu zeMasters degree ngifunda e Durban Institute of Technology. Njengoba ngenza lolu cwaningo. Isifundo engisenzayo simayelana nokuthi abantu besilisa nalabo abalapha ngesintu eThekwini namaphethelo banenkolelo yokuthi uma umuntu eya ocansini nentombazane esemncane ungelapheka kwi sifo sengculazi.

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Ukulekelela kulolucwaningo, ukuzinikela ngokungabheki nkokhelo. Akukho mandla omthetho akuphoqayo ukuba usize. Unelungelo lokuyeka noma ingasiphi isikhathi uma ungasathandi ukusiza noma ukuqhubeka nezingxoxo zamaqoqwana akunampoqo yanoma iluphi uhlobo. Emaphethelweni alolucwaningo imiphumela yakho izobakhona. Imiphumela yalesifundo izosebenza ekwenzeni izincomo ezizosiza osolwazi, abezempilo nomphakathi ekwazini ngokwenzekayo mayelana nesifo sengculazi. Njengoba ngishilo akukho kuzifaka ebucayini, nokuzizwa ungakhululekele ngemibuzo ebikade sikubuza yona kumele uhlale ukhululekile. Ngifisa wazi ukuthi konke lokhu esizoku khuluma nengikubhale phansi kuzoba yimfihlo, akekho noyedwa ozokwazi ngaphandle konabo kuleli qoqwana.

Uma unemibuzo noma kukhona ofuna ukwazi kabanzi ngakho, ungaxhumana nomcwaningi noma usolwazi ongumeluleki wakhe kulezi zinombolo ezingezanzi

Umcwaningi B.A. NDLOVU

031) 7014981 (Ekhaya
(031) 2607302 (Ehovisi)

Umaluleki PROF.L.Grainger
PhD Soc.Sc.
(031) 204 2036

Isekela Dr. N.Ndimande
PhD IsiZulu
(031) 2607711

Subject Information Sheet

Iphepha elinolwazi lesifundo

Dear Participant

Sawubona Msizi

Ngingumhlengikazi ongungweti njengamanje ngenza izifundo zeMasters degree ngifunda e Durban Institute of Technology. Njengoba ngenza lolu cwaningo. Isifundo engisenzayo simayelana nokuthi abantu besilisa nalabo abalapha ngesintu eThekwini namaphethelo banenkolelo yokuthi uma umuntu eya ocansini nentombazane esemncane ungelapheka kwi sifo sengculazi.

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Ukulekelela kulolucwaningo, ukuzinikela ngokungabheki nkokhelo. Akukho mandla omthetho akuphoqayo ukuba usize. Unelungelo lokuyeka noma ingasiphi isikhathi uma ungasathandi ukusiza noma ukuqhubeka nezingxoxo zamaqoqwana akunampoqo yanoma iluphi uhlobo. Emaphethelweni alolucwaningo imiphumela yakho izobakhona. Imiphumela yalesifundo izosebenza ekwenzeni izincomo ezizosiza osolwazi, abezempilo nomphakathi ekwazini ngokwenzekayo mayelana nesifo sengculazi. Njengoba ngishilo akukho kuzifaka ebucayini, nokuzizwa ungakhululekele ngemibuzo ebikade sikubuza yona kumele uhlale ukhululekile. Ngifisa wazi ukuthi konke lokhu esizoku khuluma nengikubhale phansi kuzoba yimfihlo, akekho noyedwa ozokwazi ngaphandle konabo kuleli qoqwana.

Uma unemibuzo noma kukhona ofuna ukwazi kabanzi ngakho, ungaxhumana nomcwaningi noma usolwazi ongumeluleki wakhe kulezi zinombolo ezingezanzi

Umcwaningi B.A. NDLOVU

031) 7014981 (Ekhaya
(031) 2607302 (Ehovisi)

Umaluleki PROF.L.Grainger
PhD Soc.Sc.
(031) 204 2036

Isekela Dr. N.Ndimande
PhD IsiZulu
(031) 2607711

Subject information sheet

Dear Club Owner

Perceptions of different subsets of African men and the African traditional healers in the eThekweni metropolitan area that sexual intercourse with a young girl can cure HIV/AIDS

(Soccer Players)

I am a professional nurse currently doing a Masters degree with the Durban Institute of Technology for which I will be undertaking a research project. The reason for doing this study is to find from men their feelings about people who have sexual intercourse with young girls in order to be cured from HIV/AIDS. The results found could be used in helping the health professional when they are faced with problems regarding the myth or belief about people who have sexual intercourse with young girls with an aim of curing HIV/AIDS and the fact that this is not acceptable by the society. Lastly, that Intervention strategies can be built based on this information.

I would like to request permission to conduct interviews with the above-mentioned group. They have been purposefully selected to be part of the study because they have some knowledge about cultural or traditional ways of healing and they tend to consult traditional healers on sexual related problems. They are therefore requested to participate in an interview with the researcher that will be conducted with an aim of obtaining information about your perceptions regarding child sexual intercourse as a cure for HIV/AIDS.

This interview will take place at the Soccer Sport center during their common break to find more knowledge about the topic. This interview will be scheduled for a mutually suitable time and will take approximately 45 minutes. If time is needed, the consent will be re-negotiated. The researcher will personally conduct the interview. In addition the researcher wishes to use a tape recorder in order to capture comments and it could be easy to get all the information needed for the

study, although the researcher will write down all the information or comments. They have a right to reject the use of tape recorder.

Participating in this study is voluntary. They are under no obligation to participate. They have the right to withdraw at any time and refusal to participate will not result in adverse consequences of any kind. At the completion of the study, results will be made available to them. Confidentiality will be maintained at all times. The names will not be known to anyone even my supervisor. Member check will be done before finalizing the data, to ensure that what the member has said co-relates with the information at hand.

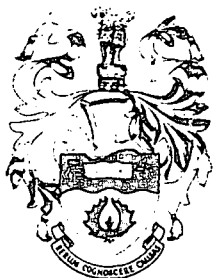
The results of this study will be used to make recommendations to the society, health professionals and the country on HIV/AIDS matters.

Should you require further information feel free to contact me or my supervisor at the below mentioned numbers

RESEACHER: B.A. NDLOVU
(c) 083-5307191
031 2607302

SUPERVISOR: Prof. L. GRAINGER
PhD Nursing
(031) 2042036

Co- Supervisor: Dr. N. NDIMANDE
PhD IsiZulu Literature
(W) 031-2607711



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☎ (031)204-4111

Annexure 2.10

The Councillor
South Operational Entity
Kwa-Makhutha
18 November 2003

Dear Sir

Re- Request for permission to conduct interviews

Study: Perceptions of different subsets of young African men, and African traditional healers in Durban Metropolitan area that sexual intercourse with young girls can cure HIV/AIDS.

I am studying towards a Masters degree in community nursing through DIT. As a requirement to fulfill my studies, I am supposed to conduct interviews with a group of young African men who are soccer players in your area, which forms part of my study. I therefore request your permission to conduct these interviews.

I have attached the subject information sheet, which explains everything about me, my supervisors and about the study.

I hope my request will meet your favorable consideration

Thank you

Yours faithfully

B.A. Ndlovu (MRS)

Subject information sheet

Dear Councilor

Perceptions of different subsets of African men and the African traditional healers in the eThekweni metropolitan area that sexual intercourse with a young girl can cure HIV/AIDS

(Soccer Players)

I am a professional nurse currently doing a Masters degree with the Durban Institute of Technology for which I will be undertaking a research project. The reason for doing this study is to find from men their feelings about people who have sexual intercourse with young girls in order to be cured from HIV/AIDS. The results found could be used in helping the health professional when they are faced with problems regarding the myth or belief about people who have sexual intercourse with young girls with an aim of curing HIV/AIDS and the fact that this is not acceptable by the society. Lastly, that Intervention strategies can be built based on this information.

I would like to request permission to conduct interviews with the above-mentioned group. They have been purposefully selected to be part of the study because they have some knowledge about cultural or traditional ways of healing and they tend to consult traditional healers on sexual related problems. They are therefore requested to participate in an interview with the researcher that will be conducted with an aim of obtaining information about your perceptions regarding child sexual intercourse as a cure for HIV/AIDS.

This interview will take place at the Soccer Sport center during their common break to find more knowledge about the topic. This interview will be scheduled for a mutually suitable time and will take approximately 45 minutes. If time is needed, the consent will be re-negotiated. The researcher will personally conduct the interview. In addition the researcher wishes to use a tape recorder in order to capture comments and it could be easy to get all the information needed for the

study, although the researcher will write down all the information or comments.
They have a right to reject the use of tape recorder.

Participating in this study is voluntary. They are under no obligation to participate.
They have the right to withdraw at any time and refusal to participate will not
result in adverse consequences of any kind. At the completion of the study,
results will be made available to them. Confidentiality will be maintained at all
times. The names will not be known to anyone even my supervisor. Member
check will be done before finalizing the data, to ensure that what the member has
said co-relates with the information at hand.

The results of this study will be used to make recommendations to the society,
health professionals and the country on HIV/AIDS matters.

Should you require further information feel free to contact me or my supervisor at
the below mentioned numbers

RESEACHER: B.A. NDLOVU
(c) 083-5307191
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SUPERVISOR: Prof. L. GRAINGER
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Co- Supervisor: Dr. N. NDIMANDE
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Annexure 2.10

**The Councillor
South Operational Entity
Iziko
18 November 2003**

Dear Sir

Re- Request for permission to conduct interviews

Study: Perceptions of different subsets of young African men, and African traditional healers in Durban Metropolitan area that sexual intercourse with young girls can cure HIV/AIDS.

I am studying towards a Masters degree in community nursing through DIT. As a requirement to fulfill my studies, I am supposed to conduct interviews with a group of young African men who are soccer players in your area, which forms part of my study. I therefore request your permission to conduct these interviews.

I have attached the subject information sheet, which explains everything about me, my supervisors and about the study.

I hope my request will meet your favorable consideration

Thank you

Yours faithfully

B.A. Ndlovu (MRS)

Subject Information Sheet

Iphepha elinolwazi lesifundo

Dear Participant

Sawubona Msizi

Ngingumhlengikazi ongungweti njengamanje ngenza izifundo zeziqu zeMasters degree ngifunda e Durban Institute of Technology. Njengoba ngenza lolu cwaningo. Isifundo engisenzayo simayelana nokuthi abantu besilisa nalabo abalapha ngesintu eThekwini namaphethelo banenkolelo yokuthi uma umuntu eya ocansini nentombazane esemncane ungelapheka kwi sifo sengculazi.

Ngicela ukusebenzisana nabafana bebhola kahle singabinankinga kule ngxenye yesifundo engisikhethile. Ngicela ukuba bangisize ekwenzeni iqoqwana esizosebenzisana nalo ukuze ngithole imibono emihle ngenhloso yokuthola ulwazi mayelana nezinkolelo ezibhekelene nokuhlukunyezwa kwezingane ezincane, ngoba kunenkolelo yokuthi loku kuyayelapha ingculazi. Ukuba kulelo qoqwana elixoxayo kuhloswe ukuba izingxoxo zibhekele kulesosihloko esikhethiwe kukhulunywe ngaso ukuze kube nemibono eyakhayo nokuyiyona yona lezo zingxoxo zamaqoqwana zizoba ngesikhathi esishiwo nguwe phumula nokuthi zizothatha imizuzu engu 45. Umcwaningi uzozenzela yena alalele yena futhi esebenzisa isiqophamazwi, ukuqopha umuntu nga munye ngesikhathi ephawula. Abafana banelungelo lokunqaba uma bengathandi ukuthi baqoshwe uma bephawula, usolwazi uzozithathela/uzozibhalela amanothi ngesikhathi kuxoxwa kule loqoqwana. Igama lomuntu ngeke libe khona kunoma iyiphi dokhumenti yethu esikhundleni segama lakhe kuzoba nophawu oluzoba khona ezovikela ubuyena kanye negama lakhe.

Ukulekelela kulolucwaningo, ukuzinikela ngokungabheki nkokhelo. Akukho mandla omthetho aphoqayo ukuba basize. Banelungelo lokuyeka noma ingasiphi isikhathi uma bengasathandi ukusiza noma ukuqhubeka nezingxoxo zamaqoqwana akunampoqo yanoma iluphi uhlobo. Emaphethelweni alolucwaningo imiphumela yalo izobakhona. Imiphumela yalesifundo izosebenza ekwenzeni izincomo ezizosiza osolwazi, abezempilo nomphakathi ekwazini ngokwenzekayo mayelana nesifo sengculazi. Njengoba ngishilo akukho kuzifaka ebucayini, nokuzizwa engakhululekele ngemibuzo ebikade ibuzwa kumele bahlale bekhululekile. Ngifisa bazi ukuthi konke lokhu esizoku khuluma nengikubhale phansi kuzoba yimfihlo, akekho noyedwa ozokwazi ngaphandle konabo kuleli qoqwana.

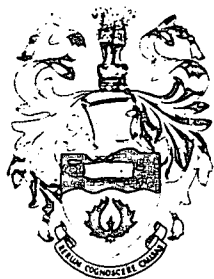
Uma benemibuzo noma kukhona abafuna ukwazi kabanzi ngakho, bangaxhumana nomcwaningi noma usolwazi ongumeluleki wabo kulezi zinombolo ezingezanzi

Umcwaningi B.A. NDLOVU

031) 7014981 (Ekhaya)
(031) 2607302 (Ehovisi)

Umaluleki PROF.L.Grainger
PhD Soc.Sc.
(031) 204 2036

Isekela Dr. N.Ndimande
PhD IsiZulu
(031) 2607711



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Annexure 2.12

The Dean of Health Sciences
Prof OJowelo
Medical Science
14 November 2003

Dear Professor

Re- Request for permission to conduct interviews

Study: Perceptions of different subsets of young African men, and African traditional healers in Durban Metropolitan area that sexual intercourse with young girls can cure HIV/AIDS.

I am a staff member working at the Student health Services and I am presently studying towards a Masters degree in community nursing through DIT. As a requirement to fulfill my studies, I am supposed to conduct interviews with a group of student from medical science, which forms part of my study. I therefore request your permission to conduct these interviews.

I have attached the subject information sheet, which explains everything about me, my supervisors and about the study.

I hope my request will meet your favorable consideration

Thank you

Yours faithfully

B.A. Ndlovu (MRS)

Subject information sheet

The Dean of Health Science

Perceptions of different subsets of African men and the African traditional healers in the eThekweni metropolitan area that sexual intercourse with a young girl can cure HIV/AIDS

(Medical Science Students)

I am a professional nurse currently doing a Masters degree with the Durban Institute of Technology for which I will be undertaking a research project. The reason for doing this study is to find from men their feelings about people who have sexual intercourse with young girls in order to be cured from HIV/AIDS. The results found could be used in helping the health professional when they are faced with problems regarding the myth or belief about people who have sexual intercourse with young girls with an aim of curing HIV/AIDS and the fact that this is not acceptable by the society. Lastly, that Intervention strategies can be built based on this information.

I would like to request permission to conduct interviews with the above-mentioned group. They have been purposefully selected to be part of the study because they have some knowledge about the western ways of healing as they are studying towards a medical science degree. They are therefore requested to participate in an interview with the researcher that will be conducted with an aim of obtaining information about your perceptions regarding child sexual intercourse as a cure for HIV/AIDS.

This interview will take place at the Student Health Services Boardroom during their common break to find more knowledge about the topic. This interview will be scheduled for a mutually suitable time and will take approximately 45 minutes. If time is needed, the consent will be re-negotiated. The researcher will personally conduct the interview. In addition the researcher wishes to use a tape recorder in order to capture comments and it could be easy to get all the

information needed for the study, although the researcher will write down all the information or comments. They have a right to reject the use of tape recorder.

Participating in this study is voluntary. They are under no obligation to participate. They have the right to withdraw at any time and refusal to participate will not result in adverse consequences of any kind. At the completion of the study, results will be made available to them. Confidentiality will be maintained at all times. The names will not be known to anyone even my supervisor. Member check will be done before finalizing the data, to ensure that what the member has said co-relates with the information at hand.

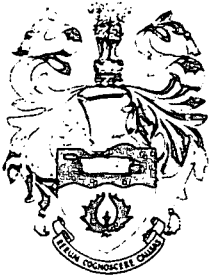
The results of this study will be used to make recommendations to the society, health professionals and the country on HIV/AIDS matters.

Should you require further information feel free to contact me or my supervisor at the below mentioned numbers

RESEACHER: B.A. NDLOVU
(c) 083-5307191
(W) 031 2607302

SUPERVISOR: Prof. L. GRAINGER
PhD Nursing
(031) 2042036

Co- Supervisor: Dr. N. NDIMANDE
PhD IsiZulu Literature
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Annexure 2.12

**The Dean of Humanities
Prof Mc-Cracken
Anthropology section
13 November 2003**

Dear Professor

Re- Request for permission to conduct interviews

Study: Perceptions of different subsets of young African men, and African traditional healers in Durban Metropolitan area that sexual intercourse with young girls can cure HIV/AIDS.

I am a staff member working at the Student health Services and I am presently studying towards a Masters degree in community nursing through DIT. As a requirement to fulfill my studies, I am supposed to conduct interviews with a group of student from anthropology, which forms part of my study. I therefore request your permission to conduct these interviews.

I have attached the subject information sheet, which explains everything about me, my supervisors and about the study.

I hope my request will meet your favorable consideration

Thank you

Yours faithfully

B.A. Ndlovu (MRS)

Subject information sheet

The Dean of Humanities

Perceptions of different subsets of African men and the African traditional healers in the eThekweni metropolitan area that sexual intercourse with a young girl can cure HIV/AIDS

(Anthropology Students)

I am a professional nurse currently doing a Masters degree with the Durban Institute of Technology for which I will be undertaking a research project. The reason for doing this study is to find from men their feelings about people who have sexual intercourse with young girls in order to be cured from HIV/AIDS. The results found could be used in helping the health professional when they are faced with problems regarding the myth or belief about people who have sexual intercourse with young girls with an aim of curing HIV/AIDS and the fact that this is not acceptable by the society. Lastly, that Intervention strategies can be built based on this information.

I would like to request permission to conduct interviews with the above-mentioned group. They have been purposefully selected to be part of the study because they have some knowledge about cultural or traditional ways of healing as they are studying anthropology, which deals with culture, values, norms and the society. They are therefore requested to participate in an interview with the researcher that will be conducted with an aim of obtaining information about your perceptions regarding child sexual intercourse as a cure for HIV/AIDS.

This interview will take place at the Student Health Services Boardroom during their common break to find more knowledge about the topic. This interview will be scheduled for a mutually suitable time and will take approximately 45 minutes. If time is needed, the consent will be re-negotiated. The researcher will personally conduct the interview. In addition the researcher wishes to use a tape recorder in order to capture comments and it could be easy to get all the

information needed for the study, although the researcher will write down all the information or comments. They have a right to reject the use of tape recorder.

Participating in this study is voluntary. They are under no obligation to participate. They have the right to withdraw at any time and refusal to participate will not result in adverse consequences of any kind. At the completion of the study, results will be made available to them. Confidentiality will be maintained at all times. The names will not be known to anyone even my supervisor. Member check will be done before finalizing the data, to ensure that what the member has said co-relates with the information at hand.

The results of this study will be used to make recommendations to the society, health professionals and the country on HIV/AIDS matters.

Should you require further information feel free to contact me or my supervisor at the below mentioned numbers

RESEACHER: B.A. NDLOVU

(c) 083-5307191

(W) 031 2607302

SUPERVISOR: Prof. L. GRAINGER

PhD Nursing

(031) 204 2036

Co- Supervisor: Dr. N. NDIMANDE

PhD IsiZulu

(W) 031-2607711

Memo

To: Prof. N. Gwele, Chair, Faculty of Health Sciences Research Committee

From: Mrs. J. Makhanya, Head, Department of Postgraduate Nursing studies.

Date: 9/1/04

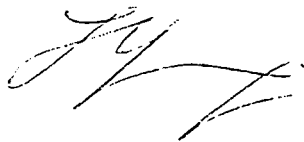
Re: Approval of additional data collection component of research project: Ms. M. Ndlovu

Mrs Ndlovu is an M.Tech.: Nursing student, currently registered with the Department of Postgraduate Nursing Studies. Her research topic is *Perceptions of different subsets of young African men and African traditional healers in the Durban Metropolitan area that sexual intercourse with young girls can cure HIV/AIDS*. She has completed the data collection in accordance with the original proposal that was approved by this committee in October 2003. However, in line with the original suggestion of the Faculty Research Committee, she now wishes to collect further data for her research study. The attached letter from the student outlines her request.

I am seeking ethical approval for this data collection as well as a slight change in the title. We would recommend that the word "young" be dropped from the title in order to accommodate the proposed group of child rape rehabilitees. It would then be *Perceptions of different subsets of African men and African traditional healers in the Durban Metropolitan area that sexual intercourse with young girls can cure HIV/AIDS*.

Your assistance in this regard would be most appreciated.

Yours sincerely



JM Mrs. J. Makhanya



Mrs J. van Niekerk
National Director: Childline
(031) 5635718

Department of Postgraduate Nursing Studies
Durban Institute of Technology

19 May 2004

Dear Mrs van Niekerk

RE: Request for an interview with you regarding my research topic

I am a Master's student registered with the Department of Postgraduate Nursing Studies at the above institution. My Supervisors are Mrs Ayisha Razak and Prof. Linda Grainger. The topic of my research is the *Perceptions of different subsets of young African men and traditional healers in the Durban Metropolitan area that sexual intercourse with a young girl will cure HIV/AIDS.*

I am writing this letter to request an interview with you regarding the above topic. I have already had interviews with the three different groups of people reflected in the topic and I was unable to find anyone with direct experience of the myth. Considering that some authorities continue to question the existence of the myth, I need to extend my enquiry beyond the groups indicated above. Therefore I would like to talk to you so as to get a better understanding of the phenomenon that may help me in answering the following questions:

How the myth works, whether it exists or not, who advocates and believes in it and under what conditions it is believed to work?

If possible, I would like to obtain your input on the following:

- Number of rape cases on children
- Information on rape occurring because of the virgin myth
- Reported cases regarding virgin myth
- Information on a person who has been convicted and served his sentence and would be willing to share information on his experience of the myth

- Who is perpetuating the myth?

It is important to note that before I interviewed any person who had direct experience of the myth, I would obtain clearance from the Durban Institute of Technology Ethics Research Committee, in order to protect the rights of people involved.

Yours sincerely



Mrs B.A. Ndlovu
(031) 2607302



To: Mrs B.A. Ndlovu

Date: 20.11.2003

Permission to conduct Research


Your letter-dated 18.11.2003 in respect of the above.

I would like to take this opportunity to congratulate you on your studies and hope the permission granted to conduct your research would help you fulfill your dreams. This entity has no objection in you conducting research in this area. We regard ourselves as being the important community to be chosen by people like you to utilize our community.

I hope you achieve your goals

Yours sincerely

Councilor

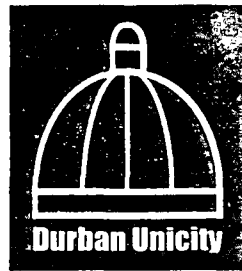


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Annexure 2.15

To: Mrs B.A. Ndlovu

Date: 21.11.2003

Permission to conduct Research

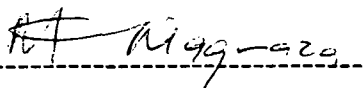
Your letter-dated 18.11.2003 in regards to the above

Kindly be informed that permission is granted for you to conduct research. It is with great honor that the young men from this entity will help in fulfilling your requirement in doing the research. I therefore request that this should be a voluntary thing and that the confidentiality of the participants is respected.

I wish you all the best in the research you are doing.

Yours truly

Councilor

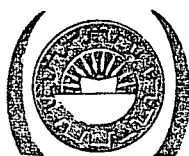


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The Chairperson: Prof. T. Gwele
Faculty of Health Sciences Research
and Ethics Committee

Mrs B.A. Ndlovu
Student No. 20150190
9 Hyacinth Rd.
Ashley
PINETOWN
3610

23.09.2004

Dear Mrs Ndlovu

Request for ethical approval of additional component to M.Tech.: Nursing project

I am writing to inform you that on 6 September, 2004, the Faculty Research Committee considered your request for ethical approval to conduct individual interviews with child rape rehabilitees. Following discussions, full approval was given to your request, provided that you follow the procedures laid down in your letter of request and use the Interview guide, Letter of information (to be translated into Zulu) and Consent form (to be translated into Zulu) that you submitted to the committee.

In addition, your request for a change in title was approved. Your new title is therefore: *Perceptions of different subsets of African men and African traditional healers in the Durban Metropolitan area that sexual intercourse with young girls can cure HIV/AIDS.*

Yours sincerely

A handwritten signature in black ink, consisting of a stylized 'G' followed by a horizontal line.

Professor N. Gwele
Executive Dean: Faculty of Health Sciences

REPUBLIC OF SOUTH AFRICA

TRADITIONAL HEALTH PRACTITIONERS BILL

*(As introduced in the National Assembly as a section 76 Bill; explanatory summary of Bill
published in Government Gazette No 24751 of 14 April 2003)
(The English text is the official text of the Bill)*

(MINISTER OF HEALTH)

[B 66 — 2003]

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BILL

To establish the Interim Traditional Health Practitioners Council of South Africa; to provide for a regulatory framework to ensure the efficacy, safety and quality of traditional health care services; to provide for the management and control over the registration, training and conduct of practitioners, students and specified categories in the traditional health practitioners profession; and to provide for matters connected therewith.

BE IT ENACTED by the Parliament of the Republic of South Africa, as follows:—

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2. Purpose of Act
3. Application of Act

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CHAPTER 1

40

Definitions

1. In this Act, unless the context indicates otherwise—
 - “**accredited institution**” means an institution, approved by the Council, which certifies that a person or body has the required capacity to perform the functions within the sphere of the National Quality Framework contemplated in the South African Qualifications Authority Act, 1995 (Act No. 58 of 1995);
 - “**Council**” means the Interim Traditional Health Practitioners Council of South Africa established by section 4;
 - “**Department of Health**” means the national Department of Health;
 - “**diviner**” means a person who engages in traditional health practice and is registered as diviner under this Act;
 - “**health establishment**” means any public or private institution, facility, agency building or place or part thereof, whether organised for profit or not, that is operated or designed to provide health services;

"health services" includes inpatient or outpatient treatment, diagnostic or therapeutic interventions, nursing and rehabilitative, palliative, convalescent and preventative health services;

"herbalist" means a person who engages in traditional health practice and is registered a herbalist under this Act;

"master" means a person registered under any of the prescribed categories of traditional health practice who has been accredited by the Council to teach traditional health practice or any aspect thereof;

"member" means a member of the Council and includes a member of a committee of the Council;

"Minister" means the Minister responsible for the national Department of Health;

"prescribed" means prescribed by regulation;

"register" means a register contemplated in section 19(1)(c);

"registrar" means the registrar of the Council appointed in terms of section 18;

"rule" means a rule made under section 39 or 47;

"speciality", in relation to any of the categories, includes any particular sphere of extensive knowledge and skill in which a traditional health practitioner specialises;

"student" means a person training to be a traditional health practitioner;

"this Act" includes any regulation, rule, proclamation or order issued or made thereunder;

"traditional birth attendant" means a person who engages in traditional health practice and is registered as a traditional birth attendant under this Act;

"traditional health practice" means the performance of a function, activity, process or service based on a traditional philosophy that includes the utilisation of traditional medicine or traditional practice and which has as its object—

- (a) the maintenance or restoration of physical or mental health or function; or
- (b) the diagnosis, treatment or prevention of a physical or mental illness; or
- (c) the rehabilitation of a person to enable that person to resume normal functioning within the family or community; or
- (d) the physical or mental preparation of an individual for puberty, adulthood, pregnancy, childbirth and death,

but excludes the professional activities of a person practising any of the professions contemplated in the Pharmacy Act, 1974 (Act No. 53 of 1974), the Health Professions Act, 1974 (Act No. 56 of 1974), the Nursing Act, 1974 (Act No. 50 of 1974), the Allied Health Professions Act, 1982 (Act No. 63 of 1982), or the Dental Technicians Act, 1979 (Act No. 19 of 1979), and any other activity not based on traditional philosophy;

"traditional health practitioner" means a person registered under this Act in one or more of the categories of traditional health practitioners;

"traditional medicine" means an object or substance used in traditional health practice for—

- (a) the diagnosis, treatment or prevention of a physical or mental illness; or
- (b) any curative or therapeutic purpose, including the maintenance or restoration of physical or mental health or well-being in human beings,

but does not include a dependence-producing or dangerous substance or drug;

"traditional philosophy" means indigenous African techniques, principles, theories, ideologies, beliefs, opinions and customs and uses of traditional medicines communicated from ancestors to descendants or from generations to generations, with or without written documentation, whether supported by science or not, and which are generally used in traditional health practice;

"traditional surgeon" means a person registered as a traditional surgeon under this Act;

"unprofessional conduct" means any act or omission which is improper or disgraceful or dishonourable or unworthy of the traditional health profession.

Purpose of Act

2. The purpose of this Act is to—

- (a) establish the Interim Traditional Health Practitioners Council of South Africa;
- (b) provide for the registration, training and practices of traditional health practitioners in the Republic; and

- (c) serve and protect the interests of members of the public who use the services of traditional health practitioners.

Application of Act

3. (1) This Act applies to—
 (a) traditional health practice in the Republic; and
 (b) traditional health practitioners and students engaged in or learning traditional health practice in the Republic.

CHAPTER 2

ESTABLISHMENT AND GOVERNANCE OF INTERIM TRADITIONAL HEALTH PRACTITIONERS COUNCIL OF SOUTH AFRICA

Establishment of Interim Traditional Health Practitioners Council

4. (1) A juristic person to be known as the Interim Traditional Health Practitioners Council of South Africa is hereby established.
 (2) The registrar must convene the first meeting of the Council within three months of the commencement of this Act.
 (3) The term of office for the Council is three years, but the Minister may, in order to facilitate the implementation of, or development of amendments to, this Act, extend the term of office of the Council for a further period of not more than 24 months.

Objects of Council

5. The objects of the Council are to—
 (a) promote public health awareness;
 (b) ensure the quality of health services within the traditional health practice;
 (c) protect and serve the interests of members of the public who use or are affected by the services of traditional health practitioners;
 (d) promote and maintain appropriate ethical and professional standards required from traditional health practitioners;
 (e) promote and develop interest in traditional health practice by encouraging research, education and training;
 (f) promote contact between the various fields of training within traditional health practice in the Republic and to set standards for such training;
 (g) compile and maintain a professional code of conduct for traditional health practice; and
 (h) ensure that traditional health practice complies with universally accepted health care norms and values.

Functions of Council

6. (1) The Council may—
 (a) make enquiries and conduct investigations into complaints and allegations concerning the conduct of registered traditional health practitioners;
 (b) issue guidelines concerning traditional health practice;
 (c) hire, purchase or otherwise acquire any movable property or proprietary right, accept and administer any trust or donations and lease or dispose of property so acquired, but may only acquire or dispose of immovable property with the approval of the Minister, granted with the agreement of the Minister of Finance;
 (d) make rules on matters necessary or expedient for the proper implementation of this Act;
 (e) consider any matter affecting the registration of traditional health practitioners and make representations or take other action in connection therewith;
 (f) in writing and on such conditions as the Council may determine, delegate or assign any power or duty of the Council to any committee or a member of any committee, but such delegation or assignment does not divest the Council of the responsibility or accountability concerning the performance of the function involved;

- (g) cause copies of the registers or of supplementary lists containing amendments to the relevant registers, to be printed and published;
- (h) require from a registered traditional health practitioner such information as is necessary to enable the Council to carry out its functions effectively;
- (i) approve minimum requirements pertaining to the education and training of traditional health practitioners in consultation with relevant departments and quality assessment bodies; 5
- (j) appoint such staff as the Council considers necessary to assist the Council in performance of its functions; and
- (k) generally do all such things as are necessary to enable the Council to perform its functions in terms of this Act. 10
- (2) The Council must—
- (a) in the interests of the public, promote and regulate, liaison between traditional health practitioners and other health professionals registered under any law;
- (b) implement health policies determined by the Minister concerning traditional health practice; 15
- (c) advise the Minister on any matter falling within the scope of this Act, including the health needs of the people of South Africa, and the traditional health practice, and on matters of democracy, transparency, equity, accessibility and community involvement affecting the occupation of traditional health practice; 20
- (d) communicate to the Minister information of public importance acquired by the Council in the course of the performance of its functions under this Act;
- (e) consult and liaise with relevant authorities on matters that affect traditional health practitioners and involve traditional health practice; 25
- (f) in consultation with the Minister, determine policy, and in accordance with policy determinations, make decisions regarding matters relating to the educational framework, fees, funding, registration procedure, code for professional conduct and ethics, disciplinary procedure and scope of traditional health practice; 30
- (g) control and exercise authority in respect of all matters concerning the training of persons in traditional health practice and the conduct of its members;
- (h) in consultation with the Minister, control and regulate traditional health practice;
- (i) establish registers for the various categories of traditional health practitioners; 35
- (j) register persons who engage in traditional health practice in accordance with the prescribed requirements for registration;
- (k) in such circumstances as may be prescribed, or where authorised by this Act, remove a person's name from the register or, 'must' upon payment of the prescribed fee, restore a person's name to the register; 40
- (l) obtain from any registered traditional health practitioner payment of the prescribed fee; and
- (m) in such circumstances as may be prescribed, suspend or cancel any traditional health practitioner's registration. 45

Constitution of Council

45

7. The Council consists of a maximum of 22 members, appointed by the Minister in the prescribed manner, of whom—

- (a) one must be a traditional health practitioner appointed as the chairperson of the Council by the Minister;
- (b) one is the vice-chairperson of the Council and is elected by the members of the Council from amongst their number; 50
- (c) nine must be traditional health practitioners, one from each province, of whom each must have been in practice for not less than five years;
- (d) one must be an employee of in the service of the Department of Health;
- (e) one must be appointed on account of his or her knowledge of the law; 55
- (f) one must be a medical practitioner who is a member of the Health Professions Council of South Africa;
- (g) one must be a pharmacist who is a member of the South African Pharmacy Council;
- (h) three must be community representatives; and 60

- (i) one must be a representative from each category of traditional health practitioners defined in this Act.

Vacation of office and filling of vacancies

8. (1) A member of the Council must vacate his or her office if—
- (a) he or she ceases to be a South African citizen; 5
 - (b) he or she is diagnosed as having a mental illness or becomes a mental health care user as defined in section 1 of the Mental Health Care Act, 2002 (Act No. 17 of 2002);
 - (c) he or she has been convicted of an offence and sentenced to imprisonment without the option of a fine, whether or not such sentence has been suspended; 10
 - (d) he or she is disqualified in terms of any law from practising as a traditional health practitioner;
 - (e) he or she ceases to hold the necessary qualification for his or her designation or appointment;
 - (f) he or she tenders his or her resignation, in writing, to the Minister; 15
 - (g) he or she is absent from two consecutive meetings of the Council without the leave of the Council;
 - (h) his or her estate is sequestrated or he or she has entered into a composition with his or her creditors; 20
 - (i) he or she becomes impaired to the extent that he or she is unable to carry out his or her duties as a member of the Council;
 - (j) the Minister, in the public interest or on grounds of misconduct, incapacity or incompetence, terminates his or her membership; or
 - (k) the period for which the member was appointed has expired and his or her appointment is not renewed by the Minister. 25
- (2) If a member of the Council dies or vacates his or her office before the expiration of his or her term of office, the Minister must appoint another person to fill the vacancy for the remainder of the period of the term of office for which such member was appointed.

Disqualification as member of Council

9. A person may not be appointed as a member of the Council if he or she—
- (a) is not a South African citizen;
 - (b) has been convicted of an offence in respect of which he or she was sentenced to imprisonment without the option of a fine; 35
 - (c) has been found guilty of unprofessional conduct under this Act;
 - (d) has been diagnosed as having a mental illness or is a mental health care user as defined in section 1 of the Mental Health Care Act, 2002 (Act No. 17 of 2002);
 - (e) is an unrehabilitated insolvent or has entered into a composition with his or her creditors; 40
 - (f) is disqualified in terms of any law, from practising as a traditional health practitioner; or
 - (g) is, at the time of his or her appointment, or was, during the preceding 12 months—
 - (i) a member of the National Assembly, any provincial legislative body, National Council of Provinces or any municipal council; or 45
 - (ii) an office bearer or employee of any party, organisation or body of a political nature.

Chairperson and vice-chairperson

10. (1) The chairperson and vice-chairperson hold office for the duration of the term of office for which they have been appointed by the Minister to the Council. 50
- (2) In the absence of the chairperson of the Council or if the chairperson is for any reason unable to act as chairperson, the vice-chairperson must perform the functions of the chairperson.
- (3) If both the chairperson and the vice-chairperson are absent from any meeting, the members present must elect one of their number to preside at that meeting and, until the chairperson or vice-chairperson resumes duty, to perform all the functions of the chairperson. 55

(4) If the office of the chairperson becomes vacant, the Minister must appoint a person from among the remaining members of the Council, or any other person, in terms of section 7(a) and the person so appointed holds office for the unexpired portion of the period for which his or her predecessor was appointed.

(5) If the office of the vice-chairperson becomes vacant, the members of the Council must, at the first meeting thereafter or as soon as it may be convenient, elect from among their number a new vice-chairperson and that member holds office for the unexpired portion of the period for which his or her predecessor was elected.

(6) If a chairperson vacates his or her office without terminating his or her membership of the Council, the Minister must appoint a new chairperson from amongst the members of the Council.

Meetings of Council

11. (1) The registrar must, in consultation with the chairperson, convene the meetings of the Council.

(2) The Council must meet at least twice annually to conduct its business and hold such additional meetings as it may determine.

(3) A special meeting of the Council—

(a) may be convened by the chairperson at any time;

(b) must be convened by the chairperson at such place and on such date as he or she may determine within 30 days of receipt by him or her of a written request by the Minister or of a written request signed by at least six of the members: Provided that such written request must state clearly the purpose for which the meeting is to be convened.

Quorum and procedure at meeting

12. (1) A quorum for any meeting of the Council is 12 persons.

(2) Subject to subsection (6), each member has one vote on a question before the Council.

(3) Any decision by the Council must be taken by a majority vote at a meeting of the Council at which a quorum is present.

(4) Notwithstanding anything to the contrary in this Act, the majority of members of the Council or any of its committees, is one half of the total number of the members present plus one.

(5) Only members of the Council have voting rights.

(6) A decision by the majority of the members of the Council present at any meeting constitutes the decision of the Council: Provided that in the event of an equality of votes, the member presiding has a casting vote in addition to a deliberative vote.

(7) A decision taken by the Council or an act performed under the authority of the Council is not invalid merely by reason of—

(a) an interim vacancy in the Council; or

(b) the fact that a person who is not entitled to sit as a member of the Council, sat as a member at the time when the decision was taken or the act was authorised by the required majority of members present at the time and entitled to sit as members.

Executive committee of Council

13. (1) There is an executive committee of the Council consisting of not more than eight members, being—

(a) the chairperson;

(b) the vice-chairperson;

(c) three members appointed in terms of section 7(c);

(d) a member appointed in terms of section 7(d);

(e) a member appointed in terms of section 7(e); and

(f) a member appointed in terms of section 7(g).

(2) The three members of the executive committee, contemplated in paragraph (c) of subsection (1) must be elected by the members of the Council.

Other committees of Council

14. (1) Subject to subsection (3), the Council may establish such other committees, including disciplinary committees, as it considers necessary, consisting of such a number of persons as the Council may determine, including at least one member of the Council who must be the chairperson of such committee. 5
- (2) The Council may, subject to subsection (3), delegate to any committee contemplated in subsection (1), or to any member of that committee, such of its powers as it may from time to time determine, but the Council is not divested of any power so delegated.
- (3) Notwithstanding subsection (1), the Council may establish *ad hoc* disciplinary appeal committees consisting of— 10
- (a) as chairperson, either a retired judge, a retired senior magistrate or an attorney with a minimum of 10 years of experience;
 - (b) not more than two registered traditional health practitioners; and
 - (c) a member of the Council appointed under section 7(h). 15
- (4) A disciplinary appeal committee contemplated in subsection (3) has the power to vary, confirm or set aside a finding of a disciplinary committee established under subsection (1) or to refer the matter back to the relevant disciplinary committee with such instructions as it thinks fit.
- (5) A decision by a disciplinary committee, unless appealed against, is of force and effect from the date determined by that committee. 20
- (6) Where a matter has been considered by a disciplinary appeal committee, the decision of the disciplinary appeal committee, unless appealed against in a court of law, is of force and effect from the date determined by that committee.

Remuneration of members of Council and committees

15. The members of the Council and members of the committees of the Council must be paid the remuneration and allowances determined by the Minister, in consultation with the Minister of Finance. 25

Funds of Council

16. (1) The funds of the Council consist of— 30
- (a) money appropriated by Parliament;
 - (b) fees raised by the registrar in the performance of his or her functions under this Act;
 - (c) penalties contemplated in sections 33, 37 and 42; and
 - (d) any other fees contemplated in this Act. 35
- (2) The Council must utilise its funds to defray expenses incurred by the Council and the office of the registrar in the performance of their functions.
- (3) The Council must, with the concurrence of the Minister and the Minister of Finance, open an account with an institution registered as a bank in terms of the Banks Act, 1990 (Act No. 94 of 1990), and deposit therein all money received under subsection (1). 40
- (4) The Council may, with the approval of the Minister and the Minister of Finance, invest any money deposited under subsection (3), which is not required for immediate use, with an approved institution.
- (5) Any surplus which at the close of the Council's financial year stands to the credit of the Council must be carried forward to the next financial year as a credit in the account of the Council. 45
- (6) The Council may establish and operate a reserve fund and deposit therein such amounts as it considers necessary or expedient.

Accounting officer

17. The registrar is the accounting officer of the Council and must ensure that— 50
- (a) proper records of all financial transactions, assets and liabilities of the Council and the registrar are kept;
 - (b) as soon as is practicable, but not later than four months after the end of each financial year, annual financial statements in respect of the financial year in question are prepared and submitted to the Council and the Minister for approval; 55

- (c) the financial affairs of the Council and the office of the registrar comply with the Public Finance Management Act, 1999 (Act No. 1 of 1999).

CHAPTER 3

REGISTRAR, STAFF OF REGISTRAR AND REGISTRATION PROCEDURES

Appointment of registrar

5

18. (1) The Minister, after consultation with the Council—
 (a) must appoint a registrar; and
 (b) may dismiss such person.
 (2) The appointment of the registrar is subject to the conclusion of a written performance agreement entered into by the Minister and that person. 10

Functions of registrar

19. (1) The registrar—
 (a) is the secretary and accounting officer of the Council;
 (b) must perform the functions assigned to him or her in terms of this Act by the Council; 15
 (c) must keep registers—
 (i) in which he or she enters the names of traditional health practitioners and students;
 (ii) in which he or she on instruction of the Council, enters the name, physical address, qualifications, date of initial registration and any other particulars, determined by the Council, including the category or speciality of the person so registered; 20
 (iii) from which he or she must remove the names of deceased registered persons or other persons whose names must be removed in the prescribed manner; 25
 (iv) in which he or she must update, from time to time, the relevant particulars of the person so registered.
 (2) (a) The registrar may, in writing, and on such conditions as he or she determines, delegate or assign any power or duty to any staff member, unless the Minister prohibits a specific delegation or assignment. 30
 (b) A delegation or assignment made under paragraph (a) does not—
 (i) divest the registrar of the responsibility or accountability concerning the performance of the function involved;
 (ii) prohibit the performance of the function involved by the registrar.
 (c) A delegation or assignment made under paragraph (a) may be withdrawn, but such withdrawal does not affect any right which may have accrued to a person as a result of the function performed before the delegation or assignment was withdrawn. 35

Staff of registrar

20. (1) Subject to the written instructions of the Council, the registrar may appoint such members of staff as are necessary to perform the work arising from or connected with the Council's functions. 40
 (2) The terms and conditions of service of staff of the registrar are determined by the Council and approved by the Minister, in consultation with the Minister of Finance.
 (3) The Council may, with the approval of the Minister, in consultation with the Minister of Finance, establish, manage and administer any pension fund for the benefit of the staff of the registrar. 45

Application for registration to practise

21. (1) No person may practise as a traditional health practitioner within the Republic unless he or she is registered in terms of this Act.
 (2)(a) Any person who wishes to register as a traditional health practitioner or a student must apply to the registrar. 50
 (b) An application contemplated in paragraph (a) must be accompanied by—

- (i) proof that the applicant is a South African citizen;
- (ii) character references by people not related to the applicant;
- (iii) proof of the applicant's qualifications;
- (iv) the prescribed registration fee; and
- (v) any further information relating to the application that the Council may consider necessary. 5

(3) If the registrar is satisfied that the information and documentation submitted in support of an application for registration meet the requirements of this Act and upon receipt of the prescribed registration fee, the registrar must issue a registration certificate authorising the applicant to practise as a traditional health practitioner within the Republic. 10

(4) If the registrar is not satisfied that the information and documentation submitted in support of an application for registration meet the requirements of this Act, he or she may refuse to issue a registration certificate to the applicant, but must, if so required by the applicant, submit the application to the Council for a decision. 15

(5) The registrar must only register a traditional health practitioner if the registrar is satisfied that the person applying for registration is suitably qualified to be a traditional health practitioner or if the Council is so satisfied.

(6) Any entry which is proved to the satisfaction of the Council to have been made in error or through misrepresentation or in circumstances not authorised by this Act must be removed from the register and— 20

- (a) a record of the reason for every such removal must be made in the register;
- (b) the person in respect of whom such removal has been made must be notified thereof in the manner contemplated in section 23(2); and
- (c) any certificate issued in respect of such registration is deemed to have been cancelled as from the date on which notice has so been given. 25

Qualifications for registration

22. (1) The Minister may, on the recommendation of the Council, prescribe the minimum qualifications to be obtained by virtue of examinations conducted by an accredited institution, educational authority or other examining authority in the Republic. 30

(2) Any qualification contemplated in subsection (1), obtained on its own or conjointly with any other qualification, entitles a holder thereof to registration in terms of this Act if he or she has, before or in connection with or after the acquisition of the qualification in question, complied with the prescribed conditions or requirements. 35

Removal from and restoration of name to register

23. (1) The registrar must, on instruction from the Council, remove from the relevant register the name of any person—

- (a) who has died;
- (b) who has ceased to be a citizen of the Republic and has permanently left the Republic; 40
- (c) who has been absent from the Republic for a continuous period of more than three years;
- (d) who has failed to pay any relevant prescribed fee;
- (e) who has failed to notify the registrar of any change in residential or postal address or the address of his or her practice within six months after any such change; 45
- (f) who has requested that his or her name be removed from the register, in which case such practitioner may be required to lodge with the registrar an affidavit or affirmation to the effect that no disciplinary or criminal proceedings are pending or are likely to be instituted against him or her; 50
- (g) who has been found guilty of improper or disgraceful conduct in terms of this Act;
- (h) whose name has been removed from the register, record or roll of any education and training institution or other body from which he or she received the qualification by virtue of which he or she was registered; 55
- (i) who has been registered through error or fraud;
- (j) who has failed to furnish the registrar, within a period to be determined by the Council, with such information as the registrar may require under this Act;

- (k) whose registration is proved to the satisfaction of the Council to have been made in error or through fraudulent misrepresentation or concealment of material facts or information or in circumstances not authorised by this Act; or
 - (l) who is suffering from a mental illness.
- (2) The registrar must give notice of the removal of a person's name from the register in terms of paragraph (b) up to and including paragraph (l) of subsection (1) by registered mail addressed to such person at the address of such person as it appears in the register. 5
- (3) From the date on which the notice contemplated in subsection (2) was given—
- (a) any registration certificate issued under this Act to the person concerned is considered to have been cancelled; and 10
 - (b) a person whose name has been removed from the register must cease to practise as a traditional health practitioner and is precluded from performing any act which he or she, in his or her capacity as a registered person, was entitled to perform, 15
- until such time as his or her name is restored to the register.
- (4) The registrar must restore the name of a person whose name has in terms of this section been removed from the register if the person concerned—
- (a) applies on the prescribed form for restoration of his or her name to the registrar; 20
 - (b) pays the prescribed fee, if any;
 - (c) complies with such other requirements as the Council may, from time to time, determine; and
 - (d) is otherwise eligible for registration.

Issue of duplicate registration certificate, certificate of status and extract from register or certificate 25

24. (1) The registrar may, on application by a registered traditional health practitioner, issue a duplicate certificate of registration if the applicant—
- (a) provides proof of his or her identity to the satisfaction of the registrar;
 - (b) provides an affidavit in which he or she confirms that the certificate of registration has been lost or destroyed; and 30
 - (c) pays the prescribed fee determined by the Council.
- (2) The registrar may, upon payment of the prescribed fee, issue to any registered person a certificate of status containing—
- (a) particulars of such person's registration; and 35
 - (b) a statement to the effect that—
 - (i) the said person is not disqualified from practising his or her occupation; and
 - (ii) no disciplinary steps are pending against him or her in terms of this Act.
- (3) The registrar may issue a certified extract from the register or a certificate contemplated in subsection (2) under his or her hand to any person upon payment of the prescribed fee. 40
- (4) A certificate may be issued subject to certain conditions imposed by the Council and such conditions must be indicated on the certificate.

Custody and publication of registers

25. The registers must be kept at the office of the registrar, and the Council may, at intervals determined by it, cause to be printed and published copies of the registers or supplementary lists showing additions, removals, amendments or revisions effected since the last publication of such copies of the complete registers. 45

Register as proof

26. (1) A copy of the most recent published issue of a register or any supplementary list contemplated in section 25, and certified by the registrar, is *prima facie* proof in all legal proceedings of the facts therein recorded and the absence of the name of any person from such copy is proof, unless there is credible evidence to the contrary, that such person is not registered in terms of this Act. 50
- (2) For the purposes of subsection (1) a certified extract or a certificate contemplated in section 24(3) bearing a date subsequent to the date of publication of the register or supplementary list contemplated in subsection (1) is "credible evidence to the contrary". 55

(3) If the registrar issues a certificate, dated later than the date of publication of the register or supplementary list contemplated in subsection (1), to the effect that a practitioner's name has been removed from the register since the date of publication of the register or supplementary list and has not been restored thereto, that certificate is proof, in the absence of credible evidence to the contrary, that such person is not registered in terms of the provisions of this Act. 5

(4) A certificate of registration is proof of registration for a period of one year after its date only and thereafter an annual practising certificate issued upon payment of the prescribed annual fee and upon the submission of such information as may be required by the Council to enable it to keep accurate statistics on human resources in the health field, is proof of registration in the absence of credible evidence to the contrary. 10

Right of appeal

27. (1) Any person who is aggrieved by a decision of the registrar may lodge an appeal to the Council within 30 days from date of that decision.

(2) Any person who is aggrieved by a decision of the Council may appeal to the appropriate High Court against such decision. 15

Conditions relating to continuing education

28. The council may from time to time make rules which prescribe—

- (a) conditions relating to continuing education and training to be undergone by persons registered in terms of this Act in order to retain such registration; 20
- (b) the nature and extent of continuing education and training to be undergone by persons registered in terms of this Act; and
- (c) the criteria for recognition by the Council of continuing education and training courses and of education institutions offering such courses. 25

CHAPTER 4

25

DISCIPLINARY INQUIRIES AND INVESTIGATIONS BY COUNCIL

Inquiries into charges of misconduct

29. (1) Notwithstanding anything to the contrary in this Act, the Council may institute an inquiry into any complaint, allegation or charge of unprofessional conduct against any person registered in terms of this Act and, on finding such person guilty of such conduct, to impose any of the penalties contemplated in section 33: Provided that in the case of a complaint, charge or allegation which forms or is likely to form the subject of a criminal case in a court of law, the Council may postpone the holding of an inquiry until such case has been concluded. 30

(2) If the Council is in doubt as to whether any inquiry should be held in connection with a complaint, charge or allegation, it may, in connection with the allegation, charge or complaint in question, consult with or seek further information from any person, including the person against whom the allegation, charge or complaint has been lodged. 35

Manner in which certain investigations may be instituted

30. (1) The registrar may, with the approval of the chairperson of the Council, appoint a member of the Council as the investigating officer for the purposes of this section. 40

(2) Notwithstanding subsection (1), the registrar may, with the approval of the chairperson of the Council and on such conditions as the Council determines, appoint any person who is not a member of the Council and not in the full-time employment of the Council as the investigating officer for a particular investigation or to assist the investigating officer contemplated in subsection (1) with a particular investigation. 45

(3) A person appointed in terms of subsection (2) has the same powers and duties regarding the investigation as the investigating officer contemplated in subsection (1).

(4)(a) The registrar must issue to the person appointed under subsection (1) or (2), as the case may be, a certificate to the effect that he or she has so been appointed, and, in the case of a person appointed for, or to assist with, a particular investigation, that he or she has so been appointed for such investigation. 50

- (b) The person so appointed must on demand produce such certificate.
- (5) The registrar may institute an investigation—
 - (a) into an alleged contravention of, or failure to comply with, this Act;
 - (b) to determine if a specific provision of this Act applies to a particular registered person;
 - (c) into a charge, complaint or allegation of improper or disgraceful conduct by a registered person;
 - (d) into the affairs or conduct of a registered person, if any person files a complaint with the registrar, supported by an affidavit setting out the allegations contained in such complaint.

Entering and search of premises, attachment and removal of documents

- 31. (1) An investigating officer contemplated in section 30(1) or (2) may, with the approval of the Council and without an entry or search warrant, enter and search any premises, other than a private dwelling, to carry out an investigation contemplated in section 30(5) if—
 - (a) person who is competent to do so, consents to such entry, search or seizure; or
 - (b) the investigating officer, on reasonable grounds, believes—
 - (i) that a warrant would be issued to him or her if he or she were to apply for that warrant; and
 - (ii) the delay in obtaining that warrant would defeat the purpose of the entry.
- (2) An entry and search under this section must be executed by day, unless the execution thereof by night is justifiable and necessary.
- (3) An investigating officer must identify himself or herself to any person concerned during entry or search.
- (4) During the search of the premises, or at any other time, an investigating officer may—
 - (a) request any person found on the premises to immediately, or at a time and place determined by the investigating officer—
 - (i) produce any book, record, document or thing which relates to, or which on reasonable grounds is believed to relate to, the matter under investigation, and which is or was on the premises or in the possession or custody or under control of that person or his or her employee or agent;
 - (ii) furnish such explanations as may be required in respect of any such book, record, document or thing;
 - (b) request from any person who has or is suspected on reasonable grounds of having in his or her possession or custody or under his or her control any book, record, document or thing relating to the matter which is being investigated, to produce it immediately or at a time and place determined by the investigating officer, for examination of such book, record, document or thing, or to make extracts or copies from such book or document, and may further request that person to furnish such explanations as are required in respect of any entry in that book or document.
- (5) A person who carries out an investigation in terms of this section—
 - (a) must preserve secrecy in respect of any facts which come to his or her notice in the performance of his or her functions; and
 - (b) may not disclose any such fact to any person except to the registrar, or to the chairperson, or any other member of the Council, or to the public prosecutor concerned in the case of an offence in terms of this or any other Act, or by order of a court.
- (6) Notwithstanding subsection (5), no personal particulars regarding a patient may be disclosed to any person except in terms of a court order or with the consent of the presiding officer at an inquiry contemplated in this Act.
- (7) The court order contemplated in subsection (6) must be executed as if it were a judgment in a civil case in a magistrate's court.
- (8) Any person who—
 - (a) refuses or neglects to produce any book, record, document or thing to a person authorised under this section;
 - (b) hinders or obstructs the investigating officer in the exercise of his or her powers or in the performance of his or her duties;
 - (c) pretends that he or she is an investigating officer;
 - (d) contravenes a provision of subsection (5) or (6),

is guilty of an offence and liable on conviction—

- (i) in the case of a contravention contemplated in paragraph (a), (b) or (c), to a fine or to imprisonment for a period not exceeding six months or to both a fine and such imprisonment;
 - (ii) in the case of a contravention contemplated in paragraph (d), to a fine or to imprisonment for a period not exceeding two years or to both a fine and such imprisonment.
- (9) This section does not preclude any other authority that is otherwise authorised from instituting an investigation into any alleged contravention of, or failure to comply with, any provision of this Act.

Report by investigating officer

32. (1) The investigating officer responsible for an investigation under this Act must compile a report of the investigation and submit that report to the registrar.
- (2) If the report contemplated in subsection (1) reveals evidence of improper or disgraceful conduct contemplated in this Act and no complaint, charge or allegation regarding such conduct has been made for the purpose of an inquiry in terms of section 29, such report is deemed to be a complaint made for the purpose of an inquiry and the registrar must serve a copy thereof on the registered person concerned.
- (3) If the report contemplated in subsection (1) reveals evidence which, in the opinion of the chairperson of the Council, makes it desirable that an inquiry on the grounds of an apparent impairment of the complainant's rights be instituted, the registrar must serve a copy thereof on the registered person concerned.
- (4) If the report contemplated in subsection (1) does not reveal evidence of unprofessional conduct contemplated in this Act, the registrar must serve a copy thereof on the registered person concerned.
- (5) To the extent that the report contemplated in subsection (1) contains statements of witnesses which would have been admissible as evidence at an inquiry into impairment of rights or into complaints, charges or allegations of unprofessional conduct, section 213 of the Criminal Procedure Act, 1977 (Act No. 51 of 1977), applies with the necessary changes in respect of those statements at such an inquiry.

Procedure at inquiry and relevant matters

33. (1) A person registered under this Act who, after an inquiry held by the Council, is found guilty of improper or disgraceful conduct, or conduct which, when regard is had to such person's profession, is improper or disgraceful, is liable to one or more of the following penalties:
- (a) A caution or a reprimand or both; or
 - (b) suspension for a specified period from practising or performing acts pertaining to his or her profession; or
 - (c) removal of his or her name from the register; or
 - (d) a prescribed fine; or
 - (e) a period of compulsory community service determined by the Council; or
 - (f) the payment of the costs of the proceedings; or
 - (g) restitution of any money paid by the complainant to the registered practitioner.
- (2) If an appeal is lodged against a penalty of removal of a registered practitioner's name from the register or suspension from practice, such penalty remains effective until the appeal is heard.
- (3) The Council may, subject to such conditions as it determines—
- (a) terminate any suspension under subsection (1) before the expiry of the specified period; or
 - (b) on payment of the prescribed fee, restore to the register any name which has been removed therefrom.
- (4) In respect of inquiry proceedings contemplated in section 29, the Council must—
- (a) give notice of that inquiry to the person who is the subject of the inquiry;
 - (b) give an opportunity to that person to either represent himself or herself or to obtain legal representation at the inquiry proceedings;
 - (c) afford that person an opportunity to state his or her case in response to the allegations.
- (5) The Council may, at any inquiry proceedings contemplated in section 29—
- (a) take evidence under oath or affirmation;

- (b) on the direction of either the registrar or the chairperson of the Council, as the case may be, summon witnesses to give evidence at such proceedings;
 - (c) require the production of any book, record, document or thing;
 - (d) through either the chairperson of the Council or the presiding officer at the inquiry, as the case may be, administer an oath to any witness or accept an affirmation from such witness; 5
 - (e) examine any book, record, document or thing which any witness was required to produce at the proceedings.
- (6) A summons to appear before the Council as a witness or to produce to it any book, record, document or thing must be— 10
- (a) as nearly as practicable, in the prescribed form;
 - (b) signed by the chairperson of the Council or the registrar, as the case may be; and
 - (c) served either by registered letter sent through the post or in the same manner as it would have been served if it had been a subpoena issued by a magistrate's court. 15
- (7) Any person who, having been summoned—
- (a) refuses, or without sufficient cause fails, to attend and give evidence relevant to the inquiry at the time and place specified in the summons;
 - (b) refuses to take the oath or to make an affirmation when required to do so by the chairperson of the Council or the presiding officer, as the case may be, at the inquiry; 20
 - (c) refuses or fails without sufficient cause to produce any book, record, document or thing which he or she has in terms of the summons been required to produce, 25
- is guilty of an offence and on conviction liable to any sentence which may be imposed on a witness subpoenaed to give evidence in a civil trial in the High Court who is convicted of a similar offence: Provided that every person so summoned is entitled to all the privileges to which a witness subpoenaed to give evidence before a provincial division of the High Court is entitled. 30
- (8) The chairperson of the Council may appoint a person with adequate experience in the administration of justice to be present as an assessor at an inquiry and to advise the Council or the disciplinary committee, as the case may be, on matters of law, procedure or evidence.
- (9) If a person registered in terms of this Act (in this section referred to as the accused) is alleged to be guilty of unprofessional conduct and the Council on reasonable grounds is of the opinion that it must impose a fine determined by the Minister in consultation with the Minister of Justice by notice in the *Gazette* on conviction after an inquiry contemplated in terms of section 29 was held, the Council may issue a summons in the manner prescribed on which an endorsement is made by the Council that the accused may admit that he or she is guilty of the said conduct and that he or she may pay the fine stipulated without appearing at the said inquiry. 35 40
- (10) Where a summons as contemplated in subsection (9) is issued against an accused in terms of this Act, the accused may, without appearing at an inquiry in terms of section 29, admit to his or her guilt in respect of the conduct referred to in subsection (1) by paying the stipulated fine (in this section referred to as the admission of guilt fine) to the Council before a date specified in the summons. 45
- (11) Any penalty imposed under this section, excluding an admission of guilt fine, must be paid to the Council within 14 days after such imposition.
- (12) The imposition of a penalty has the effect of a civil judgment of the magistrate's court of the district in which the inquiry contemplated in section 29 took place. 50
- (13) The Minister may, on the recommendation of the Council, amend the amount mentioned in subsection (9) by notice in the *Gazette*.

Postponement of imposition of penalty, and suspension of penalty or part thereof

34. (1) Where a person has been found guilty of any conduct contemplated in section 29, the Council may— 55
- (a) postpone the imposition of a penalty for such period and on such conditions as it determines; or
 - (b) impose any penalty contemplated in section 33(1)(b), (c) or (d), but order the execution of such penalty or any part thereof to be suspended for such period and on such conditions as it determines. 60

(2) If, at the end of the period for which the imposition of a penalty has been postponed in terms of subsection (1)(a), the Council is satisfied that the practitioner concerned has observed all the relevant conditions, the Council must inform such practitioner that the penalty contemplated in section 33 will not be imposed upon him or her.

(3) If the execution of the penalty or any part thereof has been suspended in terms of subsection (1)(b) and the Council is satisfied that the practitioner concerned has observed all the relevant conditions throughout the period of suspension, the Council must inform that practitioner that the penalty contemplated in section 33 will not be executed.

(4) If the execution of a penalty or any part thereof has been suspended in terms of subsection (1)(b) and the practitioner concerned fails to comply with one or more of the conditions of suspension, the Council must put such penalty or part thereof into operation unless the practitioner satisfies the Council that the failure to comply with the conditions concerned was due to circumstances beyond his or her control.

Effect of suspension or removal from register

35. A person who has been suspended or whose name has been removed from the register in terms of section 33 is disqualified from carrying on his or her profession and his or her registration certificate is deemed to be cancelled until the period of suspension has expired or until his or her name has been restored to the register by the Council.

Cognisance by Council of conduct under certain circumstances

36. (1) A registered person who—

(a) either before or after his or her registration, has been convicted of any offence by a court of law; and

(b) where the Council is of the opinion that such offence constitutes unprofessional conduct as contemplated in section 29,

may be dealt with by the Council in terms of this Chapter and is liable on conviction to one or more of the penalties contemplated in section 33: Provided that, before imposition of any penalty, such person must be afforded an opportunity to address the Council in extenuation of the conduct in question.

(2) Whenever in the course of any proceedings before any court of law it appears to the court that there is *prima facie* proof of unprofessional conduct on the part of a person registered in terms of this Act, the court must direct that a copy of the record of such proceedings, or such portion thereof as is material to the issue, be transmitted to the Council.

Penalty for false evidence

37. A person who gives false evidence on oath or affirmation at any inquiry held in terms of this Act, knowing such evidence to be false, is guilty of an offence and liable on conviction to the penalties which a court may impose for the crime of perjury.

Limitation of liability

38. Neither the Council nor any member, officer or employee thereof is liable for any act done in good faith under this Act.

Rules relating to offences

39. (1) The Council must make rules specifying the acts or omissions in respect of which the Council may take disciplinary steps in terms of this Act: Provided that the powers of the Council to make inquiries into and deal with any complaint, charge or allegation contemplated in this Act are not limited to the acts or omissions so specified.

(2) No rule made in terms of subsection (1) or any amendment or withdrawal thereof is of force and effect until such rule is approved by the Minister and published in the *Gazette*.

Inquiries in respect of impaired registered persons

40. The Minister may, after consultation with the Council, make regulations relating to inquiries in respect of students or persons registered in terms of this Act who appear to be impaired, on the assessment of their condition, the conditions to be imposed on their registration or practice, their suspension or removal from practising, revocation of conditions, suspension or removal and on acts of unprofessional conduct committed before or during assessment or investigation. 5

CHAPTER 5

GENERAL AND SUPPLEMENTARY PROVISIONS

Fees charged by registered persons 10

41. (1) Every person registered under this Act must before rendering any traditional health services inform the person to whom the services are to be rendered or any person responsible for the maintenance of such person, of the fee which he or she intends to charge for such services—

- (a) when so requested by the person concerned; or 15
- (b) when such fee exceeds the fee usually charged for such services, and in circumstances contemplated in this paragraph also inform the person concerned of the usual fee.

(2) Any traditional health practitioner who in respect of any traditional health services rendered by him or her claims payment from any person (in this section referred to as the patient), must, subject to the provisions of the Medical Schemes Act, 1998 (Act No. 131 of 1998), where applicable, furnish the patient with a detailed account within a reasonable period. 20

(3)(a) The patient may, within three months after receipt of the account contemplated in subsection (2), apply in writing to the Council for a determination of the amount which, in the opinion of the Council, should have been charged for the services to which the account relates. 25

(b) The Council must, as soon as possible after receipt of the application, determine the said amount and notify the traditional health practitioner and the patient, in writing, of the amount so determined. 30

(c) Before the Council determines an amount, it must afford the practitioner concerned an opportunity to submit to the Council, in writing, the relevant factors to be considered by the Council in support of the amount charged.

(4) The Minister may, after consultation with the Council, prescribe the procedure which the Council must follow in disposing of an application under subsection (3). 35

(5) The Council may, from time to time, determine and publish the fees used by the Council as the norm for the determination of amounts contemplated in subsection (3).

(6)(a) A claim for payment, which is the subject of an application contemplated in subsection (3) and of which notice has been given by the Council or the patient to the traditional health practitioner concerned, is not recoverable until a determination has been made in terms of subsection (3). 40

(b) Only the amount so determined is payable and if the patient has paid to the traditional health practitioner concerned an amount exceeding the amount so determined, the traditional health practitioner must repay the patient the amount by which that payment exceeds the amount so determined. 45

(7) This section does not divest the Council of any of its functions in terms of this Act with regard to acts or omissions in respect of which it may take disciplinary steps.

(8) For the purposes of this section "fee" includes payment in kind.

False representations, false entries in register and impersonation

42. (1) A person is guilty of an offence if he or she— 50

- (a) by means of a false representation procures or attempts to procure for himself or herself or any other person, registration or any certificate or decision referred to in this Act;
- (b) makes or causes to be made any unauthorised entry or alteration in or removal from a register, certified copy thereof, or extract therefrom or any certificate issued under this Act; 55

- (c) wilfully destroys, damages or renders illegible any entry in the register or, without the permission of the holder thereof, any certificate issued under this Act;
 - (d) forges or, knowing it to be forged, utters any document purporting to be a certificate issued under this Act; 5
 - (e) impersonates any person registered in terms of this Act; or
 - (f) supplies or offers to supply to any person not registered under this Act or any other law, an instrument or appliance which can be used, or is claimed to be effective, for the purpose of diagnosing, treating or preventing physical or mental defects, illnesses or deficiencies, whilst knowing that such instrument or appliance will be used by such unregistered person for the purpose of performing for gain an act which such unregistered person is in terms of this Act or any other law prohibited from performing for gain. 10
- (2) A person found guilty of an offence contemplated in subsection (1) is liable on conviction to a fine or to a period of imprisonment or to both a fine and a period of imprisonment. 15

Limitations in respect of unregistered persons

43. (1) No remuneration is recoverable in respect of any act which relates to the profession of a traditional health practitioner if such an act is performed by a person who is not authorised under this Act to perform such act for gain. 20
- (2) No person other than a person registered in terms of this Act, and holding the necessary qualifications, is eligible for or entitled to hold any appointment to any establishment, institution, body, organisation or association, whether public or private, if such appointment involves the performance of any act which an unregistered person, in terms of this Act, may not perform for gain: Provided that nothing in this subsection precludes the training of traditional health practitioners or students under the supervision of a suitably qualified traditional health practitioner, or the employment in any hospital or similar institution of any person undergoing training with a view to registration in terms of this Act, under the supervision of a suitably qualified traditional health practitioner or other health professional. 25 30

Investigation of matters relating to teaching or training of certain classes of persons

44. (1) Despite any law to the contrary, a person who is authorised by the Council, in writing, to investigate any matter relating to the teaching or training of any person or class of persons undergoing such teaching or training for the purpose of qualifying themselves for practising the profession to which this Act applies, may, in the manner contemplated in section 31(1) for the purpose of making such investigation, enter any institution or premises utilised in the teaching or training of any such person or class of persons. 35
- (2) A person who prevents a person authorised in terms of subsection (1) from entering any institution or premises contemplated in that subsection, or who hinders that person from pursuing his or her investigation, is guilty of an offence and liable on conviction to a fine or to a period of imprisonment or to both a fine and a period of imprisonment. 40

Exemptions

45. (1) The Minister may, after consultation with the Council, by notice in the *Gazette* exempt any juristic person or class of juristic persons specified in the notice, either generally or subject to such conditions as may be specified in the notice, from the operation of this Act, so as to enable such juristic person to practise as a traditional health practitioner, subject to the registration of such juristic person under this Act. 50
- (2) Any reference in this Act or any other law to a person registered in terms of this Act to practise as a traditional health practitioner or to a partner or partnership in relation to such registered person, is deemed to include a reference to a juristic person contemplated in subsection (1) or to a member of such a juristic person, as the case may be, unless the context indicates otherwise. 55
- (3) The Minister may, after consultation with the Council, at any time by notice in the *Gazette* amend or repeal any notice issued under subsection (1).

Regulations

46. (1) The Minister may, after consultation with the Council, make regulations relating to—

- (a) the appointment of members of the Council;
- (b) (i) the registration by the Council of students in any prescribed category of traditional health practice undergoing education or training at any accredited training institution or educational authority or, with any master, the fees payable in respect of such registration and the removal by the Council from the register in question of the names of such students; 5
 (ii) the minimum standards of education and training required of students as a condition precedent to registration;
 (iii) the duration of the educational programme to be followed by students at an educational or training institution or with a master; 15
 (iv) the minimum requirements of the curricula and the minimum standards of education or examinations which must be maintained at every educational or training institution or by every master offering training in traditional health practice, in order to secure registration and recognition of the qualifications obtained under this Act; 20
- (c) (i) the minimum age and standards of general education required of a candidate for examination for a certificate entitling the holder thereof to registration in terms of this Act;
 (ii) the courses of study and the training required for examinations; 25
 (iii) institutions at which, or persons with whom, educational courses or training may be undertaken and any other requirements relating to such study or training;
 (iv) the registration by the Council of persons undertaking educational courses or undergoing training and the fees payable in respect of such registration; 30
 (v) the fees payable by candidates for examinations;
 (vi) the appointment and remuneration of examiners for examinations;
 (vii) any matter incidental to examinations or the issue of certificates by the Council; 35
 (viii) the nature and duration of the practical training to be completed by persons before they may be registered;
 (ix) the nature and duration of the training to be completed by a person who has obtained a qualification as a traditional health practitioner, but who is not yet registered as such, before he or she may be registered as such; 40
- (d) the conditions under which a registered person may practise as a traditional health practitioner or practise in any category of traditional health practice;
- (e) (i) the registration of students of traditional health practice, including the recording of particulars relating to their training and proof of the fulfilment of the requirements thereof; 45
 (ii) the health establishments or other institutions, if any, at which or the persons with whom such training may be undertaken;
 (iii) any other matter incidental to the registration or training of students;
- (f) (i) the registration of the categories of registered persons, which includes diviners, herbalists, traditional birth attendants and traditional surgeons; 50
 (ii) the registration of specialties;
 (iii) the requirements to be satisfied, including the experience to be obtained, the nature and duration of the training to be undergone and the qualifications or additional qualifications required from a person before any category or specialty may be registered; 55
 (iv) the circumstances under which any applicant for the registration of any category or specialty may be exempted from any of such requirements;
 (v) conditions in respect of the practices of persons whose categories or specialties have been registered, including conditions restricting the practice of any such person to the category or specialty registered in his or her name; 60
- (g) the conduct of an inquiry contemplated in section 29, including—
 (i) the manner in which complaints or charges brought against a registered person must be lodged; 65

- (ii) the method of summoning an accused person and the penalties for failure or refusal on the part of any such person to attend or for obstructing or interrupting the proceedings;
 - (iii) the continuation of a disciplinary inquiry, after a plea has been lodged, by the committee conducting the inquiry, should one or more members of the committee be unable to continue to serve: Provided that at least two of the original members of the committee must be available to continue with the inquiry; 5
 - (iv) the procedure to be followed to lodge an appeal with an appeal committee and the time within which an appeal may be lodged; 10
 - (v) any other matter relating to the conduct of such an inquiry or appeal;
 - (h) (i) inquiries contemplated in section 40 relating to students or persons registered under this Act who appear to be impaired; 15
 - (ii) the assessment of the condition of impaired persons; 15
 - (iii) the conditions to be imposed on an impaired person's registration or practice;
 - (iv) the suspension or removal from practice of impaired persons;
 - (v) the revocation of any of the imposed conditions, or of suspension or removal from practice; 20
 - (vi) acts of unprofessional conduct committed before or during assessment or investigation of impaired persons.
 - (i) the procedure which the Council must follow in disposing of an application brought under section 41(3);
 - (j) traditional medicines in order to protect the public and to ensure safety of use, administration or application; 25
 - (k) standards of traditional health practice in order to ensure that practices are not detrimental to the health of patients or the general public;
 - (l) scopes of practice of the various categories of traditional health practitioners;
 - (m) any disease contemplated in section 48(1)(g) to be terminal; and 30
 - (n) generally any matter which it is necessary to prescribe in order to effect the smooth implementation of this Act and the transition of traditional health practice from an unregulated to a regulated occupation.
- (2) The provisions of any regulation made under paragraph (e) of subsection (1) relating to fees payable under section 23(4) may vary according to the reason for the removal of a person's name from the register and the period during which it was so removed. 35
- (3) Any regulation made under this section may prescribe penalties for any contravention thereof or failure to comply therewith.
- (4) The Minister must, not less than three months before any regulation is made under subsection (1)— 40
- (a) publish the regulation in the *Gazette* together with a notice declaring his or her intention to make such regulation; and
 - (b) invite interested persons to comment thereon or to make representation with regard thereto. 45
- (5) Subsection (4) does not apply in respect of—
- (a) any regulation which has been amended by the Minister in consequence of representations received by him or her as a result of the notice published in terms of subsection (4); and
 - (b) any regulation in respect of which the Council advises the Minister that the public interest requires it to be made without delay. 50

Rules

47. (1) The Council may make rules relating to—
- (a) the conduct of the business and the procedure at meetings of the Council and committees of the Council and the manner in which minutes of such meetings must be kept; 55
 - (b) the manner in which—
 - (i) contracts must be entered into on behalf of the Council;
 - (ii) the accounts of the Council must be kept; and
 - (iii) money accruing to the Council must be disposed of; 60
 - (c) the allowances which may be paid to members of the Council or to members of committees of the Council;

- (d) the duties and the conditions of service of the registrar and other officers appointed under this Act;
 - (e) any fees other than prescribed fees payable in terms of this Act;
 - (f) the various registers to be kept under this Act, the certificates which may be issued under this Act and the manner in which alterations may be effected in such registers; 5
 - (g) the forms to be completed and the documents to be submitted by an applicant for purposes of registration or restoration to the register;
 - (h) the returns and information to be furnished by a person registered under this Act; 10
 - (i) any other matter which must or may be promulgated as rules under this Act.
- (2) The Council must, not less than three months before any rule is made under this Act—
- (a) publish such rule in the *Gazette* together with a notice declaring the Council's intention to make such rule; and 15
 - (b) invite interested persons to comment thereon or to make representations with regard thereto.

Offences

48. (1) A person who is not registered as a traditional health practitioner or as a student in terms of this Act is guilty of an offence if he or she— 20
- (a) for gain practises as a traditional health practitioner, whether or not purporting to be registered;
 - (b) for gain—
 - (i) physically examines any person;
 - (ii) performs any act of diagnosing, treating or preventing any physical defect, illness or deficiency in respect of any person; 25
 - (iii) advises any person on his or her physical or mental state;
 - (iv) by reason of information provided by any person or obtained from such person in any manner whatsoever—
 - (aa) diagnoses such person's physical or mental state; 30
 - (bb) advises such person on his or her physical or mental state;
 - (cc) supplies or sells to or prescribes for such person any traditional medicine or treatment;
 - (v) prescribes or provides any traditional medicine, substance or thing; or
 - (vi) performs any other act specially pertaining to the profession; 35
 - (c) except in accordance with any other law, performs any act having as its object—
 - (i) the diagnosis, treatment or prevention of any physical defect, illness or deficiency in any person; and
 - (ii) obtaining by virtue of the performance of such act, either for himself or herself or for any other person, any benefit by way of deriving profit from the sale or disposal of any traditional medicine, foodstuff or substance or by way of any donation or gift or by way of providing accommodation, or obtaining, either for himself or herself or for any other person, any gain whatsoever; 45
 - (d) pretends, or holds himself or herself out, to be a traditional health practitioner or student (whether or not purporting to be registered) or a healer, of whatever description, of physical defects, illnesses or deficiencies;
 - (e) uses the name of traditional health practitioner, student, healer or doctor or any name, title, description or symbol indicating, or calculated to lead persons to infer, that he or she is the holder of any qualification as a traditional health practitioner or of any other qualification enabling him or her to diagnose, treat or prevent physical defects, illnesses or deficiencies, or that he or she is registered under this Act as a traditional health practitioner or a student; 50
 - (f) except in accordance with any other law, by words, conduct or demeanour holds himself or herself out to be able, qualified or competent to diagnose, treat or prevent physical defects, illnesses or deficiencies or to prescribe or supply any traditional medicine, substance or thing in respect of such defects, illnesses or deficiencies; or 55

- (g) (i) diagnoses, treats or offers to treat, or prescribes treatment or any cure for, cancer, HIV/AIDS or any other prescribed terminal disease;
 - (ii) holds himself or herself out to be able to treat or cure cancer, HIV/AIDS or any other prescribed terminal disease or to prescribe treatment therefor; or
 - (iii) holds out that any article, compound, traditional medicine or apparatus is or may be of value for the alleviation, curing or treatment of cancer, HIV/AIDS or any other prescribed terminal disease.
- (2) For the purposes of subsection (1) "cancer" includes all neoplasms, irrespective of their origin, including lymphoma and leukaemia.
- (3) A person who is not registered as a traditional health practitioner, is guilty of an offence if he or she—
- (a) pretends to be so registered in respect of such occupation; or
 - (b) uses any name declared by regulation to be a name which may not be used.
- (4) A person found guilty of an offence in terms of this section is liable on conviction to a fine or to imprisonment for a period not exceeding 12 months or to both a fine and such imprisonment
- (5) This section does not apply to a medical practitioner or dentist contemplated in the Health Professions Act, 1974 (Act No. 56 of 1974).

Payment of annual fees

49. (1) The Minister may, on the recommendation of the Council, by notice in the *Gazette* prescribe a fee to be paid annually to the Council by the registered persons concerned: Provided that in prescribing such fee the Minister on advice by the Council may differentiate between persons according to whether they have been registered before or after a date specified in the notice and may vary the amount of such fee according to whether it is paid before or after a specific date.
- (2) If a person who is liable to pay any annual fee prescribed in terms of subsection (1), fails or refuses to pay such fee within the period specified in the notice in question, the Council may recover payment of such fee by action in a competent court.
- (3) If a person's name has been removed from the register in terms of this Act he or she must pay the outstanding annual fee before his or her name may be restored to the register.
- (4) The Council may, by resolution, in writing, exempt for an indefinite or definite period any registered person specified in the resolution from payment of any annual fee prescribed in terms of subsection (1).

Transitional provisions

50. No person is subject to legal or disciplinary action or to any penalty contemplated in this Act for engaging in traditional health practice during the period of one year following the date of commencement of this Act without being registered to do so.

Short title and commencement

51. This Act is called the Traditional Health Practitioners Act, 2003, and comes into operation on a date determined by the President by proclamation in the *Gazette*.

MEMORANDUM ON THE OBJECTS OF THE TRADITIONAL HEALTH PRACTITIONERS BILL, 2003

1. BACKGROUND

Since the 1994 elections, traditional healers have been collaborating with the Government for the purpose of obtaining formal recognition for the profession. Due to the fact that there was little information available to formulate policies, the National Assembly Portfolio Committee on Health was asked to conduct an inquiry focusing on the following issues:

- The desirability of a statutory council for traditional healers;
- The recognition of medical certificates by traditional healers; and
- The recognition of traditional healers by medical schemes.

Public hearings were held in all provinces under the auspices of the Provincial Standing Committees on Health in 1997. The Select Committee on Social Services of the National Council of Provinces co-ordinated the information obtained and drafted the report on the outcome of the provincial hearings. The Portfolio Committee on Health conducted further hearings for national stakeholders in February 1998.

The final report which was received in December 1998 recommended that there be legal recognition of the traditional healers as a health resource and that an interim council should be established which will be responsible for the regulation of that profession. The interim council should report back to Parliament within three years and thereafter a permanent council would be constituted provided that certain conditions are met.

Due to the preparations for the general elections in June 1999 it was not possible for the Minister to attend to the proposed legislation. A ministerial submission regarding the progress made was completed on 16 September 1999. A report of the two meetings and a workshop held with the traditional health stakeholders was presented. Since 1999, various meetings and workshops between stakeholders and the department have taken place and in September 2000, the Health MINMEC gave the Department of Health a mandate to implement the Portfolio Committee recommendation of establishing an Interim Council for Traditional Healers. In 2001 and 2002 the Department embarked on a series of roadshows for traditional healers within the provinces in order to engage traditional healers in discussion and acquaint them with the idea of becoming a regulated profession.

A forum of Traditional Health Practitioners was also formed by the department during this period and it has met on a number of occasions to discuss legislative proposals and issues around the regulation of traditional health practitioners. The last meeting of the forum took place in December 2002.

2. OBJECTIVES OF BILL

The Bill aims to—

- (a) control and regulate traditional health practice in the Republic;
- (b) assist in the promotion of the health of the population of the Republic;
- (c) ensure quality of health care in traditional health practice;
- (d) protect and serve the interests of members of the public who use or are affected by the services of traditional health practitioners;
- (e) determine policy with regard to traditional health practitioners and traditional health practice in matters of education, fees, finance, registration, professional conduct, ethics, disciplinary procedure, scope of traditional health practice, interprofessional matters and the maintenance of professional competence;
- (f) ensure the maintenance and observation of ethical and professional standards by traditional health practitioners;
- (g) promote and develop the traditional health profession by encouraging research, education and training in traditional health practice;
- (h) promote communication between the various fields of training in traditional health practice in the Republic and to promote the standards of such training in the Republic;
- (i) maintain and enhance the dignity of the profession and the integrity of traditional health practitioners;

- (j) promote a traditional health practice which complies with universally accepted health care norms and values with a view to improving the quality of life of the general public;
- (k) create a registry for persons who engage in traditional health practice in accordance with the prescribed requirements for registration;
- (l) guide the profession;
- (m) create a consultative process with the relevant authorities in matters affecting traditional health practitioners and matters which involve traditional health practice;
- (n) promote and regulate, in the interests of the public, liaison between traditional health practitioners and other health professionals registered in terms of any other law;
- (o) give effect to health policies set by the Minister concerning traditional health practice;
- (p) communicate to the Minister information of public importance acquired by the council in the course of the performance of its functions under this Act.

3. CONSTITUTIONAL IMPLICATIONS

The Bill has constitutional implications in that it seeks to regulate a profession which previously was unregulated. Section 22 of the Constitution stipulates that: "Every citizen has the right to choose their trade, occupation or profession freely. The practice of a trade, occupation or profession may be regulated by law." The Department of Health through its legal unit is content that the Bill is not repugnant to the provisions of the Constitution.

4. OTHER DEPARTMENTS/BODIES/PERSONS CONSULTED

traditional healers associations and councils;
Provincial departments of health;
relevant institutions

5. FINANCIAL IMPLICATIONS FOR STATE

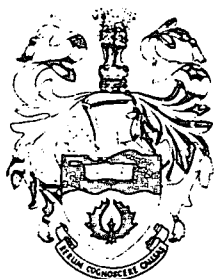
The start-up costs for the Council will have to be carried by the State. With the passage of time the Council should achieve a greater degree of financial independence as more and more traditional health practitioners pay registration fees. Full details of these are contained in the proposed Bill.

6. PARLIAMENTARY PROCEDURE

The Department of Health and the State Law Advisers are of the opinion that the Bill should be dealt with in accordance with section 76 of the Constitution, since it falls within a functional area listed in Schedule 4 to the Constitution, namely "Health services".

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Annexure 2.18

To: Mrs B.A. Ndlovu

Date: 24.11.2003

Permission to conduct Research

Your letter-dated 13.11.2003 in respect of the above matter has reference

Kindly be informed that permission is granted for you to conduct the research subject to the following:

1. Those students will do this voluntarily.
2. That the Student Health boardroom will be used not the lecture rooms.
3. The normal teaching and learning program is not to be disrupted.
4. The confidentiality of the participants is respected.

I wish you all the success in the research you are undertaking.

Kind regards

Dean of Humanities

Prof McCracken



University of
Durban-Westville

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Annexure 2.18

To: Mrs B.A. Ndlovu

Date: 28.11.2003

Permission to conduct Research

Your letter-dated 13.11.2003 in respect of the above matter has reference

Kindly be informed that permission is granted for you to conduct the research subject to the following:

1. Those students will do this voluntarily.
2. That the Student Health boardroom will be used not the lecture rooms.
3. The normal teaching and learning program is not to be disrupted.
4. The confidentiality of the participants is respected.

I wish you all the success in the research you are undertaking.

Kind regards

Dean of Health Sciences

Prof OJowelo

Cover page for the transcripts

The interviews with the focus groups as well as with the individuals were done in accordance with the interview guide (Annexure 1.2).

The headings were written in bold.

The quotes were written in non bold.

The participant numbers were in bold.

() text given in brackets was for the non-verbal behavior or remarks given by the participants.

[] text which the researcher had added to give meaning the statement given by the participants, as well as explanation of the terms that were unfamiliar to the reader.

Annexure 3.1

Transcripts of Interviews with the Soccer players from Kwa Makhutha

Date: 10 January 2004

Time: 11h00

Venue: Sport Center Amanzimtoti

Question 1

Have you heard of HIV/AIDS? If yes, from what source?

Participant 1 Yes, I have heard about HIV/AIDS at school.

Participant 2 I have heard about it on television.

Participant 3 I have read about Aids on the newspapers, etc.

The rest of the group nodded their heads, saying they agree with these three participants.

Question 2

Have you got any ideas as to how people get infected with HIV/AIDS?

Participant 1 Yes, by indulging into unsafe sex.

Participant 2 By using needles repeatedly without cleaning them.

Participant 3 People who are drug addicts using needles for drugs and injecting themselves.

Participant 4 When visiting traditional healers and they ukutshopa... [Inject you with a sharp instrument all over the body]...

Participant 5 Some use one razor blade when they go to the traditional healer for the application of medicine.

Participant 6 I think that when helping a person who is injured, not knowing that this person is HIV positive and your hands are not protected and there are cuts or wounds in your hands.

Participant 7 The other points, is when a pregnant woman is HIV positive and she passes this to an unborn child.

Participant 8 I agree with the participant that mentioned razors that are used by traditional healers... [One razor for all his patients]...

Question 3

Have you heard of people talking about being cured of HIV/AIDS by having sexual intercourse with young girls? If yes, what have you heard?

Participant 1 Yes, I have heard about this, on television.

Participant 2 I have read about it in newspapers.

Participant 3 People within the community say evil people who want to kill innocent children use this.

Participant 4 I have heard people talking about this, saying that it is due to violence that took place in our community a few years ago that has made our people to behave like this and commit such crimes.

Participant 5 I agree with the last speaker, as this is a criminal offense that is punishable by law.

The group was quite after this, as there were no further comments, the next question was asked.

Question 4

Do you believe that having sex with young girls can cure HIV/AIDS? What makes you say this?

Participant 1 I do not believe in this, because these people who do this to young children are destroying them and their future.

Participant 2 The feeling is that, people who are doing this are spreading this killer disease and this is destroying our society.

Participant 3 This is just a myth that people who are psychologically disturbed have, it is not the truth.

Participant 4 There is nothing that can cure HIV/AIDS at the moment as it is a lot is being done to find the cure.

Participant 5 You are right, even the drugs that are given by government, do not cure this disease, but only delay the symptoms...[participant expressed the view that drugs that are supplied by government are not for cure]...

Participant 6 Until there is treatment, then people can say they are cured but for now, there is nothing to really cure this condition.

The rest of the group members had the similar comments.

Question 5

In order for the cure to work, does the girl have to be of a certain age?

Participant 1 Most of the time these people are reported on the news that they indulge into sex with children from 3 years down.

Participant 2 They say even if the child is a few months old.

Participant 3 This is very bad as the child is innocent and does not know what is happening.

Participant 4 This is a myth and it is not a cure and there is no way that this can be linked with the age of the young girl.

Participant 5 I think you are right, because sleeping with a child is no cure for HIV/AIDS, but there are people who have such a belief and no one knows where this comes from.

Participant 6 These people are killers of young innocent girls.

As there were no further comments from the group, the researcher moved to the next question.

Question 6

In your own opinion, who is responsible for perpetuating this belief or where does this myth come from?

Participant 1 What I can say is that people who are naught and using drugs who know that they are HIV positive.

Participant 2 People wanting to die with a lot of people, destroying the lives of children.

Participant 3 People who have information from people who call themselves traditional healers. Real traditional healers will not say that a person must sleep with a child in order to be cured.

Participant 4 I have heard people saying that traditional healers spread this.

Participant 5 The television, radios will only give report on the rape case, may that is in court but not stating the reason for rape or the outcome.

Participant 6 I do not know who really is responsible for perpetuating this.

The group was quite as there were no further comments.

Question 7

How is this believed to work?

The group said one after the other that, they do not have any knowledge about this.

Question 8

What are your perceptions about people who have sexual intercourse with young girls as a cure for HIV/AIDS?

Participant 1 I do not believe in this, because these people already have the disease and this cannot come out of their systems even if they sleep with children.

Participant 2 They are destroying the children lives and the future.

Participant 3 These people should be sent to a psychiatric institution for behavior modification.

Participant 4 I think that they should be arrested and be dismissed from the community and spend their lifetime in prison.

Participant 5 They should be castrated, so that they do no further damage to young children.

Participant 6 Yes, you are right, they should be in prison as they are responsible for destroying the children's lives.

Participant 7 I think, not only the arrest the perpetrators, but also people who are responsible for the myth, i.e. witchdoctors and those " so called traditional healers.

Participant 8 I agree wit the last speaker, because there is a lot involved in this myth, children's lives are at stake here.

Question 9

How aware is the community about HIV/AIDS?

Participant 1 People within the community know.

Participant 2 Some do not know because the knowledge comes to them in a different language and they are illiterate.

Participant 3 My community has less knowledge because of poverty, they do not have means and ways to get knowledge from radio, paper and the area is a no go area and that makes it difficult for companies to visit them.

Participant 4 I did not know that there are still such areas within the community. I thought that was long gone.

Participant 3... (Continued)... No it is because the area is still perceived to be a bad one, but it is no longer like that. I think it is up to us youth to change the mindset of people.

Participant 5 My community still lacks resources, e.g. the people who are supposed to distribute the information from the government do not visit our area.

Participant 6 The community where I stay is fully aware, but there is a high level of illiteracy.

Question 10

What are the perceptions of the community about the people who have sexual intercourse with young girls as a cure for HIV/AIDS?

Participant 1 These people should be killed, because they are killing the children's lives.

Participant 2 I said earlier, that this is a criminal offense and government should take serious action against people who are doing this.

Participant 3 The community feels that the government should act responsibly in regards to this matter.

Participant 4 The government should improve awareness within the community, as most people have no knowledge.

Participant 5 You will be surprise because some of our people do not even know about this.

Participant 6 You are right because they lack knowledge and are not well informed.

Is there were no further comments the group was quite.

Question 11

Do you visit traditional healers? if yes, for what purposes?

Participant 1 Yes, do visit them for sexual related problems.

Participant 2 When the girl does not like me.

Participant 3 When there is no erection.

Participant 4 For sexually transmitted infections.

Participant 5 I visit the traditional healer with my parents if there are problems at home, e.g. a member of the family that has died.

Participant 6 I do not go to the traditional healer as at home we belong to the full gospel church and do not use traditional medicine.

Participant 7 I also do not visit a traditional healer for religious reasons.

Participant 8 I visit the traditional healer especially when there is a death in my family by accident, e.g. gunshot, car accident or witchcraft.

Question 12

Where do you get advice about sexually related matters?

Participant 1 From our mothers at home.

Participant 2 Uncles because there are no grand parents anymore.

Participant 3 From friends who are older than me, 30 years and above.

Participant 4 Teachers at school, especially male teachers.

Participant 5 Traditional healer who live nearby home, as he is a grown up man. He gives good advise about how to take care of yourself if you are growing up and about what happens in body when it starts changing.

The other group members said they get advise from their mothers and aunts.

Question 13

Is there anything else that you would like to tell me that has not been mentioned (regarding the myth)?

Participant 11 would like to know as to why there is no treatment for HIV/AIDS because these people who rape children are using the unavailability of the drug as a reason?

Participant 2 Why are traditional healers not given the things to work with, which are sterile and clean instead of using one and the same thing for every body when giving them treatment, e.g. isitshopo?

The answers were given to these questions by the researcher. As there was no further business the researcher thanked all the participants and the interview was closed.

ANNEXURE 3.1

DATE: 10.01.2004

TIME: 11H00

VENUE: SPORT CENTRE AMANZIMTOTI

UMBUZO 1

NGABE WAKE WEZWA NGENGCUŁAZA ?UMA UTHI YEBO , NGABE WEZWA KUPHI?

OWOKUQALA: Yebo ngezwa ngengculaza esikoleni.

OWESIBILI: Yebo ngezwa kumabonakude

OWESITHATHU: Ngafunda ngengculaza ephepheni lezindaba nakokunye.

Abanye abaseqenjini banqekuzisa amakhanda, bathi bayavumelana nalokhu okushiwo abafowabo abathathu.

UMBUZO 2

NGABE UNALO YINI ULWAZI LOKUTHI ABANTU BAYITHOLA KANJANI INGCULAZI?

OWOKUQALA: Yebo ngiyazi ukuthi ingculaza bayithola ngokwenza ucansi olungavikelekile

OWESIBILI: Bayithola ngokusebenzisa izinaliti ezizodwa beziphindaphinda kubantu abahlukenene ngaphandle kokuzihlanza.

OWESITHATHU: Ilabo Bantu abasebenzisa izidakamizwa eziluthayo ngezinaliti zokujova ngalezo zidakamizwa.

OWESINE: Uma bevakashela abelaphi bendabuko bese betshopwa (ukuhlaba ngento ecijile umzimba wonke) kubantu abahlukahlukene.

OWESIHLANU: Abanye basebenzisa ileyiza eyodwa uma beya kubelaphi bendabuko bezogcaba (uma begcaba kusikwa umzimba wonke ngeleyiza bese kugcotshwa umuthi lapho begcobe khona).

OWESITHUPHA: Ngicabanga ukuthi abanye bayithola ngokusiza lababantu abalimele negazi ukuthi banengculaza izandla zabo zingafakwa amagilavu kanti kunezilonda ezivulekile ezisezantsi.

OWESIKHOMBISA: Elinye iphuzu, ilapho umama ekhulelwe enengculaza elidlulisela enganeni engakazalwa.

OWESISHIYAGALOMBILI: Ngiyavumelana nalokhu okushiwo abafowethu ababalule ileyiza esetshenziswa abalaphi bendabuko (ileyiza eyodwa ezigulini eziningi).

UMBUZO 3

NGABE USUKE WEZWA ABANTU BEXOXA NGOKUTHI INGCULAZI
IYELAPHEKA NGOKWENZA UCANSI NEZINGANE EZINCANE
ZAMANTOMBAZANE? UMA UTHI YEBO NGABEWEZWA KUPHI?

OWOKUQALA: Yebo, ngezwa ngalokhu kumabona kude.

OWESIBILI: Yebo ngafunda ngalokho ephepheni lezindaba.

OWESITHATHU: Abantu bomphakathi bathi abenzi bokubi laba ababulala izingane ezingenacala basebenzisa lindlela.

OWESINE: Yebo ngake ngezwa abantu bekhuluma ngalokhu, bethi konke lokhu kwenzeka ngenxa yendluzula. Yodlame obelwenzeka emphakathini eminyakeni embalwa eyadlula yikhona okwenza abantu baziphathe ngale ndlela bazifake nasebugebengwini.

OWESIHLANU: Ngiyavumelana nesikhulumi sokugcina ngalobugebengu obuyisinengiso obenziwa umthetho.

Iqembu lathi ukuthula emvakwalokhu, azange kubekhona kuphawula embuzweni olandelayo engawubuza

UMBUZO 4

NGABE UYAKHOLWA UKUTHI UKWENZA UCANSI NEZINGANE EZINCANE ZAMANTOMBAZANE KUYAYELAPHA INGCULAZA?

OWOKUQALA: Angikholelwa kulokhu ngoba labantu abenza lokhu ezinganeni ezincane babulala ikusasa lazo nje kwaphela.

OWESIBILI: Engikuzwayo ukuthi labantu abenza lokhu basabalalisa igciwane lengculaza lokhu kubulala umphakathi wakithi.

OWESITHATHU: Lokhu kuyinsumansumane labantu baphazamisekile ezingondweni, lokhu akulona iqiniso.

OWESINE: Alikho ikhambi lokwelapha ingculaza, okwamanje kusazanywa izinto eziningi ezenziwayo ukuze kutholakale ikhambi.

OWESIHLANU: Uqinisile, nalezi zidakamizwa ezilethwa uHulumeni aziselaphi isifo sengculaza, kodwa zilibazisa igciwane ukuthi lingadluleli phambili (umhlanganyeli wagcizelela ukuthi lezi zidakamizwa ezilethwe uHulumeni akuzona zokwelapha ingculaza.

OWESITHUPHA: Ngaphambi, kokuthi kube khona ukwelashwa, kodwa abantu bahamba bekhuluma bethi sebelaphekile okwamanje, akukho lutho okwelapha lesi sifo sengculaza. Abanye abaseqenjini babanamazwana amancane.

UMBUZO 5

UKUZE LE NDLELA ISEBENZE? NGABE KUMELE AMANTOMBAZANE ABESESITEJINI ESITHILE SEMINYAKA?

OWOKUQALA: Kwesinye isikhathi laba bantu abafunda izindaba bayaye babuke ukuthi abanye bavumela ukwenza ucansi nezingane ezineminyaka emithathu kuya phansi.

OWESIBILI: Balala nezingane ezincane ezineminyaka embalwa ubudala.

OWESITHATHU: Kubi kakhulu lokhu okwenzeka ezinganeni ezingenacala ezingazi ukuthi kwenzekani?

OWESINE: Insumansumane akukho sixazululo sokwelapha, ayikho enye indlela encikene neminyaka yezingane ezincane.

OWESIHLANU: Ngicabanga ukuthi uqinisile, ngoba ukwenza ucansi nezingane akwelaphi ingculaza, kodwa kusenabantu abakholelwa kukhona, kanti akukho noyedwa owaziyo ukuthi lenkolelo yaqhamukaphi.

OWESITHUPHA: Laba bantu bangababulali ababula izingane ezincane ezingenacala. Akukho eqenjini ofisa ukubeka amazwana umcwaningi waqhubeka nombuzo olandelayo.

UMBUZO 6

NGOKWAKHO UKUBONA UBANI OQHUBEKISA LE NKOLELO NGABE IQHAMUKAPHI LENSUMANSUMANE ?

OWOKUQALA: Engingakusho ukuthi lababantu abasebenzisa lezidakamizwa ziphelela emoyeni kulabo abazi ukuthi banengculaza.

OWESIBILI: Lababantu abanengculaza, bafuna ukufa nabantu abaningi, babulala nempilo yezingane.

OWESITHATHU: Abantu abanolwazi abalutho lakubelaphi bendabuko, Abelaphi bendabuko baneqiniso angeke batshele ukuthi abalala nezingane ezincane ukuze belapheke.

OWESINE: Ngezwa abantu bekhuluma bethi Abelaphi bendabuko abasabalalisa lento engekho.

OWESIHLANU:

Umabonakude, umsakazo basinika umbiko wamacala okudlwengula abasenkantolo, kodwa abachazi isizathu sokudlwengula, kanye nempumelelo engekho. Iqembu lathula, alizange libe nambuzo elingawusho.

OWESITHUPHA:

Angazi ngempela ukuthi ubani oqhubekisa lento engekho.

Iqembu lathula, alizange libe namazwi elingawusho.

UMBUZO 7

NGABE LE NKOLELO ISEBENZA KANJANI?

Iqembu lathi emva koyedwa, nomunye, bathi abanalo ulwazi ngalokhu.

UMBUZO 8

UTHINI UMBONO WAKHO NGALABABANTU ABENZA UCANSI NENGANE EZINCANE ,NGOBA BETHI BALAPHA INGCULAZA?

OWOKUQALA:

Angikholelwa kulokhu, ngoba vele labantu sebenayo ingculaza Futhi angeke kusize ukukhipha into engaphakathi uma umuntu onengculaza enza ucansi nezingane ezincane

OWESIBILI:

Babulala ikusasa nempilo yezingane nje laba bantu.

OWESITHATHU:

Laba bantu kumele bathunyelwe esikhungweni sabagula ngengqondo ukuze banciphise indlela embi yokuziphatha.

OWESINE: Ngicabanga ukuthi kumele baboshwe baxoshwe
emphakathini bachithe sonke isikhathi sabo ejele.

OWESIHLANU: Kumele bathenwe, ukuze bangaphinde benze
umonakalo ezinganeni.

OWESITHUPHA: Yebo, uqinisile kufanele baye ejele njengoba
kuyibona ababulala izimpilo zezingane.

OWESIKHOMBISA: Ngicabanga ukuthi, kungaboshwa kuphela izelelesi,
kodwa kuboshwe nalaba bantu abaqhubekisa le
nsumansumane, okungabathakathi, nalabo abazibiza
ngabelaphi bendabuko

OWESISHIYAGALOMBILI: Ngiyavumelana nalona okhulume ekugcineni, ngoba
kuningi okuhambisana nale nsumansumane njengoba
izingane zihlale zibophekele impilo yazo yonke.

UMBUZO 9

NGABE UMPHAKATHI UYAZI YINI NGENGQULAZA?

OWOKUQALA: Abantu abase mphakathini bayazi ngengqulaza.

OWESIBILI: Abanye abazi ngengqulaza ngoba ulwazi lufika kubo
lubhalwe ngezinye izilimi ezihlukene abangazazi.

OWESITHATHU: Umphakathi wami unolwazi oluncane ngenxa yendlala,
abanayo indlela yokuthola ulwazi emsakazweni
nakumaphephandaba, izindawo abahlala kuzo kuthiwa
o'alubhadwa, yikhona okwenza kube nzima ukuthi abantu
abavela ezinkampanini bazivakashele zindawo.

OWESINE: Bengingazi ukuthi kusekhona izindawo ezinjengalezo emphakathini bengicabanga ukuthi into ekade yaphela.

OWESITHATHU: (UYAQHUBEKA) Qha yingoba leyo ndawo ayiqondakali iyona esabheda kodwa hayi njengakuqala, ngicabanga ukuthi njengabantu abasha okumele sishintshe lababantu abanezingondo ezisebenza kancane

OWESIHLANU: Umphakathi wethu uswele amandla isibonelo, la bantu okumele bahambe Imiphakathi balethe ulwazi, oluvela kuHulumeni, kodwa abafiki ezindaweni zethu.

OWESITHUPHA: Umphakathi engihlala kuwo wazi kahle ngengculaza, kukhona abanye abangakafundi, kahle ngengculaza.

UMBUZO 10

UTHINI UMBONO WOMPHAKATHI NGALABANTU ABENZA UCANSI NEZINGANE EZINCANE NGOBA BETHI BALAPHA INGCULAZA?

OWOKUQALA: Laba bantu kufanele bafe, ngoba babulala ikusasa lezingane.

OWESIBILI: Njengoba ngishilo ekuqaleni ukuthi ubugebengu obuyisinengiso, kumele uHulumeni athathe izinyathelo eziqinile ngalaba bantu abenza into embi kangaka.

OWESITHATHU: Umphakathi ufisa ukuthi kube uHulumeni othatha umthetho ngalaba bantu.

OWESINE: uHulumeni kumele athuthukise abantu baqonde kahle ngengculaza.

OWESIHLANU: Ungathuka ngoba amanye amalunga omphakathi awanalo ulwazi ngengculaza.

OWESITHUPHA: Uqinisile, ngoba baswele ulwazi futhi akekho ozobasiza kulokho.

Emva kwalokho awekho amazwi abawasho lonke iqembu lathula.

UMBUZO 11

NGABE UYABAVAKASHELA YINI ABELAPHI BENDABUKO? UMA UTHI YEBO, NGAYIPHI INHLOSO?

OWOKUQALA: Yebo ngiyabavakashela ngenxa yezinkinga zezifo zocansi.

OWESIBILI: Uma amantombazane engangithandi.

OWESITHATHU: Uma induku ingami.

OWESINE: Uma nginezifo zocansi ezithathelanayo.

OWESIHLANU: Ngiyabavakashela abelaphi bendabuko uma ngihamba nabazali bami ngoba kunenkinga ekhaya isibonelo uma kukhona ilunga lomdeni elishonile.

OWESITHUPHA: Angibavakasheli abelaphi bendabuko ngoba ekhaya sikhonza esontweni labasindisiwe asizihambi izinyanga nemithi yesintu asiyisebenzisi.

OWESIKHOMBISA: Nami angibavakasheli abelaphi bendabuko ngenxa yokholo lwami.

OWESISHAGALOMBILI: Ngiyabavakashela abelaphi bendabuko ikakhulukazi uma kukhona oshonile ekhaya oshone ngengozi isibonelo uma eshone edutshulwa, ingozi, yemoto noma ethakathiwe.

UMBUZO 12

NGABE BAZITHOLAPHI IZELULEKO EZIPHATHELENE NEZOCANSI?

OWOKUQALA: Ngizithola kumama ekhaya.

OWESIBILI: Ngizithola komalume ngoba angisenabo ogogo nomkhulu.

OWESITHATHU: Ngizithola kubangani abadala kunami, abaneminyaka engamashumi amathathu kuya phezulu.

OWESINE: Ngizithola kothisha esikoleni ikakhulukazi kothisha besilisa.

OWESIHLANU: Ngizithola kubelaphi bendabuko abahlala eduze nasekhaya ngoba indoda ekhulile inikana izeluleko ezinhle zokuthi kufanele ngizinakekele kanjani uma ngikhula, nokuthi kwenzeka luphi ushintsho emzimbeni womuntu lapho ekhula.

Elinye iqembu lathi bona izeluleko bazithola komama nakobabekazi babo.

UMBUZO 13

NGABE KUKHONA OKUNYE OTHANDA UKUNGITSHELA KHONA ENGINGAZANGE NGIKUSHO (OKUMAYELANA NALE NSUMANSUMANE)

OWOKUQALA: Ngithanda ukwazi ukuthi kungani lingekho ikhambi lokwelapha ingculaza ngoba laba bantu abadlwengula izingane basebenzisa ukungabibikho kwezidakamizwa njengesizathu?

OWESIBILI: Kungani abelaphi bendabuko banganikezwa izinto abangasebenza ngazo ezizohlala zivikelekile zihlanzekile kunokuba basebenzise into eyodwa kuwona wonke umuntu lapho bethola ukwelashwa isibonelo njengokutshopa.

Izimpendulo ebebeziphendula kumncwaningi akuwona umsebenzi umcwaningi ubonga kakhulu kubo bonke abahlanganyeli ababekhuluma ingxoxo iyavalwa.

Transcript of an Interview with the soccer players Iziko

Date: 10.01.2004

Time: 12.30

Venue: Sport center Amanzimtoti.

Question 1

Have you heard of HIV/AIDS? If yes, from what source?

Participant 1 Yes, from the media

Participant 2 clinics

Participant 3 youth groups within the community

Participant 4 newspapers

Participant 5 radio

Participant 6 school

The rest of the group had no further comments as all the answers were given.

Question 2

Have you got any ideas as to how people get infected with HIV/AIDS?

Participant 1,yes, unprotected sex,

Participant 2,helping someone who is involved in a car accident and your hands are not covered to protect yourself from blood

Participant 3, you may have sores and this person is bleeding and you touch him with your hands, you can get infected.

Participant 4, using the same tooth- brush with a person who is HIV positive,

Participant 5, using the shaving machine from the HIV positive person and you have sores that are opened in your face.

Participant 6, by using a needle from a person who is using drugs and injecting yourself with the same needle, you can get infected.

Participant 7 some mothers pass this to their unborn children, they infect them.

Participant 8 Yah! Guys you have said it all

Everyone in the group nodded his head and they were quite.

Question 3

Have you heard of people talking about being cured of HIV/AIDS by having sex with young girls? If yes, what have you heard?

Participant 1 Yes, I have heard this once at Izimbokodweni when a person who suspected that he had HIV and he was arrested for rape raped one young girl but he denied that he wanted to be cleansed. The community was talking about this man and they wanted to take the law into their hands.

Participant 2 Yes, you are right, I remember that incident and the next minute it was on the newspaper and radio.

Participant 3 This was shocking because the boy is young, he is of our age and really he does not know what went on to his mind.

Participant 4 Some people tell you that go to the traditional healer so that he will guide you as to how to cleanse your sexually transmitted infection. I think that is why these brothers are doing this and it is out of desperation.

Participant 5 Yes, you are right these things are happening especially in our black communities there are certain beliefs that you cannot change from us, especially if you are not educated.

The researcher asked – beliefs like what?

Participant 5 (continues) Well, for one, this one of a virgin, pureness and clean, traditional healers with high powers to name a few.

Participant 6 This is bad people, (shaking his head), I go to a traditional healer but these old men promote nothing like this I would say. People are just being nasty.

The rest of the group had no comments, they kept quite but you could see that they were concerned about what is happening in the community.

Question 4

Do you believe that HIV/AIDS can be cured by having sex with a young girls? What makes you say this?

No, we don't believe in this, but in some areas traditional healers teach young men about sexually transmitted infections and the virgins that they are clean and pure and also innocent. One participant spoke and the group nodded in agreement of what this person was saying.

Question 5

In order for the cure to work, is that believed that the girl has to be of a certain age?

Participant 1 As long as she is a virgin

Participant 2 in most cases they are very young.

Participant 3 people say it should be a newborn baby

Participant 4 this is not the truth; people are basing this on the belief system they have.

Participant 5 some people will say, the baby should be less than 3 years old.

Participant 6 this is one of the very bad things people are doing, sleeping with a child cannot heal anyone, and it is a bad belief.

Question 6

In your own opinion, who is responsible for perpetuating this belief or where does this myth come from?

Participant 1. Old people in the community usually tell us that such myths come from the traditional healers when they are testing their medication, especially this one for HIV.

Participant 2. They say baboons carry this and when they slaughter it they use the fat from it to mix with the traditional medicine, that is why this should be used on a pure person to see if it is working. There were no further comments.

Participant 3 It is the youth that are using drugs, once the drugs have the best of you, you can do anything, like what the rapists are doing.

Participant 4 It is as if you are talking from experience

Participant 3 (continues) Yes, I once used drugs, they are not good at all for your life.

Participant 5 Traditional healers have always been quoted on bad things, but I want to differ, because these old men are very helpful in my community. Remember the times of violence, these men were making traditional medicine that could help you disappear and not be seen by your enemies.

Participant 6 Yah! But there are also fake traditional healers who are after our money and I think these are the ones who are responsible for this myth.

Participant 7 I agree with the last speaker, because traditional healers are human beings like us, some of them are unemployed and they have basic needs like me and you and they can do anything to get money to buy food.

After this conversation the whole group was quite.

Question 7

How is it believed to work?

Participant 1 I have no idea as to how this work.

Participant 2 I have heard that, it is the same way the traditional healer will give you medication to use and you should make sure that you do not indulge into sexual act with your partner otherwise the medication will have no effect.

Participant 3 Yes the child symbolizes purity, so a man can do this to get that cleansing and purity.

After this there were no further comments.

Question 8

What are your perceptions about people who have sexual intercourse with young girls as a cure for HIV/AIDS?

Participant 1. People are scared of testing for HIV and the see the solution out by raping children thinking that they will be cured.

Participant 2. They are aware that there is no cure and need help desperately, so that is why they resort to what the come across, like this myth.

Participant 3. Traditional healers have some influence on this and since the disease is spreading and people are dying, traditional healers are trying to help because people with this disease get quick access to traditional healers, as they are always available in the community.

Participant 4 These people should be arrested

Participant 5 They should get a death sentence, the government should bring the death sentence

Participant 6 Government should create more jobs for people to alleviate poverty

Participant 7 government should register all the traditional healers in order to eliminate the fake ones who are promoting these bad habits

Question 9

How aware is the community about HIV/AIDS?

Participant 1 Yes my community is very much aware as their youth groups who are spreading the awareness.

Participant 2 In our community we get such information from the clinics

Participant 3 We get from school and give to those who are not well versed with what is happening within the community.

Participant 4 Not everyone has access to this knowledge. Because of the level of education, which is, low and some are illiterate and the information comes to us in English or Afrikaans.

Participant 5 This means that there is no full democracy in our country. We need this information written in our own language.

Question 10

What are the perceptions of the community about the people who have sexual intercourse with young girls as a cure for HIV/AIDS?

Participant 1, the community is being angered by such doings as these people who are HIV positive are spreading the disease and want to die with a lot of children.

Participant 2, people feel that these perpetrators should be arrested.

Participant 3, these people should be castrated.

Participant 4, the death penalty should be brought back in order to straighten our society. (They all started laughing)

Participant 5 May be the society can live in peace and harmony if these guys are left with no instruments (they continue to laugh)

Participant 6 people feel that government should get involved in such matters as our nation is being wiped out because of HIV/AIDS.

Participant 7 yes, I agree with these brothers.

The rest of the group said Yah! Yah!

Question 11

Do you visit traditional healers? If yes, for what purposes?

Participant 1, Yes, I do go to the traditional healers for treatment of sexually transmitted infections,

Participant 2, to get muthi to be loved by our girl friends.

Participant 3, traditional healers do not discriminate and offer help with no questions, unlike the clinics where you will be asked to bring your partner and it becomes a problem if you have more than one girl friend, as they can fight amongst themselves if they are in the same place at one time.

Participant 4 I do not visit traditional healers on my own; normally I go there with my parents if there is a problem within the family or else if somebody has died.

Participant 5 Traditional healers are very good, some will throw bones and tell you your problems and you only pay them when you are treated/ cured. You do not have to pay upfront like with the doctors and hospitals.

Participant 6 I once went to traditional healer for lice infestation, because I believed the medication you drink works better than the stuff you apply. Clinics

will give you medication for external use only with lice, but traditional healer within three days you are healed.

Participant 7 Traditional healers are highly skilled in traditional medication, they can cure ILUMBO, which scientific medication cannot cure and this disease is bad as AIDS because it kills men only.

Question 12

Where do you get advice about sexual related matter?

Most of the group members said they get advice from the traditional healers, as they are good in maintaining confidentiality, as well as friends and their peers. It is very difficult to talk with parents about such matters. A few old people within the community drink a lot and one cannot talk with them serious things like this disease.

Question 13

Is there anything else that you would like to tell me that has not been mentioned (regarding the myth)?

Participant 1, feels these people who rape children need to have a long sentence in jail and

Participant 2, they should be castrated, or killed because the child is innocent and they make children suffer and also that they want to promote a sick society.

Participant 3 said I do not want this in my communities.

There were no further comments from the group and the interview was closed.

ANNEXURE 3.2

Transcript of an interview with soccer players Iziko

Date: 10.01.2004

Time: 12h30

Venue: Sport center Amanzimtoti .

UMBUZO 1

NGABE USUKE WEZWA NGENGCUŁAZA? UMA UTHI YEBO,NGABE WEZWA KUPHI?

OWOKUQALA: Yebo ngezwa ngengculaza komabonakude nasemsakazweni.

OWESIBILI: Ngezwa ngengculazi e Mtholampilo.

OWESITHATHU : Ngezwa ngengculaza embuthwanweni wentsha emphakathini

OWESINE : Ngezwa ngengculaza kwiphephandaba

OWESIHLANU : Ngezwa ngengculaza emsakazweni

OWESITHUPHA : Ngezwa ngengculazi esikolweni

Abanye kuleli qembu abazange bathande ukuphawula ,njengoba sebenginika izimpendulo.

UMBUZO 2

NGABE UYAZI UKUTHI ABANTU BAYITHOLA KANJANI INGCULAZA?

- OWOKUQALA :** Yebo ngiyazi bayithola ngokwenza ucansi olungavikelekile
- OWESIBILI:** Itholakala ngokusiza labo abalimele engozini yemoto uma izandla zingafakwanga amagilavu okuzivikela ekuthintaneni kwamagazi.
- OWESITHATHU:** Uma loyomuntu enezilonda opha bese umthinta ungalithola leligciwane
- OWESINE :** Ukusebenzisa isixubho samazinyo naloyomuntu onengculazi kanti nezinsini zakhe ziyopha.
- OWESIHLANU:** Ukusebenzisa umshini owodwa wokushefa naloyomuntu onengculazi kanti unezilonda ezivulekile ebusweni.
- OWESITHUPHA :** Itholakala ngokusebenzisa inaliti yokujova kulowomuntu ojoywa ngezidakamizwa,bese nawe uyisebenzisa leyonaliti ungalithola nawe igciwane.
- OWESIKHOMBISA :** Omama abakhulelwe bangalindlulisela ezinganeni ezingakazalwa .

OWESISHIYAGALOMBILI : Yebo bafana senikusho konke

Bonke eqenjini banqekuzisa amakhanda base bezithulela.

UMBUZO 3

NGABE WAKE WEZWA ABANTU BEXOXA UKUTHI INGCULAZA
IYELAPHEKA NGOKWENZA UCANSI NEZINGANE EZINCANE ?UMA UTHI
YEBO.NGABE WEZWA KUPHI?

OWOKUQALA : Yebo ngake ngezwa kanye Ezimbokodweni ,lapho kunomuntu owayesolwa ukuthi unengculaza ,waboshelwa ukudlwengula izingane ezincane kodwa wayephika ukuthi ingoba wayezelapha Umphakathi wawukhuluma ngalokhu okwenziwe yile ndoda , babefuna ukuziphathela umthetho ngezandla.

OWESIBILI: Yebo uqinisile ,ngiyasikhumbula leso leso sehlakalo esenzeka eminithini elilandelayo .Kwezwakala emsakazweni ,nasephepheni lezindaba.

OWESITHATHU: Kuyethusa lokhu ngoba mncane lomfana , akalingani neminyaka yethu ngiqinisile akazi ukuthi wayenzani, nokuthi yini eyayisemqondweni wakhe.

OWESINE: Abanye bakutshela ukuthi hamba uye kubelaphi bendabuko bazokweluleka ukuthi ungazelapha kanjaniezifweni zocansi ezithathelanayo. Ngicabanga ukuthi yingakho abafowethu benza

Zonke lezinto ezimbi ngoba sebephelelwe ithemba.

OWESIHLANU: Uqinisile lezinto zenzeka emphakathini wabantu abamnyama kodwa kunezinkolelo ezingeke zishintshe kithi ikakhulukazi uma ungafundile.

Umnqwani wabuza njengazo izinkolelo

OWESIHLANU (waqhubeka wathi) ayikho neyodwa inkolelo yokuba intombi nto ukuthi ibemsulwa ,ukuhlala ihlanzekile abelaphi bendabuko banamandla amakhulu okusho okunye.

OWESITHUPHA: Babi lababantu (wamxawula isandla)Ngiyaya kubelaphi bendabuko, kodwa labantu abadala, bandisa izinto ezingekho , njengoba ngisho Abantu sebulawa inkohlakalo nokwenza izinto ezicasulayo Abanye abaseqembini abanamazwi abawashoyo bathula kodwa ubabona ukuthi babhrke ezintweni ezenzeka emphakathini

UMBUZO 4

NGABE UYAKHOLWA UKUTHI INGCULAZA IYELAPHEKA NGOKWENZA UCANSI NEZINGANE EZINCANE ?YINI EYENZA UKHOLWE?

Qha angikholelwa kulokhu , kodwa kwezinye izindawo ,abalaphi bendabuko bafundisa abafana ngezocansi ezithathelanayo nezintombi nto ukuthi zihlanzekile zimsulwa azinacala Omunye umhlanganyeli wakhuluma eqenjini lanqekuzisa amakhanda ngokuthi bayavumelana nalokhu okushiwo ilomuntu.

UMBUZO 5

UKUZE LE NDLELA ISEBENZE , UKHOLWA UKUTHI KUMELE KUBE AMANTOMBAZANE ASEBANGENI ELITHIZE LEMINYAKA?

OWOKUQALA: Uma kuyintombi nto nje?

- OWESIBILI :** Emacaleni amanye kuba izingane ezincane
- OWESITHATHU:** Abanye bathi kumele ukuthi izingane ezisandakuzalwa
- OWESINE:** Lokhu akulona iqiniso, abantu benza lenkolelo yabo ibe into ekhona
- OWESIHLANU:** Abanye abantu bathi kumele kube izingane ezingaphansi kweminyaka emithathu
- OWESITHUPHA:** Lena into embi kabi eyenziwa abantu, ukuthi balala nezingane ezincane ngoba bethi balapha ingculaza qha, akuyelaphi ingculaza inkolelo embi.

UMBUZO 6

NGOKWAKHO UKUBONA UBANI OQHUBEKISA LE NKOLELO ENGEKHO NGABE LE NSUMANSUMANE IQHAMUKAPHI?

- OWOKUQALA:** Abantu abadala emphakathini wakithi, bavamise ukusitshela ukuthi le nsumansumane iqhamuka kubelaphi bendabuko lapho befuna ukwazi imithi yabo ukuthi isebenza kanjani, ikakhulukazi lena eqondene nesifo sengculaza.
- OWESIBILI:** Abanye bathi izimfene ezithumela lesi sifo lapho zigwazwa ukuze kutholakale amafutha emfene ukuze asetshenziswe ekuthakweni imithi yesintu, yingakho kufanele kusetshenziswe kumuntu omsulwa ukuze kubonakale ukuthi luyasenza yini akukho okunye abangakusho.

OWESITHATHU: Abantu abasha abasebenzisa izidakamizwa,uma
Izidakamizwa sezikungenile kuyizona ezincono .
wenza noma yini njengoba nabadlwenguli benza.

OWESINE : Ukhuluma sengathi usolwazi onzulu ngalokhu .

OWESITHATHU: (UYAQHUBEKA)Yebo uma usebenzisa
Izidakamizwa azilungile nhlobo empilweni yakho.

OWESIHLANU : Abelaphi bendabuko bavamise ukucaphuna ezintweni
ezibhedayo kodwa ngifuna ukwehluka ,ngoba laba
bantu badala bawusizo kabi emphakathini khumbula
isikhathi sodlame labantu babenza imithi yesintu
ekwenza ukuthi ukwazi ukubalekela izitha zakho .

OWESITHUPHA: Yah kodwa kukhona abelaphi bendabuko bamanga
abazifunela imali nje kwaphela ngicabanga ukuthi
labo ibona abaqhubekisa le nsumansumane

OWESIKHOMBISA: Ngiyavumelana nesikhulumi sokugcina,ngoba
abelaphi bendabuko bangabantu nabo njengami
nawe ,abanye babo abasebenzi banezidingo zabo
zempilo ,ezifana nezami ,nezakho bangenza noma
yini ukuze bathole imali yokuthenga ukudla.

Emva kwale ngxoxo yonke inhlangothi yathula.

UMBUZO 7

NGABE ISEBENZA KANJANI LENKOLELO?

OWOKUQALA: Anginalo ulwazi ukuthi isebenza kanjani.

OWESIBILI:

Ngezwa kuthiwa indlela efanayo abelaphi bendabuko bakunika umuthi ukuthi uwusebenzise bese wenza isiqiniseko sokuthi awulwenzi ucansi nomngani wakho ngale kwalokho umuthi ngeke ukwelaphe .

OWESITHATHU:

Yebo ingane ibonisa izimpawu zokubamsulwa, abesilisa bangenza ukuze bathole lokhu kuhlanzeka nokuqala kokuthomba.

Emva kwalokhu akekho owabeka amazwi.

UMBUZO 8

UTHINI UMBONO WAKHO NGALABA BANTU ABENZE UCANSI NEZINGANE EZINCANE NGOBA BETHI BALAPHA INGCULAZA?

OWOKUQALA:

Abantu bayesaba ukuhlola igazi behlolela ingculaza ukuze bazi ukuthi baphila kanjani bona, babona isixazululo kungukuthi badlwengule izingane ezincane ngoba becabanga ukuthi bazolapheka engculaza.

OWESIBILI:

Ngazi kahle ukuthi alikho ikhambi lokwelapha ngculaza badinga ukusizwa banikwe ithemba Yingakho kunemibandela yokuhlangana nalensumansumane.

OWESITHATHU:

Abelaphi bendabuko banento embi kulokhu yokuthi abantu basabalalise igciwane abantu bayafana , abelaphi bendabuko bazama ukusiza abantu ngoba lesisifo siyashesha ukuthola intuba

yokungena emzimbeni abelaphi bendabuko bahlala bekhona emphakathini.

OWESINE : Laba bantu abenza okubi kumele baboshwe .

OWESIHLANU: Kumele bathole isigwebo sentambo,uHulumeni kumele abuyise isigwebo sentambo.

OWESITHUPHA: uHulumeni kumele akhe amathuba emisebenzi, ukuze abantu badambise indlala .

OWESIKHOMBISA: uHulumeni kumele abhalise bonke abelaphi bendabuko ukuze basuse abelaphi bendabuko bamanga abandisa izinto ezingekho.

UMBUZO 9

NGABE UMPHAKATHI UYAZI NGENGCU LAZA?

OWOKUQALA: Yebo umphakathi uyazi ngengculaza, neqembu abantu abasha landisa ulwazi emphakathini.

OWESIBILI: Emphakathini sithola ulwazi emiTholampilo.

OWESITHATHU: Sithola ulwazi esikolweni, bese sinika labo abangenalo kahle ulwazi lokuthi kwenzekani kahle emphakathini.

OWESINE Hayi kuwona wonke umuntu emphakathini onolwazi, ngoba nezinga lemfundo esinayo olubhalwe phansi lutholakala ngesi Ngisi nangesi Bhunu.

OWESIHLANU: Lokhu kusho ukuthi umbuso wentando yeningi awugcwele kahle ezweni lakithi. Sidinga ulwazi olubhalwe ngolwimi lwethu lwesiZulu..

UMBUZO 10

UTHINI UMBONO WOMPHAKATHI NGALABA BANTU ABATHI INGCULAZA IYELAPHEKA NGOKWENZA UCANSI NEZINGANE EZINCANE.?

OWOKUQALA: Umphakathi ubathukuthelele labantu abadlwengula izingane ngoba basabalalisa ingculaza ukuze bafe nezingane eziningi.

OWESIBILI: Abantu bafisa ukuthi lezigebengu ziboshwe

OWESITHATHU: Labantu kumele bathenwe basuswe ubuntu babo.

OWESINE : Isigwebo sentambo kumele sibuye ukuze umphakathi ube namandla (bonke baqala ukuhleka)

OWESIHLANU : Umphakathi ungahlala ngokuthula nangokuvumelana uma labo bezosala bengenalutho (baqhubeka nokuhleka)

OWESITHUPHA : Abantu bafisa ukuthi uHulumeni angenele kulendaba ukuze umphakathi wazi kahle
Ngesifo sengculazi

OWESIKHOMBISA : Yebo ngiyavumelana nabafowethu.

Abanye abaseqenjini bavuma bathi Yah! Yah!

UMBUZO 11

**NGABE BAYAKUVAKASHELA ABELAPHI BENDABUKO ? UMA UTHI YEBO
NGAYIPHI INHLOSO?**

OWOKUQALA : Yebo ngiyabavakashela ukuze ngithole ukwelashelwa
Izifo zocansi ezithathelanayo

OWESIBILI : Ukuthola umuthi wokuthi ngithandwe izintombi

OWESITHATHU : Abelaphi bendabuko abacwasi ngokwebala kodwa
bayazinikela ngokusiza noma ubani ngaphandle
kokubuza imibuzo njengoba emitholampilo bekutshela
ukuthi uze nophathini wakho. Lokho kuyinkinga uma
unophathini ongaphezu koyedwa ,ngoba bayalwa
bona bebodwa uma besendaweni eyodwa
ngesikhathi esisodwa.

OWESINE : Angihambi ngedwa uma ngivakashela Abelaphi
bendabuko ngokujwayelekile ngiya lapho
Uma ngihamba nabazali, ngoba kunenkinga ekhaya
kukhona oshonile.

OWESIHLANU: Abelaphi bendabuko bahle ngoba abanye bahlola
ngamathambo bese bekutshela izinkinga onazo
ubakhokhela uma usuthole ukwelashwa awukhokhi
kuqala njengasesibhedlela.

OWESITHUPHA :

Ngaya kubelaphi bendabuko kanye ngangiyolapha isifo sezintwala ngoba ngikholelwa

Ekutheni umuthi ophuzwayo usebenza kangcono kunalowo ogcotshwayo. Emitholampilo bakunika umuthi wokwelapha ngaphandle kuphela uma unezintwala,kodwa kubelaphi bendabuko ulapheka ngezinsuku ezintathu kuphela

OWESIKHOMBISA :

Abelaphi bendabuko banolwazi olunzulu ngemithi yesintu balapha isifo seLumbo mithi yososayensi ayelaphi izifo ezifana nengculaza ngoba zibulala abesilisakuphela.

UMBUZO 12

NGABE BAZITHOLAPHI IZELULEKO EZIPHATHELENE NEZOCANSI ?

Abanye bamalunga eqembu bathi bona izeluleko bazithola kubelaphi bendabuko izeluleko nakulabo ababaphethe.Kunzima kakhulu ukuxoxa nabazali ngalezi zindaba ,abanye abantu abadala basemphakathini

Baphuza kakhulu abakwazi ukuxoxa nabazali ngalezi zindaba ezisemqoka njengazo lezi zengculaza.

UMBUZO 13

NGABE KUKHONA OTHANDA UKUNGITSELA KHONA ENGINGAZANGE NGIKUSHO (OKUMAQONDANA NALE NSUMANSUMANE)

OWOKUQALA :

Ngifisa ukusho ukusho ukuthi labantu abadlwengula izingane badinga isigwebo eside sentambo.

OWESIBILI :

Kumele bathenwe noma babulawe ngoba
izingane zisokole ngoba befisa ukuthi
umphakathi wethu ugule kabuhlungu kanjena .

OWESITHATHU :

Uthi akakufuni lokhu emphakathini wakubo.
Akukho amanye amagama abangawasho .ingxoxo iyaphela.

Transcript of an Interview the Medical Science students

Venue: The student health services boardroom

Date: 02.03.2004

Time: 13.20

Question 1

Have you heard of HIV/AIDS? If yes, from what source?

Participant 1 at first HIV was just a rumor as if it did not exist.

Participant 2 only in 1994 at the World Aids Day when Mandela was giving a speech and started believing that it existed. They all nodded.

Participant 3 we hear about on radio, television and on newspapers.

Participant 4 I only new about that it came from overseas and that it had killed a lot of people and that is when it was spreading in Johannesburg. People were getting killed because they were not aware that it is a killer disease and they were not scared.

Participant 5 I learnt about it that is was a very serious disease when it killed a lot of people in KwaZulu Natal in 2000.

There was a pause for a while and the researcher asked if there were further comments, the rest of the members nodded in agreement with what have been said by other group members. There were no further comments from the rest of the group.

Question 2

Have you got any ideas as to how people get infected with HIV/AIDS?

Participant 1 sex.

Participant 2 blood transfusion with infected blood.

Participant 3 from cuts and wounds that are not covered and they come into contact with an infected person.

Participant 4 through exchange of body fluids and oral sex with a person who is infected.

Participant 5 he said, I am seconding what the first participant has said.

Participant 6 Yes, through mother to child, if the mother is infected.

There was a pause; some members face down saying that this is a bad illness

Participant 7 This disease is here to wipe us out.

All the group members agreed saying that we are all going to die young if the treatment is not found soon.

Question 3

Have you heard of people talking about being cured of HIV/AIDS by having sexual intercourse with young girls? If yes, what have you heard?

They all nodded that saying that they have heard about this.

Participant 1 on television and radio that people believe that they can be cured and they use babies for this.

Participant 2 no one knows where this influence comes from.

Participant 3 Some people use this as an excuse to rape someone

Participant 4 people are very sick, psychologically, this is not true that they can be cured through this way.

Participant 5 I agree with the last participant.

They were all shaking their heads, saying that this is a real disgrace in our society if there are people who are doing this.

Question 4

Do you believe that having sex with young girls can cure HIV/AIDS? What makes you say this?

Participant 1 This is not possible because the doctors are still busy trying to get the cure for this disease

Participant 2 There is no cure for this, people who believe in this myth are sick in their minds.

Participant 3 This is a lie

Participant 4 I do not believe in this.

Participant 5 I do not think a person can be cured by doing this, the treatment that we know of is either taken orally, or as an injection or applied topically but not by sexual intercourse.

Participant 6 This is just destroying the kids and their future.

Question 5

In order for the cure to work, is that believed that the girl has to be of a certain age?

Participant 1 generally the child should be a virgin, less than 10 years old,

Participant 2 the media should give correct messages to the public, because people listen to the news and if the media gives out wrong information, people tend to go with it.

Participant 3 people who have HIV/AIDS are vulnerable and they can do anything they are told in order to help themselves.

Participant 4 Some people will tell you that it should be a baby

Participant 5 The age of a child should be between months old and 13 years.

Participant 6 A child who has not reached puberty

There was a pause, the whole group kept quite as if they were still thinking

Participant 7 (Yah!) I agree with those who say they have heard that the age is 13 years and this affects young and even newborn babies.

Participant 8 Some will tell you that even a baby who is still on breast milk and on nappies, (Gha!) It's a disgrace really.

The whole group reacted saying that Yes! Yes! Remember baby Tsepang on the television news. This was a real baby who was raped by one of those sick people.

Question 6

In your own opinion, who is responsible for perpetuating this belief or where does this come?

Participant 1 It is difficult to say as some people say it is traditional healers, but I do not agree as traditional healers are helping us, they cannot say we must kill innocent children.

Participant 2 it is people who believe in the myth and there are lots of myths in the society this is not the only one.

Participant 3 I want to say that the media is responsible for giving the wrong information to the public.

Participant 4 you cannot point a finger to a person as you can be arrested for this, but there people who are perpetuating this myth within the society to serve their own interests.

Participant 5 some people are blaming this on traditional healers, and yet the influence is on the society in general. It is amongst the young men, who are still highly sexual active, but it is just a lie, they are just spreading the virus.

Participant 6 If a traditional healer can cure an illness, he will give you treatment not send you to commit a crime, because this myth is like committing a crime.

Participant 7 The young men who raping the children or anyone, are saying that they do not want to die quickly, this is the way of delaying getting sicker and they become carriers and yet they are spreading the disease.

There was a pause for a long time, and a sign that they have exhausted all the questions. They all looked at me as if they were saying I should continue with the next question.

Question 7
How is it believed to work?

They all looked at each other, waiting for one person to talk and then one after the other answered saying they do not know.

Question 8
What are your perceptions about people who have sexual intercourse with young girls as a cure for HIV/AIDS?

Participant 1 I think they should be arrested.

Participant 2 they should be castrated.

Participant 3 these people should be killed, a death sentence must be brought back.

Participant 4 the people who are doing this are to be sent for psychiatric evaluation as they have a psychological problem. The rest of the group had no comments as they agreed with what the others have pointed out.

Participant 5 It is high time the death sentence comes back so that these criminals can stop this. I say they arte criminals, because they are destroying our nation, our young sisters.

Participant 6 The government should be serious about taking steps in bringing back the death sentence and they should engage themselves in designing programs to help our sick society.

Question 9

How aware is the community about HIV/AIDS?

As the students were from different communities, they answered as follows:

Participant 1 Yes my community is aware of the disease and I also take the initiative of teaching the youth when I am not on campus during the holidays.

Participant 2 My community is well aware of the disease and this is because there are campaigns to bring more awareness, which are taking place within the community.

Participant 3 I come from a very remote are, such information is so scarce that is why I joined the peer health educators group on campus, so that when I go home I can give this knowledge to the community, especially the youth. The reason for this is that there is lots of information that we are given in the group.

Participant 4 There are lots of campaigns that are being held within the community where I come from and this helps in teaching the youth.

Participant 5 In our community we have a center where people meet to discuss health related issues

After this the group kept quite as there were no further comments.

Question 10

What are the perceptions of the community about the people who have sexual intercourse with young girls as a cure for HIV/AIDS?

Participant 1 people are against this, but it is still going on, children are being raped although we cannot say that it is done for this purpose.

Participant 2 The community is very angry about such things as some people hear this from the radio and finds that there are people in the community who are doing this.

Participant 3 I have never come across this in the community, but I know it is happening.

Participant 4 The feeling from the community where I come from is that if people can do this, they will open a kangaroo court and deal with these people themselves because the law takes too long to respond to such issues.

The rest of the group nodded and agreed with the rest of the members on what has been said.

Question 11

Do you visit the traditional healer? If yes, for what purposes?

Participant 1 yes, for the medicine to give me dignity.

Participant 2 for the medicine to clean my system and so that people love me.

Participant 3 if there is death in the family, our parents take us to the traditional healer for cleansing.

Participant 4 I got for treatment that the scientific world cannot cure.

Participant 5 we as Africans use traditional healers for certain ritual within our families and culturally traditional healers are part of our lives.

The rest of the members said they believe in spiritual water and they do not use muthi.

Question 12

Where do you get advice about sexual related matters?

Participant 1 love-life programs on television.

Participant 2 from parents especially the father I normally talk to him when I have a sexual problem, he is very open with me.

Participant 3 my mother is very helpful to me as she works with the youth.

Participant 4 from friends, as they want to fit you in a group, sometimes it is not good advice and you can fall in a trap because of the pressure from your peers.

The rest of the members were quite and had no comments.

Question 13

Is there anything else that you would like to tell me that have not been mentioned (regarding the myth)?

Participant 1 Friends can influence you in a good or a bad way. There are elder brothers who are a bad influence and they can tell you to do things, which are not right.

Participant 2 in my community there is a teacher who is very young and he sits with us and tell us that he is HIV positive, but he sleeps around with young school girls and he says that the girls are leaving us for him because they do not want a condom and we boys we use condoms which is not good for sex. This teacher is from Ladysmith he teaches in one of the schools in the rural community. He also owns a shop and these girls go to him because he has money and they do not know that he is HIV positive.

The group was quite for a minute and the researcher seeing that there were no further comments thanked the group for their full participation and the interview was closed.

ANNEXURE 3.3

Transcript of an interview with the Medical Science Students

Date: 02.3. 2004

Time: 13: 20

Venue: The student health services boardroom.

UMBUZO 1

NGABE USUKE WEZWA NGENGCUŁAZA ? UMA UTHI YEBO,NGABE WEZWA KUPHI.

OWOKUQALA :

Okokuqala ingculaza amahemuhemu
nje ngoba ikhona

OWESIBILI :

Kuphela ngo1994 ngosuku lwalabo
abagula bephethwe ingculaza
ngesikhathi ubaba uMandela ethula
inkulumo ,ilapho engaqala ukukholwa
ukuthi ikhona ingculaza ,bonke
banqekuzisa amakhanda

OWESITHATHU :

Ngezwa ngengculazi emsakazweni,
nakumabonakude, nasephepheni
lezindaba .

OWESINE :

Ngezwa ngengculaza ngesikhathi
ngibuya phesheya nokuthi isibulale
abantu abaningi nokuthi isisabalale
neGoli lonke abantu bayafa ngoba
abazi kahle ukuthi lesifo sengculaza
siyabulala kanti futhi abasesabi .

OWESIHLANU :

Ngafunda ngalesifo ukuthi siyisifo
esiyingozi ,esabulala abantu abaningi
kwa Zulu Natali ngonyaka ka 2000.

Wathi ukuma kancane umncwaningi wabuza ukuthi kukhona yini amazwi abafisa
ukuwasho ,abanye abaseqenjini bavuma ngamakhanda ukukhombisa ukuthi
bayavumelana nalokhu okushiwo amanye amalunga eqembu akukho okunye
abakusho eqenjini.

UMBUZO 2

NGABE UNALO YINI ULWAZI LOKUTHI BAYITHOLA KANJANI INGCULAZA

OWOKUQALA :

Bayithola ngokwenza ucansi
olungavikelekile

OWESIBILI :

Ngokuthelelana kwegazi womuntu
onengculaza .

OWESITHATHU :

Ukusikeka nezilonda ezingavalekile
bese ethintana nomuntu onengculaza.

OWESINE :

Ngokushintsha koketshezi
olusemzimbeni, nokwenza ucansi
nomuntu onengculaza

OWESIHLANU:

Wathi uyavumelana nalona okhulume
ekuqaleni .

OWESITHUPHA :

Yebo isuka kumama iya enganeni
engakazalwa uma umama enengculaza

OWESIKHOMBISA :

Abantu bagula kabi , oDokotela bezengqondo bathi akulona iqiniso ukuthi ingculazi iyelapheka ngokwenza ucansi nezingane ezincane

OWESIHLANU :

Ngiyavumela na nalona okhulume
manje.

Bonke baxhawulana basho ukuthi lento iyadumaza kabi emphakathini wethu
uma kusenabantu abenza izinto ezimbi kangaka .

UMBUZO 4

NGABE UYAKHOLWA UKUTHI UKWENZA UCANSI NEZINGANE EZINCANE
KUYAYELAPHA INGCULAZA? YINI EKWENZA USHO NJALO?

OWOKUQALA:

Lena into engekho ngoba o Dokotela
bamatasa bazama ukuthola ikhambi
lokwelapha ingculaza .

OWESIBILI

Alikho ikhambi lokwelapha ingculaza ,abantu
abakholwa ilento nale nsumansumane bagula
ngengqondo.

OWESITHATHU :

Amanga lawa.

OWESINE :

Angikholelwa kulokhu.

OWESIHLANU :

Angikholwa ukuthi umuntu onengculaza
uyelapheka ngokwenza lokhu,ukwelashwa
okwaziwayo kumele ukwenze nsukuzonke,
noma umjovo kodwa hayi ngokwenza ucansi

OWESITHUPHA : Lokhu kubulala ikusasa lezingane ezincane

UMBUZO 5

UKUZE LENDLELA ISEBENZE ,NGABE UKHOLELWA EKUTHENI KUMELE
KUBE AMANTOMBAZANE ASESITEJINI ESITHIZE SEMINYAKA?

OWOKUQALA : Ngokujwayelekile ingane kumele kube intombi nto!
Ibe ngaphansi kweminyaka eyishumi .

OWESIBILI : Abaphethe imisakazo ,nomabonakude kumele
balungise umlayezo owaziwa abantu bonke ,ngoba
abantu balalela izindaba ,emisakazweni
nakomabonakude banika ulwazi olungelona. Iqinisa
abantu benze ngaleyondlela abasuke basho ngayo.

OWESITHATHU : Abantu abanesifo sengculazi basuke belimele bese
benza noma yini abayitshelwayo ukuze bazisize
bona.

OWESINE : Abanye bakutshela ukuthi kumele kube ingane .

OWESIHLANU : Iminyaka yengane ibe phakathi kwezinyanga
neminyaka eyishumi nantathu

OWESITHUPHA: Kuba izingane ezingakathombi.

Wathi ukuma kancane ,lonke iqembu lathi ukuthula ,lapho besacabanga .

OWESIKHOMBISA : Yah! Yebo ngiyavumelana nalaba abathi bezwa
kuthiwa izingane ezineminyaka eyishumi nantathu
lokhu kubulala izingane ezincane nalabo bantwana
abangakazalwa .

OWESISHIYAGALOMBILI : Abanye bakutshela ukuthi ingane encane esancela ibele ,efaka inabukeni ,Gha! kuyadumaza qiniso

Lonke iqembu lathu Yebo, Yebo, khumbula indaba yomtwana omncane uTsepang eyavela ezindabeni zikamabonakude,lokhu kuyiqiniso lengane eyadlwengulwa omunye walabantu abagulayo.

UMBUZO 6

NGOKWAKHO UKUBONA UBANI OQHUBEKISA LENKOLELO IQHAMUKAPHI LENTO ?

OWOKUQALA : Kunzima ukusho ukuthi yize abanye abantu bethi iqhamuka kubelaphi bendabuko ,kodwa angivumelani nabo ngoba abelaphi bendabuko ibona abasisizayo .angeke basho ukuthi akubulawe izingane

OWESIBILI : Abantu abakholelwa kule nsumansumane kikhona nezinye izinsumansumane emphakathini ,akuyona yodwa kuphela lena.

OWESITHATHU: Ngithanda ukusho ukuthi umsakazo nomabonakude ibona abanika abantu bezwe lonke ulwazi olungelona iqiniso.

OWESINE: Angeke ukhombe ngomuno umuntu ukuthi akaboshelwe lento, kodwa labantu abaqhubekisa lenkolelo emphakathini ukuze bafeze izidingo zabo.

OWESIHLANU:

Abanye abantu basola abelaphi bendabuko, nokufundisa umphakathi kuphakathi kwabafanyana abasenamandla ekwenzeni ucansi , kodwa baqamba amanga kuphela nje basabalalisa ingculaza.

OWESITHUPHA:

Uma abelaphi bendabuko bengakwazi ukwelapha ingculaza bengakunika imithi yokwelashwa hayi ukuthi bakuthumele ekutheni uzifake ebugebengwini ngoba le nsumansumane ifana nokuzifaka ebugebengwini.

OWESIKHOMBISA:

Laba bantu besilisa abadlwengula izingane , bathi abafuni ukusheshe bafe , lendlela ibamba ukugula ukuthi kungasheshi ukudlulela phambili , kodwa basabalalise ingculaza.

Bathi ukuma isikhathi eside , ukukhombisa ukuthi bakhathele yiyo yonke le mbuzo , Babuka mina bathi singaqhubeka neminye imibuzo.

UMBUZO 7

NGABE ISEBENZA KANJANI LENKOLELO?

Babhekana bonke , balinda ukuthi oyedwa wabo aqale ukukhuluma , bese kuba omunye, emava komunye. Impendulo yabo yathi abazi.

UMBUZO 8

UTHINI UMBONO WAKHO NGALABA BANTU ABENZA UCANSI NEZINGANE EZINCANE , NGOBA BETHI BALAPHA INGCULAZA?

OWOKUQALA:

Ngicabanga ukuthi kumele baboshwe .

OWESIBILI:

Kumele bathenwe.

OWESITHATHU:

Labantu bangababulali, kumele isigwebo sentambo sibuye.

OWESINE:

Laba bantu abenza into embi , kangaka kumele bathunyelwe kodokotela bezenqondo ukuze bayobhekwa ukuthi abazo yini izinkinga emqondweni .Abanye abaseqenjini abanganamagama abangawasho njengoba bavumelana nalokhu okushiwo abanye .

OWESIHLANU:

Sekuyisikhathi esiningi abantu befisa isigwebo sentambo sibuye ukuze lezi zigebengu ziyeke lento Laba ubugebengu obuyibuciko ngoba babulala isizwe sethu , nekusasa lodadewethu abancane.

OWESITHUPHA:

Hulumeni kumele aqinise ukuthi uthatha ezinye izinyathelo ngokubuyisa isigwebo sentambo, ukuze bafake ukwenza uhlelo lokusiza umphakathi ogulayo.

UMBUZO 9

NGABE UMPHAKATHI WAZI KANGAKANANI NGENGCVLAZA?

OWOKUQALA:

Yebo umphakathi wami uyazi ngengculaza ngizothatha ithuba nqiziqalele ukufundisa abantu abasha ngengculaza, uma ngingayanga ekhampasini.

OWESIBILI:

Umphakathi wazi kahle ngengculaza ngoba imikhankaso iletha ulwazi , leyo mkhankaso yenzeka emphakathini.

OWESITHATHU:

Ngiqhamuka entweni efanayo kancane , ulwazi luswelakele , ingakho ngajoyina izifundo zokuqala ezempilo eqenjini, elisenyuvesi ,uma ngiya ekhaya ngizonikezela ulwazi emphakathini ikakhulukazi kubantu abasha , isizathu esenza ngisho kanje ukuthi luningi ulwazi olunikezwe iqembu.

OWESINE:

Miningi imikhankaso eyenziwa emphakathini wakithi , lokhu kuzosiza ukufundisa abantu abasha

OWESIHLANU:

Emphakathini wakithi kunesikhungo, lapho kuhlangukhona nabantu ukuze kuxoxwe ngezempilo.

Emva kwalokhu , iqembu lathula , akukho mazwi abawasho.

UMBUZO 10

UTHINI UMBONO WOMPHAKATHI NGALABA BANTU ABADLWENGULA
IZINGANE EZINCANE NGOBA BETHI BALAPHA INGCULAZI?

OWOKUQALA:

Abantu bayaphikisana nalento kodwa
iyaqhubeka iyenzeka , abantwana
bayadlwengulwa noma bakwenza
ngenhloso. eyenziwa ilababantu abanye
bayizwa emsakazweni ,nakubantu
emphakathini abenza lokhu.

OWESITHATHU:

Angikaze ngihlangabezane nalento
emphakathini , kodwa khona ngiyazi
ukuthi iyenzeka.

OWESINE :

Ukuphatheka kabi komphakathi
engiqhamuka kuwo bathi uma umuntu
enza lento bathi bazovula inkantolo
yezilwane zaseNageria (kangazi) ukuze
basebenze ngalababantu abenza into
embi , ngoba umthetho uthatha
isikhathi eside ukuphendula kulezi
zenzo ezimbi.

Abanye abaseqenjini banqekuza bavumelana nokushiwo abanye abanabo
eqenjini.

UMBUZO 11

**NGABE BAYAKUVAKASHELA ABELAPHI BENDABUKO ? UMA UTHI YEBO
NGAYIPHI INHLOSO?**

- OWOKUQALA:** Yebo ukuze ngithole umuthi wesithunzi.
- OWESIBILI:** Ukuthola imithi yokuhlanza isusu nomzimba wami ukuze ngithandeke.
- OWESITHATHU:** Uma kukhona oshonile abazali bethu basithatha besise kubelaphi bendabuko ukugeza.
- OWESINE:** Ukuyothola ukwelashwa lolu ososayensi bomhlaba, abangakwazi ukwelapha.
- OWESIHLANU:** Njengoba singabase Afrika sisebenzisana nabelaphi bendabuko ukwenza amanye amasiko nemicimbi nemindeneni yethu, namasiko nabelaphi bendabuko kuyingxenye yempilo yethu.

Abanye abaseqenjini bathi bona bakholelwa emimoyeni yamanzi, abayisebenzisi imithi.

UMBUZO 12

NGABE BAZITHOLAPHI IZELULEKO EZIPHATHELENE NEZOCANSI?

- OWOKUQALA:** Uhlelo lozothando kumabonakude.
- OWESIBILI:** Ngizithola kubazali bami ikakhulukazi kubaba engivamise ukukhuluma naye uma

nginenkinga yezocansi ukhululekile ukuxoxa
nami

OWESITHATHU:

Umama wami ulusizo kakhulu kimina ngoba
esebenza nentsha.

OWESINE:

Ngizithola kubangani , njengoba engene kahle
eqenjini , kwesinye isikhathi azibi zinhle
izeluleko ngoba ungahluleka ukumthiya
ngoba bazothola amandla okwanezela labo
abakhulu kunawe.

Abanye bamalunga eqembu bathula bangasho lutho.

UMBUZO 13

**NGABE UKHONA OFISA UKUNGITSHELA KHONA ENGINGAZANGE
NGIKUSHO (OKUPHATHELENE NALE NSUMANSUMANE)**

OWOKUQALA:

Abangani bakufaka ezintweni ezinhle nezimbi ,
kunabafowenu abadala abakwenzisa izinto
ezimbi ongazithandi kanti lokho akukuhle.

OWESIBILI:

Emphakathini kunomfundisi uthisha
osemncane uhlala phansi nathi asitshele
ukuthi unengculazi kodwa wenza ucansi
namantombazane esikole amancane
Wasitshela ukuthi azosishaya
amantombazane uma singafuni ukusebenzisa
ijazi lomkhwenyana (condom) lothisha
uqhamuka eMnambithi ufundisa kwesinye
isikole esisemphakathini wasemakhaya ,

uphethe isitolo amantombazane amthanda
ngoba enemali kodwa abazi ukuthi
unengculazi.

Iqembu lathula isikhashana. umcwaningi wabona ukuthi akekho othanda
ukuphawula wabonga kakhulu eqenjini nokulekelelana ekuphendulweni
kwemibuzo lwaphela uhlelo.

Transcript of an Interview with the Anthropology students

Date: 10.3.2004

Time: 13.20

Venue: The student health services boardroom

Question 1

Have you heard of HIV/AIDS? If yes, from what source?

Participant 1 I got the knowledge from my teachers at school

Participant 2 I had no knowledge until I came to study and a lot of campaigns taught me

Participant 3 As there is no one who was teaching us as children at home, the knowledge I have is from the youth center and the campaigns that took place next to my home.

Participant 4 I got this knowledge from the television and radio.

Participant 5 I have heard about it from the newspapers.

The rest of the group was in agreement with what has been said.

Question 2

Have you got any ideas as to how people get infected with HIV/AIDS?

Participant 1 A person can get this disease from using drugs and indulging into unsafe sex, or raping a girl not knowing that she has HIV.

Participant 2 A person can get the disease from an old sexually transmitted infection that was not treated and pass this to his partner who has no infection.

Participant 3 What I know is that a person can get infected from unprotected sex.

Participant 4 From an accident and you find yourself helping unaware that you have a cut or an injury and there is contact with this person who is involved in accident.

Participant 5 Others get it by using the same toothbrush and this person might have bleeding gums.

Participant 6 I have learned about that there is a mother to child transmission of the virus.

Participant 7 I know that if you touch body fluids with hands that have wounds and cuts, it is easy to get the virus.

Question 3

Have you heard of people talking about being cured of HIV/AIDS by having sexual intercourse with young girls? If yes, what have you heard?

Participant 1 I have heard about this a lot, I do not believe in this that a man can get cured or the virus get out the system through this, instead he is spreading the disease. (Angry)

Participant 2 There is no such thing in life, if you are infected that is the end of the story.

Participant 3 I have heard people talking about this, but this is not true they are just destroying the child's life.

Participant 4 Some people were busy spreading this knowledge and they were telling us that they are from the clinic, this is in the rural community where I stay, saying that if one sleep with a girl child he can be cured of the disease. I see that this is not true and these people were not nurses or doctors.

Participant 5 Some people will tell you that it is witchdoctors, because they have jealousy of Mr. so & so's daughter and one can spread the disease by sleeping with her.

Participant 6 this is disgusting as it is happening in our black society and other races are laughing at us. I have heard about this on radio and every time it is a black child and the perpetrator is also black. (Angry)

The other members of the group were shaking their heads.

Question 4

Do you believe that having sex with young girls can cure HIV/AIDS? What makes you say this?

Participant 1 I do not believe in this, instead this is just a way of spreading the disease.

Participant 2 there is no such thing and I do not believe in this.

Participant 3 no I don't believe in this, it is child abuse.

Participant 4 I do not believe that there is something like this, it is disgusting!!! (Angry)

Participant 5 There is no way that a person can be cured through this method, since there is still no treatment for the disease.

As there were no further comments, the group was quite.

Question 5

In order for the cure to work, is that believed that the girl has to be of a certain age?

Participant 1 Once a person has contracted the disease there is no way that sleeping with a young girl can cure him.

Participant 2 There is just no way this can work, until the government brings cure to people then we can talk, but at the moment I say no ways.

Participant 3 Some people will say a child of 3years or months, but I do not believe in this.

Participant 4 The radio and television will state the age of a child that has been raped when reporting the case on the news and in most cases it is children under the age of 10 years.

Participant 5 I agree with you because in the news you will hear that a 9-month-old baby or a 2-year-old girl was raped.

Participant 6 There is no cure for HIV/AIDS, children should not be targets.

Participant 7 Yes, these people should leave children alone and continue with their own corruption in other ways, but not this.

Participant 8 this is really disgusting.

After this the group has a pause and the next question was asked.

Question 6

In your own opinion, who is responsible for perpetuating this belief or where does this myth come from?

Participant 1 I think it is people who do not have enough knowledge about the disease.

Participant 2 The people who do this are already infected with the virus and they have jealousy and they want to spread the disease and die with a lot of children or young people.

Participant 3 I think it is the traditional healers who are responsible for this, as they have no treatment for the disease and they tell this can cleanse people to rape children who are young and are virgins, as these children are a symbol of purity and a man.

The researcher probed this participant as to where he got this information. His response was, besides the radio and newspapers that inform people, there are traditional healers who are spreading this and I do not know the motive behind this.

Participant 4 I think it is the television that is sending the wrong messages to people and showing the pictures that are not to be seen by young people and when a person gets to know his status and he is desperate to get help, he tries out the message that was on the news from the television out of desperation.

Participant 5 Yes, I hear this but the television is there to keep us informed, we will not have this information to tell you if we did not have media (they all laughed).

Participant 6 I still feel it is wrong of people who are promoting this because the children are getting destroyed emotionally and physically.

Participant 7 This is a myth from the witchdoctors' not real traditional healers, because witchdoctors are bad people they like to destroy people's lives.

Participant 8 I agree with the last speaker, it is only those "traditional healers" who are not treating people in a true sense and only have herbs to kill or destroy people.

Question 7
How is this believed to work?

Participant 1 What I know is that the traditional healer will throw his bones and after that he tells you that he has no treatment for this illness that you have and the only way out is to sleep with a young girl and you will be cleansed. He will further tell you that since it is not easy to get the child it is better to resort to rape as no child can come freely.

Participant 2 Sometimes there is no motive behind to spread the infection, but it is the instruction from the traditional healer thinking that he is getting help but instead he is destroying the child's virginity, future and her life.

Participant 3 This is so much disgusting if people do this to their own young sisters.

Participant 4 We must distinguish between the traditional healer in a true sense and someone who is taking a chance, like those people who sell herbs along the road. I can never trust anything from that person and my thinking is that these are the people who are perpetuating this wrong information.

Participant 5 I do not know how this belief works.

Participant 6 I agree with the very first speaker, because this is just pure rape and people think the cleansing takes place when there is exchange of fluids, i.e. from an HIV positive person and getting the purity from the virgin.

Participant 7 To me, it does not make any sense because the fluids that pass to the girl will infect her and I do not know how this person can be cured.

Participant 8 There is no way this method can work.

There was a pause after this.

Question 8

What are your perceptions about people who have sexual intercourse with young girls as a cure for HIV/AIDS?

Participant 1 I say they should be admitted into psychiatric hospitals, because they are sick mentally.

Participant 2 I think they should be arrested and send to court for a life sentence

Participant 3 I think for those who have been arrested for this should come out clean and tell the world why they are doing this, if someone is responsible for they need to tell the whole world or us about it

Participant 4 These people need a lot of counseling about the illness, they should be taught that it is a killer disease and sleeping with children will not help but instead will destroy the kid's future and life.

Participant 5 I hate this (saying this forcefully with anger) these people should be castrated.

Participant 6 The communities should be made aware of traditional healers who are chancers or fakes and they should be brought to book because they are sending wrong messages to people.

Participant 7 People like this should have their behaviors modified.

Participant 8 It is the duty of the government to tighten the laws especially anything that affects the children.

Question 9

How aware is the community about HIV/AIDS?

Participant 1 Yes, the whole community is aware

Participant 2 My community has knowledge but it is so little because the pamphlets are written in English.

Participant 3 Other people know about this but they do not want to listen and they do things the way they want and they do not believe that there is HIV and it kills.

Participant 4 more people should be sent out by the Government to teach the community about the HIV/AIDS.

Participant 5 My community have very limited resources, which makes them not to be knowledgeable about this condition. This is because of poor roads, especially on rainy days, therefore no campaigns are done to increase awareness about HIV/AIDS.

The rest of the group had no different opinion from what has been said.

Question 10

What are the perceptions of the community about the people who have sexual intercourse with young girls as a cure for HIV/AIDS?

Participant 1 the community wants these people dead as they are destroying the children's lives.

Participant 2 they should get a heavy sentence in court, even a death sentence. All the other members agreed with the two above.

Participant 3 they should get a life sentence

Participant 4 the government must to bring back the death penalty.

Participant 5 some community members have resorted into taking law into their hands, because they cannot sit and wait for the police to take action which takes a long time and their children are getting destroyed by these perpetrators.

Participant 6 in my community people are also dealing with the "fake" traditional healers and the witchdoctors who are spreading this bad knowledge.

The researcher wanted to find out, how the community deals with these people.

Participant 6 (continues) there is a kangaroo court where people who are not arrested and they are known by the community that they have done wrong are being punished, by being bitten with sham bocks and being neck-laced with a burning tyre. The reason for this is that the community is tired of the rapes that are taking place and are not dealt with by the law, because people say there is no evidence and yet a person who has done this is known.

The rest of the group members said the police are handling the cases although the community is not happy, because most of those cases do not go to court, but there is nothing the community can do about this.

Question 11

Do you visit traditional healers? If yes, for what purposes?

Participant 1 Yes, at home with our parents we do visit traditional healers if there is someone within the family who is sick and to check if that person is sick because of the ancestors or he/she has been bewitched.

Participant 2 I go to the traditional healer to get medicine to protect me from evil spirits, from witchcraft, because people out there are full of jealousy especially because we are studying and they do not like that as their own kids are stuck on drugs.

Participant 3 I do go to the traditional healer for medicine for dignity at work and among women.

Participant 4 I visit traditional healer for the medicine to clean my system when I do not feel well.

Participant 5 traditional healers are good people and they can give you stuff for sexually transmitted infections, e.g. lice infestation, drop, etc.

Participant 6 I do not go to the traditional healer, because my family does not believe in the use of herbs and stuff.

Participant 7 I also do not visit the traditional healer, because of my home religion.

Participant 8 no comment.

Question 12

Where do you get advice about sexual related matters?

Participant 1 From my parents

Participant 2 on television and radio

Participant 3 from the Department of health, love life, family planning clinics.

Participant 4 from my friends.

Participant 5 from my peers hear on campus.

Participant 6 from my uncles at home.

Participant 7 from my mother, because my father does not stay with us.

Participant 8 from my granny and my aunty.

Question 13

Is there anything else that you would like to tell me that have not been mentioned (regarding the myth)?

No there is nothing. All members were satisfied with what has been said. The interview ended, as there were no further comments.

Transcript of an interview with an the Anthropology students

Date: 10.3. 2004

Time: 13.20

Venue: The student health services boardroom

UMBZO 1

NGABE USUKE WEZWA NGENGCUŁAZA ? UMA UTHI YEBO ,NGABE
WEZWA KUPHI?

OWOKUQALA : Ngabthola ulwazi kuthisha esikoleni .

OWESIBILI: Ngangingenalo ulwazi, kwaze kwaba ngiya
enyuvesi kwayilapho okuba nomkhankaso
eminingi engafunda kuyo ngengculazi.

OWESITHATHU: Njengoba kungekho noyedwa ofundisa
izingane emakhaya ulwazi ezinalo engaluthola
esikhungweni sentsha, kanye
nasemikhankasweni eyenzelwa eduze
nasekhaya.

OWESINE: Ngaluthola ulwazi emsakazweni
nakumabonakude.

OWESIHLANU: Ngezwa ngalohku ephepheni lezindaba.

Abanye beqembu bavumelana nalokhu osekushiwo

UMBUZO 2

NGABE UMPHAKATHI UYAZI YINI NGENGCUŁAZA?

OWOKUQALA: Umuntu uthola ingculaza ngokusebenzisa izidakamizwa eziluthayo, nokwenza ucansi olungaphephile nokudlwengula amantombazane ngoba engazi ukuthi unengculaza.

OWESIBILI: Bayithola ngokwenza ucansi olungavikelekile bese idlulela kumngani wakhe ongenaso isifo.

OWESITHATHU: Engikwaziyo ukuthi ingculaza itholakala ngokwenza ucansi olungavikelekile.

OWESINE: Ngokusiza labo abalimele engozini kanti awufakanga amagilavi ezandleni kanti olimele unezilonda ezivulekile bese nithintana seniyathelelana ngengculaza.

OWESIHLANU: Abanye bayithola ngokusebenzisa isixubho esisodwa kanti omunye unezinsini ezophayo

OWESITHUPHA : Ngifunda ngalokhu ukuthi umama ulidlulisela enganeni leli gciwane

OWESIKHOMBISA: Ngazi ukuthi uma uthinta uketshezi olusemzimbeni ngesandla kanti unezilonda ezivulekile kulula ukuthi uthole leli gciwane.

UMBUZO 3

WAKE WEZWA ABANTU BEXOXA UKUTHI IGCULAZA IYELAPHEKA
NGOKWENZA UCANSI NEZINGANE EZINCANE ?UMA UTHI YEBO YINI
EKWENZA USHO NJALO

OWOKUQALA: Sengezwa kaningi ngalokhu, angikholelwa kukhona ukuthi isifo siyaphuma ngokwenza lokhu , kodwa kunalokho basabalalisa igciwane (ngokuthukuthela)

OWESIBILI: Ayikho into enje empilweni uma unengculaza unayo ukuphela kwendaba.

OWESITHATHU : Ngihlala ngizwa abantu bekhuluma ngalokhu , kodwa lokhu iqiniso , kodwa ukubulala impilo yezingane

OWESINE : Abanye abantu bamatasa basabalalisa lolu lwazi olungamanga basitshela ukuthi baluthola emtholampilo , lokhu kwenzeka emphakathini wasemakhaya lapho ngihlala khona bathi uma wenza ucansi nengane encane akulona iqiniso labo bantu ababona abahlengikazi nodokotela.

OWESIHLANU: Abanye abantu bakutshela ukuthi abathakathi ababaloyile ngoba benomona.(uMnumzane soleniso indodakazi yakhe iyona esabalalisa leli gciwane ngokuthi yenza ucansi naye)

OWESITHUPHA Lento iyacasula njengoba yenzeka emphakathini wabamnyama kanti ezinye izinhlangano ziyasihleka

Ngezwa ngalokhu emsakazweni kuso sonke isikhathi
izingane zabantu abamnyama , nezigebengu nazo
Zabantu abamnyama (ngokuthukuthela)

Amanyane amalunga eqembu axhawulana.

UMBUZO 4

NGABE UYAKHOLWA UKUTHI UKWENZA UCANSI NEZINGANE EZINCANE
KUYAYELAPHA INGCULAZA YINI EKWENZA USHO NJALO?

OWOKUQALA : Angikholelwa kulokhu, kunalokho basabalalisa
ingculazi

OWESIBILI: Ayikho into enje ,angikholelwa kuyo

OWESITHATHU: Qha angikholelwa kulento, kuphela kuhlukunyezwa
izingane

OWESINE: Angikholelwa ukuthi ikhona into enje
kuyacasula(ngokuthukuthela)

OWESIHLANU: Ayikho indlela yokuthi umuntu azelaphe ngale ndlela
njengoba sazi ukuthi alikatholakali ikhambi lalesi sifo

Njengoba kungekho ophawulayo iqembu lathula

UMBUZO 5

UKUZE LE NDLELA ISEBENZE, NGABE UYAKHOLWA UKUTHI
AMANTOMBAZANE KUMELE ABESESITEJINI ESITHILE SEMINYAKA ?

OWOKUQALA: Angikholelwa kulokhu ngaphandle kwendlela yokusabalalisa ingculaza.

OWESIBILI: Ayikho into enje angikholelwa kuyo gaphandle kokuthi uHulumeni alethe ukwelashwa kubantu bengalokhu bekhuluma izinto ezingekho ayikho indlela yokwelapha ingculaza.

OWESITHATHU : Abanye abantu bathi izingane ezincane ezinezinyangana zizelwe kodwa angikholelwa kulokhu

OWESINE : Emsakazweni nakumabonakude bayayisho iminyaka yezingane ezidlwengulwayouma bebika amacala ezindabeni emacaleni amaningi kuba amantombazane amancane angaphanssi kweminyaka eyishumi.

OWESIHLANU : Ngiyavumelana nawe ngoba ezindabeni babika ukuthi izingane ezzidlwengulwayo zisukela ezinyangeni eziyisishiyagalolunye ,noma ezineminyaka emibili.

OWESITHUPHA : Alikho ikhambi lokwelapha ingculaza .izingane azizona ihawu lokuvika

OWESIKHOMBISA: Yebo labantu abayeke izingane zodwa baqhubeke nenkohlakalo yabo kodwa hayi lokhu.

OWESISHIYAGALOMBILI : Lokhu ngempela kuyacasula

Emva kwalokhu iqembu lathi ukuma kancane kwaqhutshekwa nombuzo olandelayo.

UMBUZO 6

NGOKWAKHO UKUBONA ,UBANI OQHUBEKISA LENKOLELO ?NOKUTHI IQHAMUKAPHI LENSUMANSUMANE ?

OWOKUQALA: Ngicabanga ukuthi ilabantu abangenalo ulwazi ngengculaza.

OWESIBILI : Labantu abenza lokhu ilabo abanengculaza manje banomona basabalalisa lesi sifo ngobabefuna ukufa nezingane ezincane ezingenacala.

OWESITHATHU: Ngicabanga ukuthi abelaphi bendabuko abaqhubekisa lenkolelo alikabikho ikhambi lokwelaoha ingculaza batshela abantu ukuthi liyaphuma igciwane uma bedlwengula izingane ezincane neziyizintombi nto lezi zingane zibonisa ubumsulwa kubantu besilisa

Umcwaningi wathi ukubahlolisisa abahlanganyeli bakhe ukuthi balutholaphi ulwazi ngaphandle komsakazo nomabonakude .Kukhona abelaphi bendabuko abasabalalisa le nkolelo angazi ukuthi yini isisusa salokhu.

OWESINE: Ngicangabukuthi umabonakude othumela ulwaziwungelona

Iqiniso iphinde ibonise nangezithombe okungamele zibonwe izingane ezincane ngesikhathi umuntu ethola imiphumela eshoyo ukuthi unengculaza uphelelwa ithemba lokuthi uzolithola yini usizo bazama lemi yalezo abayithola ezindabeni nakumabonakude benza baphelelwe amandla nethemba.

OWESIHLANU:

Yebo ngezwa ngalokhu kumabonakude ibona abahlala besinika ulwazi ukuba abekho ngabe asinalo ulwazi olungaka esikutshela khona (bonke bahleka)

OWESITHUPHA:

Ngiphatheka kabi ngalaba bantu abenza lokhu kube impumelelo ngoba izingane zibulaleka ngokwemizwa nangokwemvelo.

OWESIKHOMBISA:

Lena insumansumane evela kubathakathi hayi kubelaphi bendabuko ngoba abathakathi abantu ababi abathanda ukubulala izimpilo zabantu

OWESISHIYAGALOMBILI:

Ngiyavumelana nesikhulumi sokugcina ilabo belaphi bendabuko abalapha ngendlela engekho kodwa banamakhambi okubulala nokulimaza izimpilo zabantu.

UMBUZO 7

NGABE ISEBENZA KANJANI LENKOLELO?

OWOKUQALA:

Engikwaziyo ilokhu abelaphi bendabuko baphonsa amathambo abo phansi emva kwalokho bakutshela zonke izinkinga onazo

bese bekutshela ukuthi alikho ikhambi lokwelapha lesifo esikuphethe ,kodwa indlela engakusiza ukuthi wenze ucansi nezingane ezincane ukuze bazihlanze .Bakutshela lokhu ngoba bayazi ukuthi akulula ukuthola ingane encane .ngaphandle kokuthi usebenzise indluzula uyidlwengule ngoba akukho ngane engaziletha ekudlwengulweni.

OWESIBILI:

Kwesinye isikhathi asikho isisusa esenza basabalalise leli gciwane kodwa bathola izeluleko kubelaphi bendabuko ngoba becabanga ukuthi bazothola usizo kodwa, kunalokho babulala ubuntombi bezingane nekusasa lazo.

OWESITHATHU:

Lokhu kuyacasula impela uma abantu besilisa benza lokhu kodadewabo.

OWESINE:

Kumele kube nomehluko phakathi kwabelaphi bendabuko bangempela,kanye nabelaphi bendabuko bamanga bethatha amashansi njengalabantu abadayisa imithi emigwaqeni emide ,angiphinde ngithembe lutho kulabo Bantu ngokucabanga kwami labantu ibona abaqhubekisa ulwazi olungekho.

OWESIHLANU :

Angazi ukuthi le nkolelo iqhamukaphi.

OWESITHUPHA :

Ngiyavumelana nalesi sikhulumi ngoba labantu badlwengula izingane ezincane ezimsulwa ngoba bethi bazelapha ingculaza ,kanti ilapho

umzimba ushintsha khona. Umuntu
onengculaza ethola ubumsulwa bentombi nto.

OWESIKHOMBISA :

Kimi akunginiki ngqondo ngoba loluketshezi
lundlulela enganeni bese ligulisa ingane
nokuthi angazi ukuthi labantu belapheka
kanjani.

OWESISHIYAGALOMBILI:

Ayikho enye indlela le ndlela iyasebenza.
Wathi ukuma kancane emva kwalokhu.

UMBUZO 8

**UTHINI UMBONO WAKHO NGALABANTU ABADLWENGULA IZINGANE
EZINCANE NGOBA BETHI BALAPHA INGCULAZA?**

OWOKUQALA:

Ngithi kumele bavume ukuthunyelwa
ezibhedlela zabagula ngengqondo ngoba
bagula ngengqondo

OWESIBILI :

Ngicabanga ukuthi kumele baboshwe
bathunyelwe enkantolo ukuze bathole isigwebo
sentambo

OWESITHATHU:

Ngicabanga ukuthi labantu kumelwe baboshwe
.uma sebephumile ejele kumele batshele
umhlaba wonke ukuthi babekwenzelani lokho
nokuthi ubani obhekelele naleyonto

OWESINE :

Labantu badinga ukwelulekwa ngalokhu kugula
,kumele bafundiswe ukuthi leli gciwane
liyabulala .ukwenza ucansi nezingane

ezincane kusize kodwa kunalokho kubulala ikusasa nempilo yezingane.

OWESIHLANU :

Ngiyakuzonda lokhu (wakusho lokhu ephoqwa ukuthukuthela)labantu kufanele bathenwe nje kwaphela.

OWESITHUPHA:

Kumele umphakathi wazi ngabelaphi bendabbuko bamanga,kumele bathole izincwadi ngoba bahambisa imiyalezo engamanga.

OWESIKHOMBISA:

Abantu abafana nalaba kumele banciphise lendlela yokuziphatha engeyinhle.

OWESISHIYAGALOMBILI:

Ngumsebenzi kaHulumeni ukuqinisa umthetho ikakhulukazi kunoma yini ehlupha izingane.

UMBUZO 9

NGABE UMPHAKATHI UYAZI YINI NGENGCU LAZA?

OWOKUQALA :

Yebo umphakathi uyazi ngengculaza

OWESIBILI:

Umphakathi unalo ulwazi,kodwa luncane ngoba amabhukwana akhuluma ngengculazi abhalwe ngesi Ngisi.

OWESITHATHU:

Abanye abantu bayazi ngengculaza,kodwa abafuni ukulalela benza lokho abathanda ukukwenza ,kanti futhi abakholwa ukuthi ikhona ingculaza iyabulala

OWESINE:

Abanye abantu bathunyelwe uHulumeni ukuthi bafundise umphakathi ngengculaza.

OWESIHLANU:

Umphakathi wathi uyalinganiselwa amasu azobenza ukuthi babenolwazi ngaleso simo. Ingoba imigwaqo ayilungisiwe kahle ikakhulukazi uma kuna izulu ayikho imikhankaso eyenziwayo ukukhulisa ulwazi ngengculaza.

Abanye eqenjini abazange babe nambono ohlukile kulokhu okwase kushiwo.

UMBUZO 10

UTHINI UMBONO WOMPHAKATHI NGALABANTU ABADLWENGULA IZINGANE EZINCANE NGOBA BETHI BAZELAPHA INGCULAZA?

OWOKUQALA

Umphakathi ufuna labantu befile ngoba babulala impilo nekusasa lezingane.

OWESIBILI :

Kumele bathole isigwebo esinzima enkantolo, ngisho isigwebo sokudilikelwa ijele sibalungele. Bonke abantu bavumelana nalaba ababili

OWESITHATHU :

Kumele bathole isigwebo sokudilikelwa ijele

OWESINE:

Uhulumeni kumele abuyise isigwebo sentambo.

OWESIHLANU :

Amanye amalunga omphakathi
banombandela yokuziphathela
umthetho ngezandla ,ngoba abakwazi
ukuhlala balinde amaphoyisa ukuze
uthathe izinqumo ,lokho lwenza ingane
edlwenguliwe ibe sengozeni yokubulawa
isigebengu

OWESITHUPHA :

Emphakathini wethu kukhona abantu
ababhekene nalabantu abazenza
abelaphi bendabuko bamanga,
nabathakathi bandisa ulwazi
olungamanga.

Umcwaningi ufisa ukuthola ukuthi umphakathi wenzani ngalabantu abenza into
embi nebuhlungu kangaka.

OWESITHUPHA: (Uyaqhubeka)

Kunenkantolo ebizwa ngokuthi
iKangaroo lapha abantu ababoshiwe
Abaziwa umphakathi ukuthi benza izinto
ezimbi kumele bathole isijeziso ngokuthi
bashaywe ngenduku yokukhohlisa
bagaxwe nethayi elivuthayo entanyeni
Isizathu esenza umphakathi wenze
lokhu ukuthi usukhathele abadlwenguli
abazenzela umathanda ezinganeni
umthetho awenzi lutho ngabo ,ngoba
abantu bathi abukho ubufakazi nomuntu
owenze lokhu akaziwa.

Abanye bamalunga eqenjini bathi amaphoyisa ayasebenza ngalamacala noma umphakathi ungajabulile ngalokho amanye amacala awayi enkantolo,kodwa akukho okungenziwa umphakathi ngalokhu.

UMBUZO 11

NGABE UYABAVAKASHELA YINI ABELAPHI BENDABUKO?UMA UTHI YEBO,NGASIPHI ISIZATHU.?

OWOKUQALA : Yebo ekhaya abazali bayaya kubelaphi bendabuko ,uma kukhona ilunga lomdeni eligulayo bayobheka ukuthi ngabe lowo ogulayo akaguliswa yini amadlozi noma uthakathiwe.

OWESIBILI : Ngiyaya kubelaphi bendabuko ukuyothola imithi yokuzivikela emimoyeni emibi,nakubathakathi ,ngoba abantu bano mona ikakhulukazi ngoba ngifunda abakuthandi lokho ,ngoba izingane zabo azifundi zilibele izidakamizwa.

OWESITHATHU: Ngiyaya kubelaphi bendabuko ukuyothola imithi yesithunzi emsebenzini nakubantu besifazane.

OWESINE: Ngiyabavaka shela abelaphi bendabuko ukuthola imithi yokuhlanza ingaphakathi lami, lapho. Ngizizwa ukuthi angiphilile kahle.

OWESIHLANU : Abelaphi bendabuko abantu abahle ngoba bayakunika imithi yezifo zocansi

ezithathelanayo ,nesifo sokuvuza kwesitho
sangasese somuntu wesilisa ,nezinye izifo.

OWESITHUPHA :

Angibavakasheli abelaphi bendabuko
ngoba umndemi wakithi awukholelwa
ekusebenziseni imithi yesintu ngenxa
yenkolo yasekhaya,

OWESIKHOMBISA :

Anginamazwi.

UMBUZO 12

NGABE BAZITHOLAPHI IZELULEKO EZIPHATHELENE NEZOCANSI ?

OWOKUQALA :

Ngizithola kubazali bami.

OWESIBILI:

Ngizithola kumabonakude
nasemsakazweni

OWESITHATHU:

Ngizithola e Myangweni weZempilo
uhlelo lukamabonakude okuthiwa uhlelo
lwempilo yezothando,uhlelo lokuhlela
umndeni emtholampilo .

OWESINE :

Ngizithola kubangani bami.

OWESIHLANU :

Ngizithola kulabo abadala kunami
enginabo eNyuvesi

OWESITHUPHA :

Ngizithola komalume ekhaya .

OWESIKHOMBISA :

Ngizithola kumama ,ngoba ubaba
akahlali nathi .

OWESISHIYAGALOMBILI:

Ngizithola kugogo wami nakubabekazi
wami.

UMBUZO 13

NGABE KUKHONA OTHANDA UKUNGITSELA KHONA ENGINGAZANGE
NGIKUSHO (OKUPHATHELENE NALENSUMANSUMANE)

Qha akukho lutho .Onke amalunga eqembu anelisekile ilokhu ebebe kusho ,iya
phela ingxoxo ,njengoba kungekho othanda ukuphawula

Annexure 3.5

Transcript of the interview with the child rape rehabilitatee(No.1)

Date: 28.09.2004

Time: 13h00-14h00

Venue: Child Protection Unit Boardroom

Question 1

Have you heard of HIV/AIDS? If yes, from what source?

Yes, I have heard about the HIV/AIDS from the radio, especially Ukhozi radio.

Question 2

Have you got any ideas as to how people get infected with HIV/AIDS?

Yes, I only know that it is through unprotected sexual intercourse with the person who has the virus.

Question 3

Have you heard of people talking about being cured of HIV/AIDS by having sexual intercourse with young girls?

Hhhhh...mm (He took a deep breath before answering this question) Yes. (He was quite after this as if he was waiting for the next question)

Question 4

If yes, what have you heard? Have you heard any experience in relation to this belief?

Hhhh...mm (He took another breath before answering). As we were growing up, there was a boy who I heard was HIV positive since 1988. During this time the disease was not heard of in our community. People were not aware of it as it is today. This boy is still alive and he said he was cured through sexual intercourse with a young girl.

Question 5

**Do you believe that HIV/AIDS can be cured by having sex with young girls?
What makes you say this?**

Yes, I did believe in that, because the boy who did this is still living and like I said earlier he had this belief that he has been cured from HIV/AIDS.

Question 6

In order for the cure to work, does the girl need to be of a certain age?

[He answered showing that he is paying attention] Yes, of course, the girl must be below 7 years of age and a virgin. This is because it is easy to convince a child of this age. [the child is young, innocent and one can do anything or convince the child without being suspicious]

Question 7

In your opinion, who is responsible for perpetuating this belief or where does this myth come from?

This boy I was talking about, is my neighbor. He told me that he was attending a traditional healer and this traditional healer is the one who encouraged him to sleep with a young girl in order to be cured from the HIV/AIDS.

The researcher: What kind of a traditional healer are we talking about here?

Participant: This is someone who uses herbs with an aim of getting rid of the problem from a person, for an example a sexually transmitted infection. Do not ask me his name or where he comes from because a person's name costs more than I can afford.

Question 8

How is this believed to work?

(Grinning) [His facial expression seemed to indicate uncertainty] I do not know. The only thing I can tell you is that I found myself in this mess, which I cannot explain.

Question 9

What are your perceptions about people who have sexual intercourse with young girls as a cure for HIV/AIDS?

He was frowning as he gave the following answer, I think the people who are doing this should stop, as they will end up in prison like what happened to me although I am out now, but I had to serve a very heavy sentence for what I did. Look at me now I am dying of the disease and I think that girl too is infected. Ever since I did this, I do not sleep at night because of nightmares. I initially thought, I was doing the right thing to help myself. All that I can say now, is that men out there must not trust other men who are deceivers, as they will find themselves in trouble just like me. Today I fail to do anything for myself, I feel helpless.

Question 10

How aware is the community about HIV/AIDS?

Well, (pause) everyone knows about HIV/AIDS. I think they are aware; it is just that one would not know what is happening behind closed doors. [This person was implying that people might have knowledge about what is happening regarding the disease, but they are doing nothing to prevent the spread].

Question 11

What are the perceptions of the community about people who have sexual intercourse with young girls as a cure for HIV/AIDS?

The community wants to kill people like me as they are saying that we are destroying young girls, their lives as well as their future.

Question 12

Do you visit traditional healers? If yes, for what purposes?

Yes, I do go to the traditional healer, for treatment, especially now because I am sick and I need medicine to slow down the spread of HIV/AIDS.

Question 13

Where do you get advice about sexually related matters?

Presently I am getting advice from a social worker. This is regarding everything, from sexual relationships, personal [issues], etc.

Question14

Is there anything else that you would like to tell me that has not been mentioned (regarding the myth)?

People within our communities should learn to ask professionals like you for anything that they are not sure of, as non-professionals tend to mislead us. He pointed at himself as he continued to speak. Look at me now, I am going to die soon.

ANNEXURE 3.5

Transcript of the interview with the child rape rehabilitatee (No 1)

Date 28.09.2004

Time 13h00-14h00

Venue: Child Protection Unit Boardroom.

UMBUZO 1

NGABE USUKE WEZWA NGENGCUŁAZA ?UMA UTHI YEBO, NGABE WEZWA KUPHI?

Yebo ngake ngezwa ngengculaza, ngezwa emsakazweni, wokhozi FM.

UMBUZO 2

NGABE UYAZI YINI UKUTHI ABANTU BAYITHOLA KANJANI INGCULAZA?

Yebo ngiyazi ukuthi itholakala ngokwenza ucansi olungavikelekile nomuntu onayo.

UMBUZO 3

NGABE WAKE WEZWA ABANTU BEXOXA NGOKUTHI INGCULAZA IYELAPHEKA NGOKUTHI UMUNTU ONAYO ENZE UCANSI NEZINGANE EZISENCANE?

Hhhh... (Wadonsa umoya kakhulu ngaphambi kokuthi aphendule imibuzo) Yebo (wathula emva kwalokho walindela umbuzo olandelayo.)

UMBUZO 4

NGABE UYAKHOLWA YINI UKUTHI INGCULAZA IYALAPHEKA NGOKWENZA UCANSI NEZINGANE EZINCANE? YINI EKWENZA USHO NJALO?

Hhhh.....mm (Wadonsa umoya Ngaphambi kokuthi aphenhule) Njengoba sikhula kunomfana engezwa ukuthi unengculaza ngonyaka ka 1988 .Ngaleso sikhathi lesifo sengculaza sasingakaziwa emphakathini wakithi abantu babengazi lutho njenganamhlanje ,uthi lomfana wazelapha ngokwenza ucansi nengane encane yentombazane.

UMBUZO 5

UKUZE LE NDLELA ISEBENZE NGABE KUDINGEKA UKUTHI AMANTOMBAZANE ABE SEMINYAKENI ETHIZE?

Yebo ngiyakholelwa kulokhu ngoba nangu umfana owakwenza usaphila namanje njengoba ngishilo ukuthi wazelapha ngayo lendlela.

UMBUZO 6

NGOKWAKHO UKUBONA UBANI OQHUBEZELISA LENKOLELO?

(Waphendula ebonisa ukuthi ulalele impela) Yebo kunjalo,intombazane kumele ibe ngaphansi kweminyaka eyisikhombisa ,ibe intombi nto .Lokhu kwenzeka ngoba kulula ukubonisa ingane enaleminyaka (ingane encane ayazi lutho ungenza noma yini ukuyibonisa ingane ngaphandle kwento esolisayo.

UMBUZO 7

NGABE ISIBENZA KANJANI LENKOLELO ?

Lomfana engikhuluma ngaye ungumakhelwane wakithi,wangitshela ukuthi ubonana nabelaphi bendabuko Labo belaphi bendabuko ibona abamnika amandla ekutheni alale nezingane ezincane ukuze alapheke engculazini emphethe.

Umncwaningi – Imuphi umelaphi wendabuko okhuluma ngaye lapha.

Umhlanganyeli – Ilona osebenzisa amakhambi nganhliso yokuxazulula izinkinga zabantu. Isibonelo Izifo zocansi ezithathelanayo ,ngicela ningangibuzi igama lakhe ,nokuthi uqhamukaphi.Ngona igama lomuntu libiza imali enkulu engeke ngikwazi ukuyikhokha.

UMBUZO 8

UBANI OQINISEKISA ABANTU UKUTHI IYONA NDLELA YOKWELAPHA INGCULAZA LENA?

(Wasineka ubuso bakhe babonisa ukungaqondi kahle).Angazi kukodwa engingakusho ukuthi ngazithola ngisenkingeni embi engeke ngikwazi ukuyichaza.

UMBUZO 9

UTHINI UMBONO WAKHO NGALABANTU ABADLWENGULA IZINGANE EZINCANE NGOBA BETHI BAZELAPHA INGCULAZA?

Wahwaqabala uma ezosho lempendulo .Ngicabanga ukuthi abantu abenza lento embi kumele bayiyeke,ngoba bazophelela ejele njengoba kwenzeka kimi,noma sengingaphandle manje.Kodwa ngathola isigwebo esinzima ngalokhu engakwenza ,ngibheke! Ngiyafa manje ngibulawa ingculazi ,ngicabanga ukuthi nengane engayidlwengula isinengculazi .Selokhu ngenza lento embi angikaze ngilale kamnandi ebusuku ngenxa yamaphupho asabekayo,okokuqala ngicabanga ukuthi ngenza okungalungile ukuthi ngizisize mina kuqala kukho konke engingakusho manje ukuthi amadoda angaphandle kumele angawathembi amanye amadoda abahlakaniphelayo ngoba bazozithola sebesenkingeni njengami .Namhlanje ngiyehluleka ukuzenzela noma yini engifisa ukuyenza ngenxa yalesifo esingiphethe ,ngizizwa ngingelutho.

UMBUZO 10

NGABE UMPHAKATHI UNALO YINI ULWAZI NGENGculAZA?

(Wath ukuthula kancane) Wonke umuntu uyazi ngengculaza ,ngicabanga ukuthi ilabo abambalwa abangazi ukuthi kwenzekani abahlale bevalelwe iminyango.

Lowo muntu uyaqonda ukuthi abantu kumele babe nolwazingokuthi kwenzekani ngalesifo sengculazi,kodwa akukho lutho abalwenzayo ukuvikela ukusabalalisa leligciwane.

UMBUZO 11

UTHINI UMBONO WOMPHEKATHI NGALABANTU ABENZA UCANSI NEZINGANE EZINCANE NGOBA BETHI BALAPHA INGCULAZI?

Umphekathi ufisa ukubabulala labantu abafana nami ,njengoba bengishilo ukuthi ngabulala impilo yengane ,kanye nekusasa layo.

UMBUZO 12

NGABE BEYAKUVAKASHELA YINI ABELAPHI BENDABUKO ? UMA UTHI YEBO,NGAYIPHI INHLOSO ?

Yebo ngiyabavakashela abelaphi bendabuko,ikakhulukazi manje ngoba ngiyagula ngidinga imithi ukuze ilibambe kancane leligciwane lingasabalali nomzimba wonke .

UMBUZO 13

UZITHOLAPHI IZELULEKO EZIPHATHELENE NEZOCANSI?

Okwamanje ngixithola kwabeZenhlalakahle lokhu kumayelana nakho konke okuphathelelene nezocansi,nami uqobo (lwami) nokunye ,nokunye.

UMBUZO 14

NGABE KUKHONA YINI OFISA UKUNGITSHELA KHONA ENGINGAZANGE NGIKUSHO (OKUMAQONDANA NALE NSUMANSUMANE)

Abantu basemphekathini bafunda ukubuza koSolwazi abafana nawe yonke into abangenaqiniso layo njengoba labo abangebona oSolwazi bebadukisa. (Wakhomba wabhekisa kuye waqhubeka nokukhuluma) ngibheke! Sengizofa maduzane nje.

Annexure 3.5

Transcript of an interview with the child rape rehabilitatee (No. 2)

Date: 28.09.2004

Time: 14h00-15h00

Venue: Child Protection Unit Boardroom

Question 1

Have you heard of HIV/AIDS? If yes, from what source?

Yes, I have heard about the HIV/AIDS, what I can tell you is that, before I went for testing, I had heard about it on the radio, television and the people from health department who were running campaigns in our community.

Question 2

Have you got any ideas as to how people get infected with HIV/AIDS?

Yes, I know, because I am also infected with the virus. Firstly people get infected through unprotected sexual intercourse with a person who has a virus, you can also get it through a needle that has been used on another person who has the virus. I got this virus because I was sleeping around with a lot of girls and I did not know their HIV status. I used to drink alcohol a lot and indulge into sex with any one of these girls, but I do not drink any more now.

Question 3

Have you heard of people talking about being cured of HIV/AIDS by having sexual intercourse with young girls?

Yes, I have come across such a thing... He paused after saying this. The researcher, who had been writing his responses, looked up, wondering why he had stopped talking and thinking that he was waiting for her to finish writing, but from his expression, it seemed that he needed encouragement from the

researcher, which through her facial expression she showed and he continued to talk. I came across this situation because I raped a young girl, but that is in the past now, because I have served my sentence and I am back in the community and trying to help or give awareness to some of our brothers not to fall in the situation like the one I was in. My situation was not for the above purpose, it was just pure rape.

Question 4

If yes, what have you heard? Have you had any experience in relation to this belief?

I did not have any belief, but after I was tested and given the results that I have an HI virus, I then started drinking a lot and lost track of what I was doing. The day I raped the child was when I was heavily drunk and doing anything that was bad, because I felt I did not have anything to lose by doing this and I also felt I had lost hope in life.

Question 5

Do you believe that HIV/AIDS can be cured by having sex with young girls? What makes you say this?

I do not believe in this because by raping this child, I was not going to be cured, but I feel bad because I have infected this child because of my heavy drinking.

Question 6

In order for the cure to work, does the girl need to be of a certain age?

I do not have any knowledge about this. (He was quiet after this, which the researcher took as an indication that she should continue with the next question.)

Question 7

In your own opinion, who is responsible for perpetuating this belief or where does this myth come from?

You are right in saying that this is a myth, because I do not know where this thing comes from and who is responsible for this belief. I have never heard that there is someone responsible for this.

Question 8
How is this believed to work?

I do not know.

Question 9
What are your perceptions about people who have sexual intercourse with young girls as a cure for HIV/AIDS?

In my own opinion, I would say that if a person has raped a child thinking he would be cured of HIV, he must be arrested, be convicted and serve his sentence like me. I have learnt a lesson and I did not enjoy life in prison, it is a horrible place. Rape is a bad thing because one does this without an agreement with this person, in other words you do this by force, it is really abuse.

Question 10
How aware is the community about HIV/AIDS?

My community is aware of this disease and there are lots of things that are done to raise awareness in the community. The only problem is that we people who have been in prison are not acceptable to the community and you cannot blame the community for feeling this way. You cannot destroy someone's child and expect the parent to be happy about this and accept you that easily.

Question 11
What are the perceptions of the community about the people who have sexual intercourse with young girls as a cure for HIV/AIDS?

You see, the community has different opinions about this. Like in my case I was nearly taken to the kangaroo court. If my family had not acted fast in taking me to the police station, where I was arrested. The community usually prefers to take law into it's own hands, because they believe that the law system in our country is too slow. This is happening in all types of cases and the community members hates people who are law-breakers.... they are always talking about government that the death penalty has to come back.

Question 12

Do you visit traditional healers? If yes, for what purposes?

Yes, I do go to them for herbs to cure sexually transmitted infections and for the medicine when I went to court so that I would not be given a lifetime imprisonment or a very heavy sentence. The traditional healers in my community are older men who are well known within the community for the job they are doing in curing illnesses. [This was to highlight the fact that an older traditional healer has experience and is well trained than these who are young and take things very lightly, or rob people of their money.]

Question13

Where do you get advice about sexually related matters?

(Laughing) Now that I am old, [he is old enough now, he does not seek advise anymore on matters such as these] I use to get advise from friends and the older brothers within the community.

Question14

Is there anything else that you would like to tell me that has not been mentioned (regarding the myth)?

No, there is nothing.

Annexure 3.5

Transcripts of the interview child rape rehabilitatee (No 2)

Date: 28.9.2004

Time: 14h00-15h00

Venue: Child Protection Unit Boardroom

UMBUZO 1

NGABE USUKE WEZWA YINI NGENGCVLAZA?UMA UTHI YEBO ,NGABE WEZWA KUPHI?

Yebo ngizwile ngengculaza negciwane layo,ngizothi nje ngaphambi kokuya kohlolwa ngezwa kukhulunywa ngakho emsakakzweni ,nakumabonakude futhi-ke nabezempilo baqwashisa ngalokhu endaweni yakithi.

UMBUZO 2

UNALO YINI ULWAZI LOKUTHI ABANTU BAYITHOLA KANJANI INGCULAZA?

Ngizothi yebo ngiyazi nami uqobo nginalo leli gciwane okokuqala nje abantu balithola ngokuya ocansini olungavikelekile nomuntu osenegciwane,futhi uyalithola ngokuthi uhlatshwe inaliti okade kujovwa ngayo omunye Umuntu kanti yena unalo leli gciwane. Mina ngalithola ngokuthi nganginezintombi eziningi engangizazi ukuthi ziphila kanjani,nami futhi ngingaziphethe ngendlela enhle,ngangiya ocansini nanoma ubani .Kwakwenza ukuthi ngangisebenzisa uphuzo oludakayo ngaleso sikhathi hayi manje angisaphuzi.

UMBUZO 3

NGABE WAKE WEZWA ABANTU BEXOXA NGOKUTHI INGCULAZA IYELAPHEKA NGOKUTHI UMUNTU ONAYO ENZE UCANSI NEZINGANE EZINCANE ?

Ya, ngike ngezwa ngahlangana nesimo esinjalo (wangabaza ukukhuluma ngiqhubeka)?

Umcwaningi : Yebo ungaqhubeka.

Umsizi: Ngizothi nje ngihlangabezane nalokho ngaze ngaya ejele ngoba ngangena esilingweni ngadlwengula ingane yentombazane.Kodwa sekwandlula konke loko ngoba sengasenza isigwebo sami ngasiqeda kumanje Ngizama ukuqwashisa abafowethu ukuthi bangangeni kule sisilingo engangena kuso.

UMBUZO 4

NGABE UYAKHOLWA YINI UKUTHI INGCULAZA IYELAPHEKA NGOKWENZA UCANSI NEZINGANE EZINCANE ?YINI EKWENZA USHO NJALO?

Mina ngangingena nkolelo kodwa ngizothi into eyabanga ngenze lokhu ukuthi sengizwile ukuthi nginegciwane ,ngabe sengiphuza kakhulu ngingabali futhi ukuze ngidlwengule lengane ukuthi uma sengidakiwe ngenza noma yini embi ngoba ngase ngizidelile empilweni ngizibona ngiyinto engenamsebenzi .

UMBUZO 5

UKUZE LE NDLELA ISEBENZE NGABE KUDINGEKA UKUTHI AMANTOMBAZANE ABE SEMINYAKENI ETHIZE ?

Angikholelwa kulokhu ngoba njengami nje ngangingezu kwelapheka kodwa ngibuhlungu ngoba ngafaka ukufa kulomtwana omncane ngenxa yophuzo oludakanayo.

UMBUZO 6

NGOKWAKHO UKUBONA UBANI OQHUBEKISA LE NKOLELO?

Anginalo impela ulwazi ngalokhu okubuzayo (wathula emva kwalokhu) wabonisa ukuthi usaqhubeka nenkulumo .

UMBUZO 7

NGABE ISEBENZA KANJANI LE NKOLELO ENGEKHO ?

Ngizothi nje uqinisile uma uthi inkolelo ngoba mina angazi ukuthi lento ivelaphi nokuthi ubani oquqguzela loku.Yingakho ngithi angazi ngoba angikaze ngizwe lutho ngakho.

UMBUZO 8

UBANI OQINISEKISA ABANTU UKUTHI IYONA NDLELA YOKWELAPHA INGCULAZA LENA?

Angazi impela.

UMBUZO 9

UTHINI UMBONO WAKHO NGALABANTU ABADLWENGULA IZINGANE EZINCANE NGOBA BETHI BAZELAPHA INGCULAZA?

Ngokwami ukubona ngoba imbi lento ngempela ngibona kufanele umuntu oye wadlwengula ingane ngoba ethi uzolapheka kulesifo akaboshwe, agwetshwe njengami ukuze athole isifundo .Athole isifundo angakaze asithole ukuze angaphinde enze into ezomenza ahlale ejele,ngoba ngithi ukudlwengula nje ngoba kusuke kungekho sivumelwano phakathi kwakho nalo muntu osuke umdlwengula ngamanye amazwi uzithathela ngenkani.ukuhlukumeza lokho.

UMBUZO 10

NGABE UMPHAKATHI UNALO YINI ULWAZI NGENGCVLAZA ?

Umphakathi wakithi unalo ulwazi ngalesifo futhi ziningi izinto ezenziwe ukuqwashisa .Kodwa okubi nje thina esibuya emajele asibe sisa thandeka kahle emphakathini futhi siyabonakala isizathu .Ngeke ufike umoshe ingane yomuntu

futhi uyithelele ngokufa loku bese ucabanga ukuthi kuzoba lula nje kubo ukwamukela .

UMBUZO 11

UTHINI UMBONO WOMPHAKATHI NGALABANTU ABADLWENGULA IZINGANE EZINCANE NGOBA BETHI BAZELAPHA INGCULAZA?

Uyabona-ke umphakathi ucabanga ngezindlela eziningi njengesimo sami nje ngacishe ngaya enkantolo yase hlathini ukuba abakithi abasheshanga babiza amaphoyisa ukuze ngiboshwe .Umphakathi uye ufune ukuzithathela umthetho Ngoba ukholwa ukuthi umthetho wenza kancane .Loku kwenzeka kunoma uluphi uhlelo lwecala osuke ulwenzile umphakathi uzizonda kabi izephula mthetho uye ufise nokuthi kubuye isigwebo sentambo.

UMBUZO 12

NGABE OBABA ABADALA BAYAKUVAKASHELA YINI? UMA UTHI YEBO, NGABE BAKUVAKASHELA NGAYIPHI INHLOSO?

Yebo ngiye ezinyangeni, uma ngiyozifunela amakhambi okwelapha izifo zocansi,futhi nomuthi wecala uyawuthola enyangeni nami ngawuthola nje ukuze isigwebo sami singabi sibi kakhulu.Izinyanga ziyasiza kakhulu, kanye nabanye abadala abasizayo emphakathini ngokwelapha izifo eziningi.

UMBUZO 13

NGABE ABADALA BESILISA BAZITHOLAPHI IZELULEKO EZIPHATHELENE NEZOCANSI?

Wahleka,njengoba sengimngaka, ngangiyе ngizithole kubangani, nako bhuti asebekhulile emphakathini wakithi.

UMBUZO 14

NGABE KUKHONA OTHANDA UKUNGITSHELA KONA ,ENGINGAZANGE NGIKUSHO (OKUMAYELANA NALE NSUMANSUMANE)

Akukho lutho engingakusho.

Transcript of an interview with the traditional healer Mr. HI

Date: 16.04.2004

Time: 16h30

Venue: Home (practice room)

Question 1

Have you heard of HIV/AIDS? If yes, from what source?

Yes, I have heard and I have knowledge that I get whenever we have meetings with other traditional healers regarding this disease.

Question 2

Have you got any ideas as to how people get infected with HIV/AIDS?

One way that people talk about is through sexual intercourse, by using one razor blade...[for a number of people]... when they visit us traditional healers and the injection needles...[that are used by nurses and those doing drugs, you will know what I am talking about]...(pointing a finger at the researcher.) They cannot use these like it use to be before...[the HIV/AIDS came into our country]... as this can spread the disease.

Question 3

Have you heard of people talking about being cured of HIV/AIDS by having sexual intercourse with young girls? If yes, what have you heard?

Yes, I have heard (He paused before continuing to speak). This is a disgrace and it is not acceptable within the society that a person can sleep with a child and get cured.... [get cured]... It is not true.

Question 4

**Do you believe that HIV/AIDS can be cured by having sex with young girls?
What makes you say this?**

They cannot be cured by this method. These people need to be treated with proper medication...[raping a child is not proper medication]... but the cure has not been found.

Question 5

In order for the cure to work, does the girl need to be of a certain age?

What I have heard is that, the child should be from 5 years downwards to 3 or 2 years or even months old. I always feel bad whenever this subject gets raised, because these people are destroying the future of these kids...[children]...

Question 6

In your own opinion, who is responsible for perpetuating this belief or where does this myth come from?

I think it is people who do not have any conscience, because no one in his right mind can do this to a little child. Even in the olden days, our fathers use to say the people who came from the mines had sexually transmitted infections, for an example, gonorrhea were engaging themselves into such evil things, but it was not acceptable by the society. This was not really curing the disease, instead the child use to suffer. This was because women had no say and had no rights to object to what the man has said or done.

Question 7

How is it believed to work?

I do not believe in this, it is just a myth that people who are mentally sick believe in, because no one in a correct mind can do this or believe on this.

Question 8

What are your perceptions about people who have sexual intercourse with young girls as a cure for HIV/AIDS?

I think these people who are doing this (He paused before continuing to speak) should be arrested, be sentenced to life imprisonment as there is no longer a death sentence in South Africa.

Question 9

How aware is the community about HIV/AIDS?

Most of our community members are aware and have been educated about this illness. I also teach people when they visit my surgery about the use of one razor for one person, even isitshopo...[a procedure in which quills are used for the administration of medicine by first scarifying the skin and then applying the medicine to the broken skin] ...I use a quill and throw it away and use a new one for the next person. This way my clients feel safe.

Question 10

What are the perceptions of the community about the people who have sexual intercourse with young girls as a cure for HIV/AIDS?

Most of our community members are against this and it is shocking to them, they feel that the government must act very fast and bring back the death penalty so that these people should be killed.

Question 11

Do young men visit you? If yes, for what purposes?

Yes they do, (He paused before continuing to speak) for sexually transmitted diseases, sharp pains in the body and when a person has lost his girlfriend to another man, wanting her back - there is traditional medicine that helps them. Oh! Yes. (He was nodding his head as he said this.)

Question 12

Where do the young men get advice about sexually related matters?

Because most of the older people are dead, these youngsters believe in us traditional healers for help on matters relating to their sexuality. Their ages range between 14 and 26 and I get a shock when I see very young boys coming to a traditional healer on their own without an adult. I always think of myself at that age, how I was scared to even talk to my grandpa about this. When we grew up as young boys, we use to ask the old men not from your own family about all these things and they will explain this to you with no problem Today this is not happening, because the youth has no grandparents, or do not live with them. They have been left in the farms.

Question13

Is there anything else that you would like to tell me that has not been mentioned (regarding the myth)?

I want to share this with you, I get my powers to work from my ancestors and I believe in the spirits from above. Whenever I see a client, I first pray then I see the light as to how I am suppose to treat this person. Some of the medicine is shown to me in a dream by my ancestors and I will wake-up in the middle of the

night and write what has been said to me in a dream. I hope one day they will give me the cure for this disease and a lot of people will get help.

Annexure 3.6

Transcript of an interview with the traditional healer Mr HI

Date : 17. 01. 2004

Time : 10 h00

Venue : Home (practice room)

UMBUZO 1

NGABE USUKE WEZWA YINI NGENGCU LAZA ?UMA UTHI YEBO NGABE WEZWA KUPHI?

Yebo ngake ngezwa ngengculaza, nginolwazi engaluthola emhlanganweni lapho kwakuhlangene khona abalaphi bendabuko kuzoxoxwa khona ngezifo ezahlukahlukene kodwa ikakhulukazi kwakuzoxoxwa ngezifo zocansi.

UMBUZO 2

NGABE UNALO YINI ULWAZI LOKUTHI ABANTU ABANENGCU LAZA BALITHOLA KANJANI IGCIWANE LENGCU LAZA KANYE NENGCU LAZA UQOBO ?

Indlela eyodwa abantu abakhuluma ngayo ukuthi, Ingculazi itholakala ngokwenza ucansi olungaphephile, ukusebenzisa ireyiza eyodwa lapho kugcinwa khona amasiko oluntu (ukugcaba) ukusebenzisa inaliti eyodwa lapho kujovwa abantu abahlukahlukene (izinaliti ezisetshenziswa abahlengikazi lapho besebenzisa izidakamizwa) uyazi ukuthi ngikhuluma ngani (ukusebenzisa iminwe lapho wenza ucwaningo) angeke ngikwazi ukusebenzisa engathi ngake ngakusebenzisa ngaphambilini ingculaza negciwane layo lafika lapha ezweni lakithi e South Africa ukuze lisabalaliswe nezwe lonke .

UMBUZO 3

**UKE WEZWA ABANTU BEXOXA NGOKWELAPHEKA KWENGculaZA
NGOKUTHI WENZE UCANSI NEZINGANE ZAMANTOMBAZANE
EZIYIZINTOMBI NTO? UMA UTHI YEBO NGABE WEZWA KUPHI?**

Yebo ngake ngezwa (wathi ukuma kancane ngaphambi kokuthi aqhubeke nokukhuluma). Lokhu kuyamangaza futhi akwemukeleki emphakathini, ukuthi umuntu onengculaza alale nengane encane ngoba ethi uzolapheka kwingculaza yakhe. Akulona iqiniso.

UMBUZO 4

**NGABE UYAKHOLWA UKUTHI IGCIWANE LENGculAZA KANYE
NENGculAZA UQOBO IYELAPHEKA NGOKWENZA UCANSI NEZINGANE
EZINCANE ZAMANTOMBAZANE? YINI EKWENZA USHO NJALO?**

Angeke ilapheke ngaleyondlela labobantu abasho njalo badinga ukwelashwa okuphelele (ukudlwengula izingane akukona ukwelashwa kwengculaza lokho) kodwa ikhambi lokwelapha ingculaza alikatholakali.

UMBUZO 5

**UKUZE LENDLELA YOKWELAPHA INGCULAZA ISEBENZE, NGABE
UKHOLELWA EKUTHENI LAWOMANTOMBAZANE KUMELE ABE
SESITEJINI ESITHILE SEMINYAKA NA?**

Engakuzwa ilokhu ukuthi kuvamise ukuba kube yizingane ezineminyaka emihlanu weminyaka kuya phansi, eminyakeni emithathu kuya kwemibili nengane enenyanga eyodwa vo. Ngiphatheka kabi uma kukhulunywa ngalendaba yokudlwengulwa kwezingane, ngoba labantu babulala ikusasa lezingane, nabantwana.

UMBUZO 6

NGOKWAKHO UKUBONA, UBANI OQHUBEKISA LENKOLELO?

Ngicabanga ukuthi ilabobantu abangenanembeza, ngoba akekho umuntu onengqondo elungile esebenza kahle ongenza into ebuhlungu kanje ezinganeni. Ngisho nangezinsuku zakudala ezadlula, obaba babethi abantu abaphuma ezimayini ibona abanezifo zocansi ezithathelanayo. Isibonelo babehlala begula njalo bephathwa isifo sohudo lokho kwakuyinto engemukeleki emphakathini. Ngempela lokho abakwenza ezinganeni akuselaphi isifo sengculaza, kodwa kusokolisa impilo yengane. Ingoba omama abanakusho lutho, abanamalungelo okuthatha izinqumo nokwenza noma yini kulabobantu besilisa abaganga ngezingane ezincane ezingenacala.

UMBUZO 7

NGABE ISEBENZA KANJANI LENKOLELO ?

Angikholelwa kulokho ukuthi iyasebenza, ngoba inkolelo-ze yabantu abangaphilile kahle engqondweni. Ngoba akekho umuntu onengqondo elungile nephusile ongakholelwa kulento engekho kanje.

UMBUZO 8

WENA NGOKWAKHO UKWAZI, UKUBONA KANJANI LOKHO OKWENZIWA ABANTU UKUTHI UMA WENZA UCANSI OLUNGAPHEPHILE NEZINGANE EZINCANE IYELAPHEKA INGCULAZA?

Ngicabanga ukuthi labobantu abenza lokhu kumelwe baboshwe, bathole isigwebo sentambo besejele. Yize sesingasekho isigwebo sentambo lapha ezweni lakithi eSouth Africa.

UMBUZO 9

UMPHAKATHI WANGAKINI UYAZI YINI NGENGculaza NEGCIWANE LAYO NA?

Yebo amalunga amaningi omphakathi ayazi ngengculaza kanye negciwane layo, futhi asefundisiwe ngayo. Ngihlala ngifundisa abantu abangivakashelayo e-Sejari

ngobungozi bokusebenzisa ireyiza eyodwa kubantu abaningi abahlukahlukene uma begcatshwa, kanye nokusebenzisa isitshopo esisodwa kubantu abahlukahlukene (into ecijile efakwa emthini bese kuhlatshwa umzimba wonke ngayo) kumele ukusebenzise bese ukulahla. Lokho kwenza isiguli sizizwe siphephile.

UMBUZO 10

UMPHAKATHI WONA UBONA KANJANI NGALABANTU ABENZA UCANSI NEZINGANE EZINCANE NGOBA BETHI BAZELAPHA INGCULAZA ?

Amalunga omphakathi ayaphikisana nalesenzo esibi kangaka iyabethusa kakhulu lento. Bafisa ukuthi uHulumeni kube khona akwenzayo masinyane abuyise isigwebo sentambo, ukuze bafe bonke labantu abenza into embi kangaka ezinganeni ezincane .

UMBUZO 11

NGABE BAYAKUVAKASHELA YINI ABANTU BESILISA ABADALA? UMA UTHI YEBO, BAKUVAKASHELA NGAYIPHI INHLOSO NOMA NGAYIPHI INJONGO?

Yebo bayangivakashela.ukuzoxazulula izinkinga zabo zocansi, kanye nezezifo ezithathelanayo zocansi,nezinhlungu eziba semzimbeni wabo. Abanye abantu besilisa bakhala ngokulahlekelwa izintombi zabo zibashiya ziye kwabanye abantu besilisa ngoba bona besuka sebenenkinga kwezocansi. Basuke befuna usizo lokuthi izintombi zabo zibuyele kubo. Ikhona imithi yesintu engabasiza kulezozinkinga zabo zocansi (Wakusho lokho enwaya ikhanda).

UMBUZO 12

ABESILISA ABADALA BAKUTHOLAPHI UKWELULEKWA NGEZOCANSI ?

Abantu abadala besilisa abaningi abasekho sebashona, abafana bakholelwa kubelaphi bendabuko, ukuze basizwe kulezifo zocansi. Iminyaka yabo iqala eminyakeni eyishumi nane kuya eminyakeni engamashumi amabili nesithupha. Kuyethusa ukubona abafana abancane bezofuna usizo ezinyangeni bezizela

bona bebodwa bengahambi nabantu abadala. Ngangizicabanga mina kuleyominyaka ngangisaba ukukhuluma nomkhulu wami ngalezozindaba ngisakhula. Abafana babebuza kobaba abadala hayi bomndeni wabo kodwa kwabanye abadala abangezona izihlobo ngazozonke izinkinga zocansi. Babekuchazela ngaphandle kwenkinga, kodwa manje akusenzeki lokho ngoba abantu abasha abasenabo omkhulu noma bekhona abahlali nabo babashiya le emakhaya bona bahlale emadolobheni noma emalokishini.

UMBUZO 13

NGABE KUKHONA OKUNYE OFISA UKUNGITSHELA KHONA ENGINGAZANGE NGIKUSHO (OKUQONDENE NALEZINKOLELO NA)?

Ngifisa ukuxoxa nawe lokhu, ngithole amandla okusebenza ngamadlozi ngikholelwa emoyeni wokuzwana. Uma kufika isiguli ngiyathandaza kuqala ngaphambi kokuba ngisisize amadlozi ayangikhanyisela kuqala asho ukuthi kumele ngisisize kanjani isiguli sami. Eminye imithi ngiyiboniswa yiwo amadlozi ephusheni ebusuku ngilele. Bese ngivuka ngibhale phansi konke lokhu kade bekusho kimi ephusheni ukuze ngingavuki sengikukhohliwe. Ngiyethemba ngelinye ilanga bazongisiza banginike ikhambi lokwelapha lesifo sengculaza ukuze kusizakale bonke abantu abagulayo baphile basinde ezinhlungwini ngoba sibuhlungu kabi lesisifo uma sikuphethe uba sezinhlungwini ubusuku nemini uphinde ufe kade uzwa ubuhlungu obukhulu obungaka.

Transcript of an interview with the traditional healer Mr. Nda.

Date:17.01.2004

Time:10h00

Venue: Home (practice room)

Question 1

Have you heard of HIV/AIDS? If yes, from what source?

The radio, people who come to me for consultation some they disclose their status.

Question 2

Have you got any idea as to how people get infected with HIV/AIDS?

Yes, through sexual intercourse that is unprotected, by use of one razor when they go to traditional healers and the using ukutshopa...[a procedure in which quills are used for the administration of medicine by first scarifying the skin and then applying the medicine to the broken skin.]...

Question 3

Have you heard of people talking about being cured of HIV/AIDS by having sexual intercourse with young girls/ if yes, what have you heard?

Yes, I have heard about this, but in the olden days our fore-fathers used to tell us as young boys that a girl child or young girl was regarded as a symbol of purity because she was a virgin and she had not reached puberty. So this was thought to help in healing most of the diseases especially for men who had discharges and other sexually transmitted infections. I do not think this process can heal the HIV/AIDS, because if one has contracted the disease it cannot come out or be

healed through this way. Although this was said to us as young boys, but I do not believe in it, to me it is a lie and people who are doing this are destroying the children and they do not feel guilt about what they are doing to young children.

Question 4

**Do you believe that HIV/AIDS can be cured by having sex with young girls?
What makes you say this?**

I have said I do not believe in this, but people who are practicing this myth are deceiving each other and thus in the process spreading the disease.

Question 5

In order for the cure to work, does the girl need to be of a certain age?

I have said this before, the forefathers use to say the girl should be a girl child who has not reached puberty and is a virgin in order to maintain that purity.

Question 6

In your own opinion, who is responsible for perpetuating this belief or where does this myth come from?

I fully believe that it is those people who call themselves traditional healers and yet they are not. They are just witchdoctors who have no conscience and who want children dead as they want to fulfill their own doings.

Question 7

How is this believed to work?

I will again refer to what used to be said by my elder. He said when a man had contracted an illness like gonorrhea, the only help at that time as there were not western doctors was to think of how pure, safe and clean a child who had not

reached puberty was and that is why most men use to sleep with virgins as they were a symbol of purity and a men will feel cleansed after having sex with these young girls.

Question 8

What are your perceptions about people who have sexual intercourse with young girls as a cure for HIV/AIDS?

I think these people have no conscience. As a traditional healer I help people to get better from their illnesses and some of these illnesses cannot be cured scientifically but traditional healers are able to help, for an example with HIV where a person will have a lowered immune system, traditional healers are able to give this person medicine to drink and gain strength and build the immune system. Traditional healers also teach young people to abstain from sex when they are using their medicine.

Question 9

How aware is the community about the HIV/AIDS?

Yes, they are aware and they come to me as traditional healer for advice. Some still believe that HIV is not an illness but it is witchcraft, when someone has poisoned you by putting something in your food or drink to kill you and start to loose weight, you have no strength and you experience muscle pains, poor appetite and coughing, only at that time they seek help from the traditional healer when they are really sick and it is TB in most cases.

Question 10

What are the perceptions of the community about the people who have sexual intercourse with young girls as a cure for HIV/AIDS?

I will give an incident that took place in this community, one child was raped in this community and the case was reported to the police station and in church where the mother of the child goes to. The young man was arrested and when he was questioned, he said he did not know what he was doing because he had taken drugs from a friend and used them. He said his brain was not functioning when he did this. As a traditional healer, I have seen such incidents where a person will appear drunk and he will do this deliberately to destroying the child's life.

Question 11

Do young men visit you? If yes, for what purposes?

Yes, they do, for poor sexual performance. People, who have lots of money and are sexually active with young girls, need high performance. Normally the girls are between the ages of 13 and 25 years and the men are between the ages of 38 and 48 years. Those with HIV/AIDS do come for help, but sometimes they will come when it is too late and they are already in the terminal stages.

Question 12

Where do young men get advice about sexually related matters?

Some will come to people like us, traditional healers, some to their peers and some to their uncles and elder brothers.

Question 13

Is there anything else that you would like to tell me that has not been mentioned (regarding the myth)?

Our nation especially the black communities have lost what is ubuntu... [the spirit of humanity]... There is a lot of poverty around us and some traditional healers are just after money and they are not true traditional healers. The other reason for such doings in the community is that, there is no trust amongst our people because one cannot leave a girl child with the uncle or a male person, as you are scared that he might rape her. People have no morals any more, this myth is destroying a lot of our children. These people should be killed or be arrested, as this is a criminal offence. The other thing that is big in our communities is that our young men are using drugs that are the predisposing factors of such doings. To us as young children, we knew traditional healers as parents who could not give you wrong information, but today, the traditional healers have been covered with wrong spirits and that is why they are giving wrong information and leading people into doing wrong things.

Annexure 3.6

Transcript of an interview with the traditional healer Mr Nda

Date : 17.01.2004

Time : 10h00

Venue : Home (practice room)

UMBUZO 1

**NGABE USUKE WEZWA NGEKCIWANE LENGCULAZA KANYE
NENGCULAZA UQOBO? UMA UTHI YEBO? NGABE WEZWA KUPHI?**

Yebo ngake ngezwa emsakazweni, abantu beza kimi ukuzongibona ukuze bazi ngezimpilo zabo nobuhlobo abanabo.

UMBUZO 2

**NGABE UNALO YINI ULWAZI LOKUTHI ABANTU BAYITHOLA KANJANI
INGCULAZA KANYE NEGCIWANE NALO?**

Yebo bayithola ngokwenza ucansi olungaphephile benze ucansi bengafakile ijazi lomkhwenyana, nokusebenzisa ireyiza eyodwa lapho begcina amasiko abo begcaba, noma ukusebenzisa isitshopo esisodwa kubantu abaningi abahlukahlukene lapho batshopa (indlela abaqhuba ngayo usiko lwabo basebenzisa into ecijile befaka emthini bese behlaba esikhumbeni somuntu ngento ecijile) basuke bemtshopa umzimba wonke .

UMBUZO 3

NGABE UKE WEZWA ABANTU BEXOXA NGOKWELAPHEKA KWENGculaZA, NGOKUTHI WENZE UCANSI NEZINGANE ZAMANTOMBAZANNE EZIYIZINTOMBI NTO UMA UTHI YEBO NGABE WEZWA KUPHI?

Yebo ngake ngezwa ngalokhu. Ngezinsuku zakudala abadala bethu babesixoxela ukuthi besengabafana babetshelwa ukuthi uma ulala nentombazane eyintombi nto izifo zocansi ziyelapheka, ikakhulukazi kubantu besilisa abahlushwa uketshezi oluphuma esithweni sangasese. Angicabangi ukuthi leyondlela iyayelapha ingculaza mina ngikholwa ukuthi leyonto ingamanga. Labobantu abenza lokho babulala izimpilo zezingane futhi abazisoli ngesenzo esibuhlungu kangaka abasenza ezinganeni ezingenacala.

UMBUZO 4

NGABE UYAKHOLWA UKUTHI IGCIWANE LENGculAZA KANYE NENGculAZA UQOBO IYELAPHEKA NGOKWENZA UCANSI NEZINGANE EZINCANE ZAMANTOMBAZANE? YINI EKWENZA USHO NJALO?

Njengoba besengishilo ngaphambili ukuthi angikholelwa kulokho, kodwa labobantu abakholelwa kulokho okungekho okungamanga. Ingoba befuna ukusabalalisa lesosifo sengculaza kwaphela nje akukho okunye abakuhlosile.

UMBUZO 5

UKUZE LENDLELA YOKWELAPHA ISEBENZE, NGABE UKHOLELWA EKUTHENI LAWOMANTOMBAZANE KUMELE ABE SESITEJINI ESITHILE SEMINYAKA NA?

Njengoba besengishilo ekuqaleni ukuthi okhokho bethu babesho ukuthi amantombazane kumele aziphathe kahle angalwenzi ucansi ahlale eyizintombi nto ukuze ahlale ehlanzekile. Kuze kufika isikhathi esifanele.

UMBUZO 6

NGOKWAKHO UKUBONA UBANI OQHUBEKISA LENKOLELO?

Ngokugcwele ngikholwa ukuthi ilabobantu abazibiza ngezinyanga, kanti bangabakhohlisi baziqambela amanga, bangabathakathi abangenanembeza ababulala izimpilo zezingane ezingenacala ngoba befuna ukufeza izinhloso zabo.

UMBUZO 7

NGABE ISEBENZA KANJANI LENKOLELO?

Ngizosho lokho okwakushiwo okhokho bethu, bethi uma umuntu wesilisa egula ephethwe izifo zocansi, isifo sohudo . Odokotela beseNtshonalanga ababekwazi ukulapha lezozifo kodwa manje abantu abaningi sebekholelwa ekutheni uma uphethwe izifo zocansi. Uzilapha ngokuthi wenze ucansi nengane encane noma nentombazane eseyintombi nto uyelapheka kulesosifo esikuphethe.

UMBUZO 8

WENA NGOKWAKHO UKWAZI, UKUBONA KANJANI LOKHO OKWENZIWA ABANTU UKUTHI UMA WENZA UCANSI OLUNGAPHEPHILE NEZINGANE EZINCANE IYELAPHEKA INGCULAZA?

Mina ngicabanga ukuthi labobantu ababamba izingane ezincane abanawo unembeza. Mina njengomlaphi wendabuko ngizosiza abantu babe ngcono ekuguleni, yize ezinye izifo abanazo zingelapheki .Kodwa abalaphi bendabuko bazimisele ukusiza .Uma umuntu enengculaza egula ephelelwa amandla izinyanga zimnika umuthi ophuzwayo ukuze abe namamdla. Kuvuseleleke namasotsha omzimba. Izinyanga zifundisa abafana abancane ukuthi kumele baziphathe kanjani bangazifaki ezindabeni zocansi uma besebenzisa imithi yesintu.,ngoba ngeke isebenze kanyi futhi nabo ngeke balapheke ezifweni zabo ezibaphethe.

UMBUZO 9

UMPHAKATHI WANGAKINI UYAZI YINI NGENGCU LAZA NEGCIWANE LAYO NA?

Yebo amalunga omphakathi ayazi ngesandulela ngculaza kanye nengculaza uqobo. Bayeza kimi bezocela izeluleko abanye bakholelwa ekutheni ingculaza akusiso isifo ,kodwa basuke beloyiwe noma bethakathiwe noma bedlisiwe (idliso) lapho umthakathi efaka umuthi obobulalayo/ushevu ekudleni noma esiphuzweni ukuze abulale loyo amthakathayo ,lowomuntu ube esegula aqale ngokwehla emzimbeni,aphelelwe amandla abenezinhlungu emzimbeni angakuthandi ukudla akhwehlele into engapheli. Ngalesosikhathi lowo ogulayo ufuna usizo kubelaphi bendabuko. Ngoba esegula kakhulu bese bethi unesifo sofuba I-TB kanti yingculaza.

UMBUZO 10

NGABE UMPHAKATHI WONA UBONA KANJANI NGALABANTU ABENZA UCANSI IZINGANE EZINCANE NGOBA BETHI BAZELAPHA INGCULAZA?

Lapha ngizoxoxa ngesehlakalo esenzeka emphakathini. Endaweni ethize kunendoda eyadlwengula ingane, umama wengane wawabikela amaphoyisa ngalesosenzo esibi sendoda yaboshwa. Kuthe lapho isibuzwa ukuthi wayekwenzelani lokho okubi enganeni? Wathi akazi ukuthi wayenzani ingoba wayedle izidakamizwa ayezini kwe umngani wakhe. Wathi umqondo wakhe awusebenzi kahle uma edle izidakamizwa. Mina njengomlaphi wendabuko ngibona kuyisenzo esibi ,nezibuhlungu ukuthi umuntu aphuze uthswala adle nezidakamizwa, bese enza izinto ezimbi nezibuhlungu neziphatha kabi abanye abantu ebe ezenza ngengloso nangaphandle kokucabanga kahle, ukuze abulale impilo yengane kubi lokho akufanele kwenzeke.

UMBUZO 11

NGABE BAYAKUVAKASHELA YINI ABANTU BESILISA ABADALA? UMA UTHI YEBO, BAKUVAKASHELA NGAYIPHI INHLOSO, NOMA NGAYIPHI INJONGO?

Yebo bayangivakashela ngenhloso yokuxoxa ngokungenzi kahle kwezocansi. Abantu abanemali eningi baheha izingane ngemali benze nazo ucansi ngoba bezzipha imali. Ngokwazi kwami labo bantu abenza nezingane ezincane ucansi kuvamise ukuthi kube amantombazane aneminyaka ephakathi kuka 13 weminyaka kuya eminyakeni engu 38 weminyaka. Abesilisa bona abadlwengula izingane kuvamise ukuba babe neminyaka engu 38 weminyaka kuya eminyakeni engu 48 weminyaka. Labo abahlaselwa igciwane lengculaza bayeza kithi bezofuna usizo kodwa esikhathini esiningi beza emva kwesikhathi sebegule kakhulu sebesebanganeni lokuthi sebezofa.

UMBUZO 12

ABESILISA ABADALA BAKUTHOLAPHI UKWELULEKWA NGEZOCANSI?

Abanye abadala beza kithi njengoba singabelaphi bendabuko. Abanye baye kulabo abavela kwamanye amazwe abanolwazi olunzulu ngezifo zocansi. Abanye baya komalume , abafowabo abadala bathole kubo izeluleko .

UMBUZO 13

NGABE KUKHONA OKUNYE OFISA UKUNGITSHELA KHONA ENGINGAZANGE NGIKUSHO (OKUQONDENE NALEZINKOLELO NA?)

Yebo kukhona , Isizwe sakithi esinsundu ikakhulukazi umphakathi esiphila kuwo. Abantu sebalahlekelwa unembeza, (umoya wokuzwana nokuba munye) Sihlaselwe isifo sendlala, ezimpilweni zethu ezinye izinyanga zizifunela imali azinalo iqiniso kubantu abagulayo, isbonelo ukuthi inyanga izothi kumuntu ogulayo qha mfowethu/dadewethu lesisifo esikuphethe angisazi ngicela udlulele phambili cha angeke isho njalo kodwa izozithathela imali ikunike umuthi ongasebenzi ngani na ngoba ilambile ifuna imali yokuthenga ukudla

Emphakathini esiphila kuwo akusekho ukwethembana ngeke ushiye ingane yentombazane noMalume wayo, noma nomuntu wesilisa, ngoba usaba ukuthi uzosala eyibamba eyidwengula. Ngoba abantu besilisa abasenanembeza ngenxa yezinkolelo ezikhona ezibulala izimpilo zezingane. Labantu abenza okubi ezinganeni kumele baboshwe noma babulawe ngoba baphula umthetho.

Into enkulu emphakathini wakithi ukuthi abantu abaningi besilisa basebenzisa izidakamizwa kakhulu, ukuze benze izinto ezimbi bafeze nezinkanuko zabo. Thina njengabelaphi bendabuko kanye nabazali. Ngeke sifundise siyale izingane ngento engekho. Kodwa namuhla izinyanga zinomoya babi yingakho zitshela izingane into engekho zizedukisa. Izingane zigcine sezenza izinto ezimbi nezesabekayo ngoba zitshwelwe abantu abadala kanti bayazidukisa, ingoba befuna ukufeza izinhloso zabo.

Transcript of an interview with the traditional healer Mr. Mt.

Date: 26.01.2004

Time: 17h00

Venue: Home (practice room)

Question 1

Have you heard of HIV/AIDS? If yes, from what source?

From Malawi, where I got the traditional medicine that I normally use on my patients. I also received the knowledge from Transkei where I used to help people with conditions like T.B. which is related to HIV. (Pause) The radio and TV teaches us about this disease.

Question 2

Have you got any ideas as to how people get infected with HIV/AIDS?

By having unprotected sex with a person who might be HIV positive, By using one razor blade for all the patients when they come for treatment and also ukutshopa...[a procedure in which quills are used for administration of medicine by first scarifying the skin and then applying medicine to the broken skin]...and sharing it between the patients to cure an illness.

Question 3

Have you heard of people talking about being cured of HIV/AIDS by having sexual intercourse with young girls? If yes, what have you heard?

Yes, from around Durban, on the news, radio and television where they will report that there are people who have raped children who are very young thinking they will be cured of HIV/AIDS.

Question 4

**Do you believe that HIV/AIDS can be cured by having sex with young girls?
What makes you say this?**

The participant was quiet for a while before answering, considering what to say. No. Instead...[of being cured]... a person who does this is spreading the disease and destroying the child's life, because the child is innocent and young and does not know what is happening to her at that time.

Question 5

In order for the cure to work, does the girl need to be of a certain age?

I won't get into that, because people outside this world are very dirty...[it is as if these people are not living creatures]... and this is just pure corruption. These people rape children thinking it will come out of them and infect the young girl, but that is not true. This is impossible because we traditional healers encourage people to go for testing and we give them izimbiza...[medicine mixtures made from herbs and have been boiled]... to drink in order to build their immunity but when he sleeps with a child he cannot be cured. No medicine is used like this (shaking his head).

Question 6

In your own opinion, who is responsible for perpetuating this belief or where does this myth come from?

It is corruption from the people, such a thing has never been there...[myth]... I think the very people who are HIV positive and full of corruption and wanting to destroy other people's children will do this.

Question 7

How is it believed to work?

No, I do not know. (He was quiet after this)

Question 8

What are your perceptions about people who have sexual intercourse with young girls as a cure for HIV/AIDS?

They are destroying the future of young girls and they should be killed. This is all that I can say.

Question 9

How aware is the community about HIV/AIDS?

Yes, my community is aware and they have seen people dying of HIV/AIDS. Everyday there are burials in the community of people who have died because of this disease. There are clinics nearby and young people get a lot of information for these places as well.

Question 10

What are the perceptions of the community about the people who have sexual intercourse with young girls as a cure for HIV/AIDS?

The community feels these people should be killed as they are destroying the children's lives. I can recall an incident that happened in Kwa-Makhanya area, near Umbumbulu where a girl who was 13 years old was raped by a boy who had HIV and this boy was arrested. The girl was sent to hospital for tests and she was found to be HIV positive. The community wanted to take the law into their hands, fortunately this boy was found by the policemen and was arrested...[before the community harmed him]...

Question 11

Do young men visit you? If yes, for what purposes?

Yes, they do come to me, for sexually transmitted infections, also to ask for medicine for dignity at work and to be loved by their girlfriends as well as the boss at work. They also come for ilumbo...[an illness made by the traditional healers to women who sleep with other men, to safe guard her husband. The woman is given a mixture to drink and this will make a person who sleeps with her to have swollen legs, stomach and his testicles]... or when they are bewitched by other people.

Question 12

Where do these young men get their advice about sexually related matters?

They normally get the advice from people like me, because they do not have elders in their household and some stay on their own. Even if the mother is there, it is difficult to talk about these issues, especially sexual problems. Some will tell you that the radio and TV gives them this information.

Question 13

Is there anything else that you would like to tell me that has not been mentioned (regarding the myth)?

I would like to say that HIV is the same as ilumbo because traditional healers can cure it, but whites do not know about it. I give people treatment to help with this illness and ask them to use condoms and also to go and be re-tested to see if the virus is still in their system. For people who rape children they should seek help not to kill young lives...[go for treatment rather than infecting children]..., because this is just killing nothing else.

Annexure 3.6

Transcript of an interview with the traditional healer Mr. Mt.

Date: 26.01.2004

Time : 17h00

Venue :Home(practice room)

UMBUZO 1

NGABE USUKE WEZWA YINI NGENGCUŁAZA? UMA UTHI YEBO, NGABE WEZWA KUPHI?

Yebo ngezwa eMalawi, lapho engithola khona imithi engiyi sebenzisayo uma ngilapha iziguli. Olunye ulwazi ngaluthola eTranskei lapho engangisiza khona abantu bagulayo bephethwe isifo sofuba (T.B.) ehlobene negciwane lengculaza. Umsakazo nomabonakude bayasifundisa ngalesifo.

UMBUZO 2

NGABE UNALO YINI ULWAZI LOKUTHI ABANTU ABANENGCUŁAZA BAYITHOLA KANJANI IGCIWANE KANYE NENGCUŁAZA UQOBO?

Bayithola ngokwenza ucansi olungavikelekile nomuntu onengculaza, nangokusebenzisa ireyiza eyodwa kuzozonke iziguli uma uzilapha ngokugcaba noma ukutshopa indlela okusetshenziswa ngayo usiba ucobhoza emithini kuqala bese ugcaba umzimba wonke wesiguli, bese ugcoba umuthi lapho kusikeke khona isetshenziswa ezigulini ezehlukene.

UMBUZO 3

UKE WEZWA ABANTU BEXOXA BETHI NGOKWELAPHEKA INGCULAZA NGOKUTHI WENZA UCANSI NEZINGANE EZINCANE ZAMANTOMBAZANE EZIYIZINTOMBI NTO? UMA UTHI YEBO, NGABE WEZWA KUPHI?

Yebo ngezwa eThekwini ezindabeni zasemsakazweni nakumabonakude lapho babika ukuthi kunomuntu odlwengula izingane ezincane ngoba ecabanga ukuthi uzolapheka engculazeni emphethe.

UMBUZO 4

NGABE UYAKHOLWA UKUTHI IGCIWANE LENGCULAZA KANYE NENGCULAZA UQOBO IYELAPHEKA NGOKWENZA UCANSI NEZINGANE EZINCANE ZAMANTOMBAZANE? YINI EKWENZA USHO NJALO?

Umhlanganyeli wathi ukuthula ngaphambi kokuthi asho lokho, wathi qha kunokuba yelapheke ingculaza. Umuntu owenza lokhu usabalalisa isifo futhi ubulala izimpilo zezingane ngoba ingane ayazi lutho futhi isuke ingazi ukuthi kwenzakalani kuyo ngalesosikhathi.

UMBUZO 5

UKUZE LENDLELA YOKWELAPHA ISEBENZE, NGABE UKHOLELWA EKUTHENI LAWOMANTOMBAZANE ABE SESITEJINI ESITHILE SEMINYAKA NA?

Angizukungena kulokhu ngoba abantu bangaphandle bangcole kabi (kuba sengathi labantu abazona izidalwa ezingabantu) kodwa lokhu inkohlakalo engaxubene nalutho. Labantu abadlwengula izingane bacabanga ukuthi sophuma kubo lesifo singene ezinganeni, lokho akulona iqiniso. Ngeke kwenzeke kanjalo ngoba abelaphi bendabukko batshela abantu babakhuthaze ukuthi abahambe bayohlola igazi ukuze babanike izimbiza (imithi ehlanganiswe namacembe yaphekwa) ukuze uphuzwe ukuze yakhe, ibagome kodwa uma belala nezingane ezincane ngeke yelapheke. Awukho umuthi osebenza njengaloyo.

UMBUZO 6

NGOKWAKHO UKUBONA NGABE IQHAMUKAPHI LENKOLELO ENGEKHO?

Inkohlakalo yabantu, ayikho into enjengaleyo. Cabanga labantu abanaleligciwane bagcwele inkohlakalo kuphela bafuna ukubulala ikusasa lezingane ngokwenza lokhu.

UMBUZO 7

NGABE ISEBENZA KANJANI LENKOLELO?

Qha angazi (wathula emva kwalokho).

UMBUZO 8

WENA NGOKWAKHO UKWAZI, UKUBONA KANJANI LOKHO OKWENZIWA ABANTU UKUTHI UMA WENZA UCANSI OLUNGAPHEPHILE NEZINGANE EZINCANE IYELAPHEKA INGCULAZA?

Babulala ikusasa lezingane kufanele bafe, ilokhu engingakusho.

UMBUZO 9

NGABE UMPHAKATHI UYAZI NGENGICULAZA NEGCIWANE LAYO NA?

Yebo uyazi umphakathi ngengculaza bahlala bebabona abantu bebulawa ingculaza nsukuzonke kuyangcwatshwa. Emphakathini nasemitholampilo eseduze nomphakathi, abantu bathola ulwazi khona emtholampilo.

UMBUZO 10

UMPHAKATHI WONA UBONA KANJANI NGALALA BANTU ABENZA UCANSI NEZINGANE EZINCANE NGOBA BETHI BAZELAPHA INGCULAZA?

Umphakathi ufisa labobantu abenza into embi kangaka ezinganeni bafisa babulawe ngoba babulala impilo yezingane. Ngizoxoxa ngesehlakalo esenzeka endaweni yakwa Makhanya eMbumbulu. Lapho intombazane eneminyaka eyishumi nantathu eyadlwengulwa umfana onengculaza waboshwa lowomfana. Intombazane yathunyelwa esibhedlela ukuyohlola igazi, kwatholaka ukuthi isingenwe ilesifo sengulaza, umphakathi wawufuna ukuphatha umthetho

ngezandla. Ngebhadi umfana watholwa amaphoyisa waboshwa (ngaphambi kokuthi umphakathi umshaye).

UMBUZO 11

NGABE BAYAKUVAKASHELA YINI ABANTU BESILISA ABADALA? UMA UTHI YEBO, BAKUVAKASHELA NGAYIPHI INHLOSO NOMA NGAYIPHI INJONGO?

Yebo bayangivakashela bazoxoxa ngezifo zocansi ezithathelanayo, bezocela nemithi yokuthi bahlonishwe emsebenzini, baphinde benzele nelumbo (Isifo esenziwa abelaphi bendabuko uma owesifazane elele nenye indoda ukuze igade indoda yakhe). Owesifazane unikwa umuthi ukuthi awuphuze, kuzokwenza ukuthi lowo muntu olele nalowo wesifazane ophuze leyombiza avuvukale imilenze, isusu kanye namasende) koba sengathi uthakathwe abanye.

UMBUZO 12

ABESILISA ABADALA BAKUTHOLAPHI UKWELULEKWA NGEZOCANSI?

Bathola izeluleko kimi ngoba abesanabo obaba abadala nomkhulu emakhaya abahlala kuwo abanye bazihlalela bodwa. Noma omama bekhona kunzima ukukhuluma ngalezindaba ikakhulukazi ngezinkinga zocansi abanye abazali babatshela ukuthi ulwazi bazoluthola emsakazweni nakumabonakude.

UMBUZO 13

NGABE KUKHONA OKUNYE OFISA UKUNGITSHELA KHONA ENGINGAZANGE NGIKUSHO (OKUQONDENE NALEZINKOLELO NA)?

Ngifisa ukusho ukuthi ingculaza iyefana nalesifo okuthiwa ilumbo. Ngoba abelaphi bendabuko bayakwazi ukuselapha, kodwa abamhlophe abazilutho ngaso. Nginikeza abantu imithi ezobasiza ekuguleni kwabo ngibatshele ukuthi uma benza ucansi basebenzise ijazi lomkhwenyane. Nokuthi bahambe bayovuselela ukuhlolwa kwegazi ukuze babone ukuthi igciwane lisekhona yini. Laba bantu abadlwengula izingane badinga ukusizwa bayeke ukubulala impilo

yezingane(kumele bathole ukkwelashwa kunokuba bafakele izingane isifo)
ngoba lokhu abekwenzayo ukubulala akukho okunye.

Transcript of an Interview from the traditional healer Mr. Ma

Date: 18.01.2004

Time: 18h00

Venue: Home (practice room)

Question 1

Have you heard of HIV/AIDS? If yes, from what source?

From Kwa Mahlaba-Uyalingana, where there are lots of traditional healers and lots of use of traditional medicine. Mr. O taught me about illnesses such as this one and how to cure it by using mixtures to drink for people who are still HIV positive and have not reached the AIDS stage.

Question 2

Have you got any idea as to how people get infected with HIV/AIDS?

By sexual intercourse with a person who has HIV/AIDS, by using one razor when a person and his family come to me for treatment and some muthi...[it is medicine]... are applied on the cuts made by a razor. The virus can infect me if I do not use something to protect my hands and the whole family will also be infected with the use of one razor.

Question 3

Have you heard of people talking about being cured of HIV/AIDS by having sexual intercourse with young girls? If yes, what have you heard?

Yes, from the radio when one listens to the news, and also the newspaper. They will tell you about rape cases that are in court and some taking place within the community, but nothing else.

Question 4

Do you believe that having sex with young girls can cure HIV/AIDS? What makes you say this?

No, if a person has already contracted the disease, I do not think it can come out through this way and I do not believe in this at all.

Question 5

In order for the cure to work, does the girl need to be of a certain age?

I have no knowledge about this.

Question 6

In your own opinion, who is responsible for perpetuating this belief or where does this myth come from?

I have a feeling that the people from outside the country are responsible for this, e.g. the Nigerians because such things have been happening in their country and also that this has not been happening in our black community but now it has become worse. This used to happen in the white communities but not for curing the disease. People were just being corrupt as adults.

Question 7

How is it believed to work?

I do not have any idea as to how this work.

Question 8

What are your perceptions about people who have sexual intercourse with young girls as a cure for HIV/AIDS?

I feel that they should be arrested, be sent out of the country and be castrated or receive the death sentence.

Question 9

How aware is the community about HIV/AIDS?

The community is fully aware of the disease

Question 10

What are the perceptions of the community about the people who have sexual intercourse with young girls as a cure for HIV/AIDS?

I would not say there are any because there has never been any incident in the community

Question 11

Do young men visit you? If yes, for what purposes?

When they are sick with sexually transmitted infections.

People with deaths in their families, who do not understand how the person had died. People who are already infected and have been denied hospitalization, because they are terminally ill with AIDS.

Question 12

Where do they get advice about sexually related matters?

They get advice from myself about poor sexual performance, relationships as well as work matters.

Question 13

Is there anything else that you would like to tell me that has not been mentioned (regarding the myth)?

I still feel that this belief does not exist, it is not there. The only people who are responsible for this are the witchdoctors, who do not make medicine to heal but make anything to kill. They are corrupt.

Transcript of interview from the traditional healer Mr. Ma

Date : 18. 01. 2004

Time : 18h00

Vennue:Home (Practice room)

UMBUZO 1

NGABE USUKE WEZWA YINI NGENGCUKULAZA? UMA UTHI YEBO , NGABE WEZWA KUPHI?

KwaMhlaba uyalingana, lapha kunezinyanga eziningi, khona nabantu abesebenzisa kakhulu imithi yesintu. Umnumzane O ungifundise esinye sezifo nokuthi silashwa kanjani ngokusebenzisa imithi ephuzwa abantu abenesandulela ngculaza izobasiza ekutheni bangabi negciwane lengculaza.

UMBUZO 2

NGABE UNALO YINI ULWAZI LOKUTHI ABANTU ABANENGCUKULAZA BATHOLA KANJANI IGCIWANE KANYE NENGCUKULAZA UQOBO?

Ngokwenza ucansi olungaphephile nomuntu onalesifo, nokusebenzisa ireyiza eyodwa lapho kugcatshwa kusikwa isikhumba somuntu (inyama) ngereyiza bese kugcotshwa ngomuthi lapho kusikwa khona. Igciwane lingangigulisa namiuma ngingafakanga okokuvikela izandla zami. Nomndeni wonke nawo ungangenwa isifo ngokusebenzisa ireyiza eyodwa .

UMBUZO 3

UKE WEZWA ABANTU BEXOXA BETHI NGOKWELAPHEKA KWENGICULAZA NGOKUTHI WENZA UCANSI NEZINGANE EZINCANE ZAMANTOMBAZANE EZIYIZINTOMBI NTO? UMA UTHI YEBO, NGABE WEZWA KUPHI?

Yebo ngezwa emsakazweni lapho omunye elalele ezindabeni nasemaphepheni. Wangitshela ngamacala okudlwengula asenkantolo, amanye enzeka emphakathini, kodwa akwenziwa lutho ngawo.

UMBUZO 4

NGABE UYAKHOLWA UKUTHI IGCIWANE LENGICULAZA KANYE NENGICULAZA UQOBO IYELAPHEKA NGOKWENZA UCANSI NEZINGANE EZINCANE ZAMANTOMBAZANE? YINI EKWENZA USHO NJALO?

Qha uma umuntu selimngenile igciwane, angicabangi ukuthi lingaphuma ngaleyo ndlela kanti futhi angikholelwa kuleyonto.

UMBUZO 5

UKUZE LENDLELA YOKWELAPHA ISEBENZE, NGABE UKHOLELWA EKUTHINE LAWOMANTOMBAZANE ABE SESITEJINI ESITHILE SEMINYAKA NA?

Anginalo ulwazi ngalokho

UMBUZO 6

NGOKWAKHO UKUBONA NGABE IQHAMUKAPHI LENKOLELO ENGEKHO?

Ngiphatheka kabi ngoba abantu abaqhamuka kwamanye amazwe angaphandle abafika nalezifo. Isibonelo abantu abavela eNigeria yibona abafika nezinto besuka nazo eNigeria bezozenza lapha eNingizimu Afrika, izinto ebezi ngenzeki emphakathini wabantu abansundu, kodwa manje isiyenzeka kakhulu leyonto ebiyenzeka emphakathini wabamhlophe. Kodwa hayi ukulapha isifo, kodwa yilabo. Bantu abagcwele inkohlakalo abantu abadala.

UMBUZO 7

NGABE ISEBENZA KANJANI LENKOLELO?

Anginalo ulwazi ukuthi lento abayishoyo isebenza kanjani .

UMBUZO 8

WENA NGOKWAKHO UKWAZI, UKUBONA KANJANI LOKHO OKWENZIWA ABANTU UKUTHI UMA WENZA UCANSI OLUNGAPHEPHILE NEZINGANE EZINCANE IYELAPHEKA INGCULAZA?

Ngifisa ukuthi labo bantu abenza okubi ezinganeni baboshwe, baxoshwe lapha ezweni lakithi bathole isigwebo sokudilikelwa ijele

UMBUZO 9

NGABE UMPHAKATHI UYAZI YINI NGENGULAZA NEGCIWANE LAYO NA?

Umphakathi wazikahle ngokugcwele ngesandulela ngculaza kanye nengculaza uqobo.

UMBUZO 10

UMPHAKATHI WONA UBONA KANJANI NGALALA BANTU ABENZA UCANSI NEZINGANE EZINCANE NGOBA BETHI BAZELAPHA INGCULAZA?

Angeke ngikwazi ukusho lutho ngoba asikho isehlakalo esake senzeka emphakathini wakithi.

UMBUZO 11

NGABE BAYAKUVAKASHELA YINI ABANTU BESILISA ABADALA? UMA UTHI YEBO, BAKUVAKASHELA NGAYIPHI INHLOSO NOMA NGAYIPHI INJONGO?

Yebo bayeza uma begula bephethwe yizifo zocansi, ngoba abantu bayafa manje abazi ukuthi bafa ngayiphi indlela. Abantu abavele sebengenwe ingculaza

bayanqaba ukuthola usizo ngoba besuka sebazi ukuthi baphethwe ukugula okunzima akukho okokwelapha ingculaza .

UMBUZO 12

ABESILISA ABADALA BAKUTHOLAPHI UKWELULEKWA NGEZOCANSI?

Bazithola kimi izeluleko ikakhulukazi ezokwenza ucansi kanye nobuhlobo kulokho abakwenzayo.

UMBUZO 13

**NGABE KUKHONA OKUNYE OFISA UKUNGITSHELA KHONA
ENGINEGAZANGE NGIKUSHO (OKUQONDENE NALEZINKOLELO NA?**

Akukho.

Transcript of an interview with the traditional healer Mr. Ce.1

Date: 18.01.2004

Time: 11h00

Venue: Home (practice room)

Question 1

Have you heard of HIV/AIDS? If yes, from what source?

Yes, I have heard about HIV/AIDS. I deal with a lot of people who are infected with this virus because, I have dealings with Prince Mshiyeni Hospital they send T.B. treatment to my chemist as some of them are unable to reach the hospital and so they collect their treatment from me. I also help with traditional medicine for those who have oral thrush and have difficulty in eating.

Question 2

Have you got any ideas as to how people get infected with HIV/AIDS?

Yes, through unprotected sexual intercourse with an HIV positive person, from using one razor for everyone when they visit the traditional healer and the use of one syringe for the drug addicts.

Question 3

Have you heard of people talking about being cured of HIV/AIDS by having sexual intercourse with young girls? If yes, what have you heard?

Yes, I have heard about this from the news, on television and from the radio.

The news people will only report about the incident, where it took place and if the police arrested anyone or not and that is all.

Question 4

**Do you believe that HIV/AIDS can be cured by having sex with young girls?
What makes you say this?**

People are just full of corruption and once a person has been infected with the virus, there is no way that it can get out of the system. The person is making things worse for himself and the children as he is spreading the disease and destroying the future of the young girl.

Question 5

In order for the cure to work, does the girl need to be of a certain age?

I do not have any comment on this, because as I had said, people are corrupt.

Question 6

In your own opinion, who is responsible for perpetuating this belief or where does this myth come from?

I think people who have Satanism and have evil spirits within them use this to fulfill certain rituals in their belief. Other than this, I have no idea as to where this comes from... [myth].... (He was quiet after this, the researcher waited for further response, thinking that he would elaborate on his initial comment. However, he did not do so.)

Question 7

How is this believed to work?

I do not know.

Question 8

What are your perceptions about people who have sexual intercourse with young girls as a cure for HIV/AIDS?

I will still say that people are full of corruption and that they should be arrested and get a long sentenced.

Question 9

How aware is the community about HIV/AIDS?

Yes, the community is aware and next to my chemist there is a container that is run by people from the Health Department. They teach the community about HIV/AIDS, especially the youth who have limited knowledge.

Question 10

What are the perceptions of the community about the people who have sexual intercourse with young girls as a cure for HIV/AIDS?

Although there has never been an incident in this community, most people have heard about this on the news and on radio. It is not something people should be doing, because a child who is affected by rape, gets scared of a male figure__ even when playing with the male toys she will screams and cry.

Question 11

Do young African men visit you? If yes, for what purposes?

Yes, they do for illnesses like, cauliflower...[condylomata acuminata], drop [gonorrhea] and lice infestation. They also see me when they have loss of libido, poor relationships and when there is no communication between him and his partner.

Question 12

Where do they get advice about sexually related matters?

Some will say from the uncles, mothers, especially young mothers, and also from the traditional healers.

Question 13

Is there anything else that you would like to tell me that has not been mentioned (regarding the myth)?

I would say besides the Satanism, the witchdoctors are responsible for perpetuating this belief. The other reason for people to do this is because these traditional healers are not the real traditional healers and they are hungry. They go around teaching wrong things to people so that they get money in order to put food on the table. HIV positive people who listen to the radio also hear of such belief. Because they are desperate, they go out and practice this myth and are not thinking straight. Some feel they are being discriminated against and they take drugs after being tested positive and they see the only way out is to sleep with a child thinking they will be cured__ instead they are destroying the young girl's virginity and also infecting her in the process.

Annexure 3.6

Transcript of an interview with the traditional healer Mr. Ce. 1

Date : 18. 01.2004

Time : 11h00

Venue : Home(practice room)

UMBUZO 1

NGABE USUKE WEZWA YINI NGENGCUŁAZA? UMA UTHI YEBO, NGABE WEZWA KUPHI?

Yebo ngake ngezwa ngengculazi. Ngisebenza ngabantu abenengculaza ngisebenzisana nesibhedlela sase Prince Mshiyeni. Abanye abantu abeza ekhemisi yami ngithola ukuthi banesifo sofuba (T.B) ngibathumela esibhedlela sase Mshiyeni ukuze bathole amaphilisi esifo sofuba. Ngisiza labo abadinga imthi yesintu , abenezilonda okunzima ukuthi badle.

UMBUZO 2

NGABE UNALO YINI ULWAZI LOKUTHI ABANTU ABANENGCUŁAZA BALITHOLA KANJANI IGCIWANE KANYE NENGCUŁAZA UQOBO?

Yebo ngiyazi ukuthi bayithola kanjani. Bayithola ngokwenza ucansi olungavikelekile naloyo muntu onengculaza, iphinde itholakale ngokusebenzisa ileyiza eyodwa kubantu abaningi, lapho begcina amasiko esintu ukugcaba , nokusebenzisa isitshopo esisodwa kubantu abaningi lapho besebenzisa imithi eluthayo

UMBUZO 3

UKE WEZWA ABANTU BEXOXA BETHI NGOKWELAPHEKA KWENGICULAZA NGOKUTHI WENZA UCANSI NEZINGANE EZINCANE ZAMANTOMBAZANE EZIYIZINTOMBI NTO? UMA UTHI YEBO, NGABE WEZWA KUPHI?

Yebo ngake ngezwa ngalendaba ngezwa ezindabeni zikamabonakude, nasemsakazweni. Abafundi bezindaba babika ngesehlakalo lapho kwenzeke khona lendaba, amaphoyisa uma esesibophile isigebengu kube sekuphelile njalo, akukho okunye esibe sisakuzwa.

UMBUZO 4

NGABE UYAKHOLWA UKUTHI IGCIWANE LENGICULAZA KANYE NENGICULAZA UQOBQ IYELAPHEKA NGOKWENZA UCANSI NEZINGANE EZINCANE ZAMANTOMBAZANE? YINI EKWENZA USHO NJALO?

Abantu sebagcwala inkohlakalo, uma umuntu esehlaselwe ingculaza ayikho indlela angaphuma ngayo kuyo. Loyo muntu wenza izinto zibe zimbi kakhulu ngokuthi adlwengule izingane ngoba ezesulela ngalesifo wenza ikusasa lezingane libelimbi uyalibulala.

UMBUZO 5

UKUZE LENDLELA YOKWELAPHA ISEBENZE, NGABE UKHOLELWA EKUTHENI LAWOMANTOMBAZANE ABE SISITEJINI ESITHILE SEMINYAKA NA?

Akukho okunye engingakusho ngalokhu kunjengoba sengishilo ukuthi abantu sebakohlakala.

UMBUZO 6

NGOKWAKHO UKUBONA NGABE IQHAMUKAPHI LENKOLELO ENGEKHO?

Ngicabanga ukuthi abantu abanosathane abahlaselwe umoya omubi obasebenzisayo, ukuze bagcwalise izinkambo zezinkolelo zabo. Anginalo ulwazi

lokuthi lokhu bakuthathaphi (wama wathula emva kokusho lokho umcwaningi wama wamulinda ngoba ethi uzoqhubeka achaze ngalokhu asekushilo kodwa akazenge asasho lutho).

UMBUZO 7

NGABE ISEBENZA KANJANI LENKOLELO?

Angazi.

UMBUZO 8

WENA NGOKWAKHO UKWAZI, UKUBONA KANJANI LOKHO OKWENZIWA ABANTU UKUTHI UMA WENZA UCANSI OLUNGAPHEPHILE NEZINGANE EZINCANE IYELAPHEKA INGCULAZA?

Ngisaphinda ngisasho ukuthi konke lokhu kwenzeka ngoba abantu bagcwele inkohlakalo, kuphela nje kumele baboshwe bathole isigwebo eside nesibuhlungu.

UMBUZO 9

NGABE UMPHAKATHI UYAZI YINI NGENGULAZA NEGCIWANE LAYO NA?

Yebo uyazi umphakathi ngengculaza eduze kwekhemisi yami kunekhontena ephethwe umuntu ovela emnyangweni wezempilo ufundisa abantu abasha ngengculazi ikakhulukazi kubantu abangenalo ulwazi ngezifo zocansi.

UMBUZO 10

UMPHAKATHI WONA UBONA KANJANI NGALABA BANTU ABENZA UCANSI NEZINGANE EZINCANE NGOBA BETHI BAZELAPHA INGCULAZA?

Noma kungakaze kwenzeke lesehlakalo emphakathini wakithi kodwa abanye abantu baye bezwa ngalokhu ezindabeni zikamabonakude, emsakazweni. Akuyona into abantu abayenzayo, ngoba ingane eyathola leligciwane ngokudlwengulwa iyabesaba abantu besilisa ihlala ngokwethuka ngaso somke

isikhathi, noma ngabe idlala ngamathoyizi abantu besilisa uyithola isimemeza ikhala.

UMBUZO 11

NGABE BAYAKUVAKASHELA YINI ABANTU BESILISA ABADALA? UMA UTHI YEBO, BAKUVAKASHELA NGAYIPHI INHLOSO NOMA NGAYIPHI INJONGO?

Yebo ayangivakashela ngenxa yokuthi asuke egula ephethwe (isithombo esisaklabishi) esivela esithweni sangasese, ukuvuza noma ukuphuma ubomvu esithweni sangasese somuntu wesilisa. Beza ngoba benenkinga yokuphelelwa amandla kwezocansi, nobungani obungebuhle phakathi kwakhe nophathini wakhe.

UMBUZO 12

ABESILISA ABADALA BAKUTHOLAPHI UKWELULEKWA NGEZOCANSI?

Abanye bathi balulekwa omalume, omama, ikakhulukazi omama abadala, kanti nabo abelaphi bendabuko bayabanikeza izeluleko zokuthi kumele baziphathe kanjani.

UMBUZO 13

NGABE KUKHONA OKUNYE OFISA UKUNGITSHELA KHONA ENGINGAZANGE NGIKUSHO (OKUQONDENE NALEZINKOLELO NA)?

Ngizothi ngaphandle kwabasebenzela usathane abathakathi abaqhubekisa lenkolelo. Esinye isizathu esenza abantu benze lokhu yingoba kukhona abezenza abelaphi bendabuko ngoba bezifunela imali yokuthenga ukudla ukuze badle baphile nemdeni yabo. Abanye abanengculaza, balalela emsakazweni ezinye zalezinkolelo, ngoba sebephelelwe ithemba bayahamba bayokwenza lezinsumansumane ngoba becabanga ukuthi bazosinda.

Abanye bacabanga ukuthi ingoba bephathwa kabi ngenxa yobuhlungu babo, abanye ingoba bedla izidakamizwa emva kokuhlolwa igazi, Bahamba belala

bebamba izingane ezincane ngoba bethi bazilapha engculazini, kodwa
kunalokho babulala ubuntombi bezingane bezifaka leligciwane

Transcript of an interview with traditional healer from Mr. Ku.

Date: 14.02.2004

Time: 11h00

Venue: Home (practice room)

Question 1

Have you heard of HIV/AIDS? If yes, from what source?

I am a teacher by profession and in 1999 I had the chance of being chosen to go and attend a skills training workshop at Umtubatuba, where I got all the knowledge about HIV and its transmission.

Question 2

Have you got any ideas as to how people get infected with HIV/AIDS?

Yes, through sexual intercourse that is unprotected, by using one syringe by people who use drugs, razors from the traditional healer and isisthopo..... [porcupines, a procedure in which quills are used for the administration of medicine by first scarifying the skin and then applying medicine to the broken skin].... that are not cleaned after use with one person and before the next.

Question 3

Have you heard of people talking about being cured of HIV/AIDS by having sexual intercourse with young girls? If yes, what have you heard?

Yes, I have heard on the radio, media, although I have never seen or witnessed an incident. This is only about cases that are reported on the news about children raped and the strong concern about the virgin myth.

Question 4

**Do you believe that HIV/AIDS can be cured by having sex with young girls?
What makes you say this?**

No, I have not heard of this, instead the person with the disease cannot get rid of it or cannot be healed but he is infecting the young girl.

Question 5

In order for the cure to work, does the girl need to be of a certain age?

This is just a myth from people who see that the Government is not providing any treatment and they resort to this wrong thing. I say this is wrong, because these people are spreading the disease to the kids.

Question 6

In your own opinion, who is responsible for perpetuating this belief or where does this myth come from?

People have become wild like animals and an example of a reverend raping a child, it is shocking and no one knows the reason behind this. As a teacher I have witnessed a lot of children in my school who have been abused or raped and no one gets to know the motive behind the abuse of a child. Some of these cases are left unquestioned and never go to court. This means the criminal gets away with murder. I feel this is too unfair on children.

Question 7

How is this believed to work?

I do not believe that this can work, as a person is already infected and he cannot get this disease out of his system.

Question 8

What are your perceptions about people who have sexual intercourse with young girls as a cure for HIV/AIDS?

They should be arrested, be given a heavy sentence, even the old death sentence like the guillotine should be carried out. The Government should have a board that will be responsible to handle such cases thoroughly. The people who are doing this have a mentality that is low and they need a lot of counseling so this myth is not perpetuated.

Question 9

How aware is the community about HIV/AIDS?

Yes, the community is fully aware about HIV/AIDS and there are funerals taking place within the community every day of people who have died from HIV/AIDS.

Question 10

What are the perceptions of the community about the people who have sexual intercourse with young girls as a cure for HIV/AIDS?

I have recently moved to this area and I have not heard anything. Where I come from there has never been such incidences.

Question 11

Do young African men visit you? If yes, for what purposes?

Yes, they do come for things like enema, to seek for medicine that will clean their system from the sexually transmitted infections and they have a loss of libido. They also get help when his girlfriend has left him and he wants her back. I do keep such medicine that is being sent to the girl through wind or waves in the sea. This will make her love him more and think about him all the time.

Question 12

Where do they get advice about sexually related matters?

Some will tell you that they get advice from friends, uncles and traditional healers. I normally give them advice both spiritually and also socially as they are young and they still trying to build their families and relationships.

Question 13

Is there anything else that you would like to tell me that has not been mentioned (regarding the myth)?

Traditional healers are doing a lot to help sick people, especially with this illness. Traditional healers get their training from the ancestors and the very old traditional healers within the communities. People who sleep with young girls have a psychological problem. They do this, because it is a sign of needing help and once a person who has not been counseled before being tested gets positive results, he becomes wild and out of desperation he goes around committing crimes by raping children and he becomes mentally disturbed.

The people who are perpetuating this myth are not traditional healers, they are chancers and they see that people are so desperate for help and they call themselves traditional healers because they need money, this is because there is

high unemployment within the country. I also feel that it is something that is unacceptable within the community and will spread very quickly __ people with low morals will take it on quite quickly.

Transcript of an interview with traditional healer from Mr. Ku.

Date: 14. 02. 2004

Time: 11h00

Venue: Home(practice room)

UMBUZO 1

NGABE USUKE WEZWA NGENGCUŁAZA? UMA UTHI YEBO, NGABE WEZWAKUPHI ?

Ngisenguthisha ngonyaka ka 1999 ngathola ithuba lokuyohlanyela ezifundweni zokuzithuthukisa eMtubatuba, lapho engathola khona ulwazi ngengculaza nokuthi ithathelana kanjani.

UMBUZO 2

NGABE UNALO YINI ULWAZI LOKUTHI ABANTU ABANENGCUŁAZA BALITHOLA KANJANI IGCIWANE KANYE NENGCUŁAZA UQOBO?

Yebo itholakala ngokwenza ucansi olunga phephile, nokusebenzisa istshopo esisodwa kubantu abahlukakahlukene, uma besebenzisa izidakamizwa, nokusebenzisa ireyiza eyodwa kubantu abahlukahlukene uma kulashwa ngendlela yesintu isitshopo (sisebenza lapho kutshopa umuntu kucobhozwa emithini besekuhlatshwa umzimba wonke womuntu). Akuhlanzekile uma uzosebenzisa isitshopo esisodwa kubantu abahlukene.

UMBUZO 3

UKE WEZWA ABANTU BEXOXA BETHI NGOKWELAPHEKA KWENGICULAZA NGOKUTHI WENZA UCANSI NEZINGANE EZINCANE ZAMANTOMBAZANE EZIYIZINTOMBI NTO? UMA UTHI YEBO, NGABE WEZWA KUPHI?

Yebo ngezwa emsakazweni, nakumabonakude, angikaze ngibone umuntu efakaza ngalesahlakalo. Ngiye ngizwe ngamacala kubikiwe ezindabeni ezingane ezidlwenguliwe eziyizintombi nto.

UMBUZO 4

NGABE UYAKHOLWA UKUTHI IGCIWANE LENGICULAZA KANYE NENGICULAZA UQOBO IYELAPHEKA NGOKWENZA UCANSI NEZINGANE EZINCANE ZAMANTOMBAZANE? YINI EKWENZA USHO NJALO?

Qha angikaze ngizwe ngalokho, kodwa labobantu abenegciwane abanendaba nokuthi ingculaza ayelapheki kodwa bona bayedlulisela ezinganeni.

UMBUZO 5

UKUZE LENDLELA YOKWELAPHA ISEBENZE, NGABE UKHOLELWA EKUTHENI LAWOMANTOMBAZANE ABE SESITEJINI ESITHILE SEMINYAKA NA?

Insumansumane leyo kulabo bantu ababona ukuthi uHulumeni akabaniki usizo yingakho sebejwayela ukwenza izinto ezimbi, ngithi lento abeyenzayo ayilunganga ngoba labantu basabalisa isifo ezinganeni.

UMBUZO 6

NGOKWAKHO UKUBONA NGABE IQHAMUKAPHI LENKOLELO ENGEKHO?

Abantu sebefana nezilwane zasendle. Isibonelo uMfundisi wadlwengula ingane kuyethusa lokhu, akekho noyedwa owaziyo ngesizathu salokhu. Njengothisha nginobufakazi ezinganeni eziningi ezihlukunyezwa ngokocansi, akekho noyedwa owazi ngembangela yokhlukunyezwa kwalezizingane. Amanye amacala

okudlwengula asala engenambuzo nampendulo abayi kwalapho enkantolo, lokho kusho ukuthi ubugebengu buholela ekubulaleni ngiphatheka kabi ngalento engafanele ukukwenzeka ezinganeni.

UMBUZO 7

NGABE ISEBENZA KANJANI LENKOLELO?

Angikholwa ukuthi lenkolelo iyasebenza kumuntu osengenwe yileligciwane kumele azi ukuthi selikhona angenzi ingathi alikamngeni.

UMBUZO 8

WENA NGOKWAKHO UKWAZI, UKUBONA KANJANI LOKHO OKWENZIWA ABANTU UKUTHI UMA WENZA UCANSI OLUNGAPHEPHILE NEZINGANE EZINCANE IYELAPHEKA INGCULAZA?

Kumele baboshwe labobantu bathole isigwebo esinzima sokudilikelwa ijele noma isigwebo sentambo, noma ngabe iseyavalwa intambo, nomshini wokunquma abantu ubuye ubekhona. UHulumeni kumele enze uphenyo kulantu abenza okubi ezinganeni ukuze enze okufanele ngalamacala. Abantu abenza lokhu bagula ngomqondo bacabanga kancane badinga ukwelulekwa, lenkolelo akumele yenziwe iqiso.

UMBUZO 9

NGABE UMPHAKATHI UYAZI NGENGCULAZA NEGCIWANE LAYO NA?

Yebo uyazi umphakathi ngokugcwele ngengculaza, kukhona nabangcwabi abathatha indawo emphakathini nsukuzonke ngoba bayabona ukuthi abantu bayafa bebulawa ingculaza.

UMBUZO 10

UMPHAKATHI WONA UBONA KANJANI NGALABA BANTU ABENZA UCANSI NEZINGANE EZINCANE NGOBA BETHI BAZELAPHA INGCULAZA?

Ngisanda kuhamba kulendawo kodwa angikaze ngizwe lutho. Lapho engiqhamuka khona akuvamisile ukuthi kwenzeke into efana nalena.

UMBUZO 11

NGABE BAYAKUVAKASHELA YINI ABANTU BESILISA ABADALA? UMA UTHI YEBO, NGABE BAKUVAKASHELA NGAYIPHI INHLOSO NOMA NGAYIPHI INJONGO?

Yebo bayeza bezochatha, nokubheka imithi yokuhlanza ingaphakathi labo, babuye bazobheka imithi ephathelena nazifo zocansi ezithathelanayo.

UMBUZO 12

ABESILISA ABADALA BAKUTHOLAPHI UKWELULEKWA NGEZOCANSI?

Abanye baye bathi bakuthola ukwelulekwa kubangani, komalume kanye nabalaphi bendabuko. Nami ngiyabaluleka ngokomoya kanye nokuphila nje, ngoba basazama ukuphemba imizi yabo.

UMBUZO 13

NGABE KUKHONA OKUNYE OFISA UKUNGITSHELA KHONA ENGINGAZANGE NGIKUSHO (OKUQONDENE NALEZINKOLELO)?

Abelaphi bendabuko benza okuningi ukusiza abantu uma begula. Labalaphi bathola ulwazi kwizinyanya zabo kanye nabalaphi bendabuko asebebadala. Abantu abenza ucansi nezingane banesifo sengqondo futhi badinga usizo kabi, ngoba badinga ukuyalwa ngaphambi kokuba bahlolwe igciwane lengculaza. Ikhona lokhu okwenza babe senkingeni bagcine sebedlwengula izingane ezincane. Labantu abenza lokhu abazona izinyanga, bayizikhohlakali, futhi basuke bezifunela imali ngenxa yokuthi ayikho imisebenzi.

Transcript of an interview with the traditional healer Mr. Si.

Date: 20.02.2004

Time: 10h00

Venue: Home (practice room)

Question 1

Have you heard of HIV/AIDS? If yes, from what source?

According to the Zulu custom this is not a disease, it is something that a man puts on a woman so that she cannot have other affairs. If she does the man she gets involved with will die, because of the medicine that her husband has placed on her. In our history HIV/AIDS has never been heard of, because its the traditional healers who can put a disease on a person and when he starts suffering, he is able to heal him because this was started by the traditional healer.

The knowledge I have, I got from my ancestors and now people are calling it AIDS and yet all the signs and symptoms that my ancestors told me are for an illness called iqondo...[where a man will have swelling of the stomach, swollen legs and feet, swollen testicles]... Then the person will present with a cough, diarrhea, weight loss and aching body. I can help a person with all these illnesses.

Question 2

Have you got any ideas as to how people get infected with HIV/AIDS?

Again looking back at our history, HIV/AIDS is the same as isipatsholo...[where a person will present with all the above I have mentioned plus sores in his mouth, the whole body]... and this can be cured by us traditional healers. The only way a person gets HIV/AIDS is through sex.

Question 3

Have you heard of people talking about being cured of HIV/AIDS by having sexual intercourse with young girls? If yes, what have you heard?

In our culture this has never been heard of, because our children are our assets and we value them and if a person does this, he can be killed, as this is pure rape. I think people took this from us traditional healers as we are capable of creating these diseases and we tell them to go and try it out by sleeping maybe with a virgin and see if you cannot be cured, but not a child. Even then it does not work because most of the traditional healers are after money and they do not mix the herbs properly and so that the person who is a virgin is not protected and can get infected, but if the herbs are prepared properly, there is no chance that the girl can get infected. In some communities these evil people are giving children money so that they can sleep with them to cure themselves and yet it will not help them but instead they are spreading the disease.

Question 4

Do you believe that HIV/AIDS can be cured by having sex with young girls? What makes you say this?

No I do not believe in this. The reason why I say this is because this sickness comes from the misbehavior of the traditional healers when they make a medicine to prevent for the woman from sleeping with another man if she does so, that man can die. It is we traditional healers who are spreading this and that is why a lot of people are dying because this illness is iqondo and it is created by some traditional healers.

Question 5

In order for the cure to work, does the girl need to be of a certain age?

These people will rape children from an age of 3 months to 5 years, 8 years and this cannot cure this illness as this iqondo is the old tradition which was done by our forefathers and it is very old.

Question 6

In your own opinion, who is responsible for perpetuating this belief or where does this myth come from?

I say it is we traditional healers. Like I said a man will do this to his wife if he is going far away to work, for an example, Johannesburg and if the wife sleeps around those men who sleep with her will die. The traditional healers give this to men to protect their families from being taken by other men. These young stars...[men]... that are practicing this are wrong because they do not know what they are doing by going out and raping children of 3 months, 5 years, 8 years and this is spreading this disease.

Question 7

How is it believed to work?

From what I know this belief cannot work for the young men because they do this because they have little information about how it works and they are desperate to be cured of HIV and yet the way this was done was to make sure that the woman does not sleep around. This HIV comes from iqondo and traditional healers do it so that no other man comes next to your wife, but these boys have no knowledge and they are not serious with life. Only a traditional healer who has knowledge about this can help a person, but some who are taking chances cannot give help. Our forefathers taught us that virgins are pure and if you are to cleanse yourself,

you need to use certain traditional medicine so that you do not infect the virgin, not what is happening today where people will sleep with children who have not reached puberty and they think they can cure the disease. It does not work like that, these men are merely spreading the disease and also destroying the child's life.

Question 8

What are your perceptions about people who have sexual intercourse with young girls as a cure for HIV/AIDS?

The community should kill these people and if a person is lucky not to be killed, he should be arrested.

Question 9

How aware is the community about HIV/AIDS?

Yes, the community is aware of the disease.

Question 10

What are the perceptions of the community about the people who have sexual intercourse with young girls as a cure for HIV/AIDS?

The community wants to take law into their hands and kill the people who are doing this to young girls. They are angry that these people are destroying the children's lives and also spreading the disease.

Question 11

Do get young men visiting you? If yes, for what purposes?

Yes they do come to me for medicine for good sexual performance, to cleanse their system so that the women like them. They also seek help for when the girlfriend has left them and they wants to bring her back. As a traditional healer I give these boys medicine to drink, to apply to their private parts and to wash their bodies. They also seek medicine for dignity with women and at work so that their bosses like them. They say it is better to get a girlfriend like this rather giving out money to girls in order for them to like you, because when you do not have money they could leave you. Whereas, the traditional healer's way last a lifetime.

Question 12

Where do young men get advice about sexually related matters?

Yes, they do come for advice, especially because some have no parents. I give them advice that they should not allow girls to visit them without being invited, because they need to discipline themselves from having sexual intercourse every time and that the girl can be your girlfriend at the same time having another boyfriend who might have an illness. That is why I give these boys the medicine to clean their system and also for good performance sexually.

Question 13

Is there anything else that you would like to tell me that has not been mentioned (regarding the myth)?

The idea that a man can sleep with a child in the hope that he can be cured from AIDS is a waste of time; in fact he is just giving the disease to this child. I believe the people who brought this myth here to Natal or South Africa, are from

Mozambique. Those people have very low morals and their upbringing is poor. We, the Zulu nation, still have Ubuntu and we respect each other and our children. The girls especially are our treasure and they need to be taken good care of. Why I say this is because if you have nurtured your girl child and given her a good upbringing, you stand a good chance of getting a good son-in-law who will pay good lobola. I am just giving you an example of Mozambique, but most of the African countries have low morals and they tend to do things like this.

The other thing is that after the first democratic elections, a lot of migration took place and that is when all these upper African countries came to our country with their beliefs, which they have spread all over and one of them was this myth and the children's lives are being destroyed. During the time when I was young, that was in the 50's there was a lot of respect and discipline, but in the 70's that all went away and it became worse after the new South Africa, as youth were violent and all these things from other countries affected our country. The other problem is with us the parents, because we have lost control on what we are supposed to do with our children. Children today have rights and a parent cannot do as he/she pleases on a child because he or she will be labeled as an abuser.

Transcript of an interview with the traditional healer Mr.Si

Date: 20.02 2004

Time: 10h00

Venue: Home (practice room)

UMBUZO 1

NGABE USUKE WEZWA NGENGCU LAZA? UMA UTHI YEBO, WEZWA KUPHI?

Ngokwesiko labantu abangamaZulu kubo akusona isifo. Bathi into efakwa kumuntu wesifazane esithweni sangasese ukuze loyomuntu wesifazane angathandi omunye umuntu wesilisa ngaphandle kwaleyo ndoda. Uma kukhona indoda ethandana naloyo wesifazane izofa, ngenxa yalowomuthi ofakwe umkhenyane wakhe. Emlandweni wakithi ingculaza ngihlale ngizwa ngayo ngoba izinyanga ezifaka izifo kumuntu. Uma loyomuntu eseqala ukugula ufisa ukumsiza ngoba esuke ethakathwe abelaphi bendabuko. Ulwazi enginalo ngaluthola emadlozi kodwa manje abantu bali biza ngokuthi ingculaza noma ikhombisa izimpawu nezibonakaliso, amadlozi angitshela ukuthi kunokugula okubizwa ngokuthi iqondo (ilapho umuntu wesilisa evuvukala isisu, imilenze izinyawo, namasende). Emva kwalokho umuntu uzoqala ukukhwehlela, isifo sohudo, ehle emzimbeni, umzimba ulume ngiyabasiza labo bantu abagula ngalolohlobo.

UMBUZO 2

NGABE UNALO YINI ULWAZI LOKUTHI ABANTU ABANENGCU LAZA BALITHOLA KANJANI IGCIWANE KANYE NENGCU LAZA UQOBO?

Ngizophinde futhi ngibheke emunva emlandweni, ingculaza iyefana nalesifo okuthiwa isipatsholo (lapho umuntu ephathwa yizozonke izifo engizibalile kumbuzo wokuqala kuphinde kube nezilonda emlonyeni, nasemzimbeni wonke). Lezo zilonda zilashwa

abelaphi bendabuko indlela abantu abathola ngayo Ingculaza ukwenza ucansi olungavikelekile naloyo muntu onayo.

UMBUZO 3

UKE WEZWA ABANTU BEXOXA BETHI NGOKWELAPHEKA KWENGICULAZA NGOKUTHI WENZA UCANSI NEZINGANE EZINCANE ZAMANTOMBAZANE EZIYINTOMBI NTO? UMA UTHI YEBO, NGABE WEZWA KUPHI?

Emasikweni ethu angikaze ngizwe ngalokhu, ngoba izingane ziyingcebo nanani elikhulu kubazali. Uma umuntu enza okubi ezinganeni angafa nokufa uma edlwengula izingane. Ngicabanga ukuthi abantu bayithatha kubelaphi bendabuko ngoba, banamandla okwenza izifo ezithile bese bethi abahambe beyokwenza ucansi nezingane ezincane ukuze belapheke ingculaza. Noma bebona abelaphi bendabuko ukuthi akwenzeki, kodwa izinyanga zizifunela imali ukuze zithole ukudla. Izinyanga azixubi kahle amakhambi azo, ngaleyo ndlela intombazane abayidlwengulayo ibe isingenwa isifo sengculazi kodwa uma umuthi uxutshwe kahle akulula ukuthi ingenwe izifo. Kweminye imiphakathi kunabantu ababi abanika izingane imali ukuze benze nazo ucansi ngoba bethi bazelapha ingculaza kanti ngeke kwenzeke kanjalo, kodwa kuphela nje basabalalisa igciwane lengculaza kubantwana abangenacala.

UMBUZO 4

NGABE UYAKHOLWA UKUTHI IGCIWANE LENGICULAZA KANYE NENGICULAZA UQOBO IYELAPHEKA NGOKWENZA UCANSI NEZINGANE EZINCANE ZAMANTOMBAZANE? YINI EKWENZA USHO NJALO?

Qha angikholelwa kulokho. Isizathu esenza ngisho njalo yingoba labo abasuke begula, baguliswa ukuthi babuye badukiswe abantu bangabatsheli iqiniso. Izinyanga zenzela abantu besilisa umuthi wokuvimbela izintombi noma amakhosikazi abo ukuthi angenzi ucansi namanye amadoda ngaphandle kwabo uma belala izofa leyondoda eyenza ucansi. Thina njengabalaphi bendabuko abanye bethu ibona abandisa izinto ezingekho kubantu. Yingakho abantu befa kangaka ngenxa yalesisifo okuthiwa iqondo senziwa abanye abelaphi bendabuko.

UMBUZO 5

UKUZE LENDLELA YOKWELAPHA ISEBENZE, NGABE UKHOLELWA EKUTHENI LAWAMANTOMBAZANE ABE SESITEJINI ESITHILE SEMINYAKA NA?

Abadlwenguli badlwengula izingane ezisukela eminyakeni emithathu, neminyaka eyisishagalombili, nezingane ezinezinyanga ezintathu. Kanti lokho akuselaphi isifo kanti isifo okuthiwa iqondo isifo esidala esasenziwa okhokho bethu akusona isifo esisha.

UMBUZO 6

NGOKWAKHO UKUBONA NGABE IQHAMUKAPHI LENKOLELO ENGEKHO?

Njengoba besengisilo ukuthi njengabelaphi bendabuko. Obaba benza lokuya ebengikusho ngaphambili ukuthi bacuphe amakhosikazi abo, ngoba besuke besebenzakude nasemizini yabo. Isibonelo ubaba usebenza eGoli uma inkosikazi izosala iganga ilala nomunye umuntu wesilisa uzofa lowomuntu wesilisa. Abelaphi bendabuko banika leyondoda ukuze ivikele umndeni wayo ukuthi umuzi wayo ungathathwa abanye abantu besilisa. Lamadoda amadala enza izinto ezingalungile ngokufundela ezinganeni ezincane ezisukela ezinyangeni ezintathu zizelwe, ezineminyaka emihlanu, neminyaka eyisishagalolunye yeminyaka, ngobabandisa, besabalalisa isifo.

UMBUZO 7

NGABE ISEBENZA KANJANI LENKOLELO?

Elwazini enginalo lenkolelo ayisebenzi kulabantu abayenzayo abayenza ngoba bengenalo ulwazi ukuthi isebenza kanjani nokuthi basuke sebephelelwe ithemba bese benza izinto ezingalungile, ngoba bethi bazelapha ingculaza isifo sengculaza esiqhamuka kwisifo seqondo. Abelaphi bendabuko benza lamadoda angafuni lutho olusondela eduze namakhosikazi abo. Kodwa abafana abanalo ulwazi abekho Eqinisweni ngezimpilo zabo. Abelaphi bendabuko kuphela abazi ukuthi silashwa kanjani lesisifo seqondo. Kodwa labo abazama ukuthatha ushantsi abalutholi usizo. Okhokho bethu basifundisa ukuthi intombi nto ihlale imsulwa kumele izihlanze yona. Labo abagangayo kumele basebenzise imithi yesintu ukuze bangafakeli izintombi izifo. Kodwa into eyenzeka manje ukuthi labobantu. Abalala nezingane ezincane ezingazi bandakanyi nezindaba zocansi bazitshela ukuthi

bayazilapha kanti qha akwenzeki kanjalo kuphela nje. Basabalalisa Igciwane kanye nengculaza ezinganeni.

UMBUZO 8

WENA NGOKWAKHO UKWAZI, UKUBONA KANJANI LOKHO OKWENZIWA ABANTU UKUTHI UMA WENZA UCANSI OLUNGAPHEPHILE NEZINGANE EZINCANE IYELAPHEKA INGCULAZA?

Umphakathi kumele ubabulale labobantu abenza into embi kanje ezinganeni. Uma ebenenhlanhla akangabulawa kumele abashwe athole isigwebo sokudilikelwa ijele.

UMBUZO 9

NGABE UMPHAKATHI UYAZI NGENGULAZA NEGCIWANE LAYO NA?

Yebo uyazi umphakathi ngalesi sifo.

UMBUZO 10

UMPHAKATHI WONA UBONA KANJANI NGALABA BANTU ABENZA UCANSI NEZINGANE EZINCANE NGOBA BETHI BAZELAPHA INGCULAZA?

Umphakathi ufuna ukuziphathela umthetho ngezandla babulale labantu abenza into embi kangakako ezinganeni. Umphakathi ubathukuthelele labantu ababulala lkusasa nempilo yezingane ngalokhu kusabalalisa ingculaza.

UMBUZO 11

NGABE BAYAKUVAKASHELA YINI ABANTU BESILISA ABADALA? UMA UTHI YEBO, BAKUVAKASHELA NGAYIPHI INHLOSO NOMA NGAYIPHI INJONGO?

Yebo bayangivakashela ngenhloso yokuzothenga imithi yokuba namandla uma benza ucansi namakhosikazi abo abathande. Bafune imithi yokubuyisa intombi uma isimshiyile uyifuna ibuyile. Njengomlaphi wendabuko nginika abafana imithi ephuzwayo neyokugcoba endaweni yangasese neyokugeza imizimba yabo nemithi yesithunzi ukuthi bathandwe izintombi zabo, kanye nabaphathi emsebenzini babathande. Bathi indlela engcono lena, kunalena yokunika izintombi imali ukuthi ziba thande, ngoba uma ungenayo imali bazokushiya, ingcono lindlela yabelaphi bendabuko ngoba ihlala isebenza isikhathi eside.

UMBUZO 12

ABESILISA ABADALA BAKUTHOLAPHI UKWELULEKWA NGEZOCANSI?

Yebo bayeza bezocela izeluleko ngoba abanye abesenabo abazali ngiyabanika izeluleko zokuthi angayivumeli intombi ivakashe ingamenywanga, ukuze bangahlali benza ucansi ngasosonke isikhathi. Kanti intombazane inelinye isoka eligulayo yingakho ngibanika imithi ephuzwayo ukuze bazihlanze ingaphakathi labo Labo ukuze babe namandla lapho benza ucansi.

UMBUZO 13

NGABE KUKHONA OKUNYE OFISA UKUNGITSHELA KHONA ENGINGAZANGE NGIKUSHO (OKUQONDENE NALENKOLELO NA)?

Lendlela yabantu besilisa yokuthi uma belala nezingane ezincane iyela phela ingculaza ayikho bazichithela isikhathi sabo nje kwaphela basabalalisa leligciwane ezinganeni. Ngikholwa ukuthi abantu abafika nalensumansumane la eNatali yase Ningizimu neAfrika abantu abaqhamuka eMozambique. Labantu abafundisekile ngendela ephathelene nezimilo baletha nokuhlupheka kwabo la ezweni lakithi lamaZulu elisenobuntu, asisakwazi ukuhloniphana kanye nezingane. Amantombazane ayigugu ayanakekelwa kakhulu emasikweni akithi akwaZulu. Kungani ngisho kanje ingoba ukuthi uma unengane yentombazane kumele uyikhulise ngokuyifundisa ngokuziphatha ukuze ithole umkhwenyana oziphethe kahle njengayo intombazane ukuze akukhokhele kahle amalobolo. Ngikunika isibonelo nje sabantu baseMozambique kodwa abantu baseAfrica banezimilo ezilungile akulula ukuthi benze izinto ezinjengalezi ezithusa kanje. Okunye engingakusho ilokhu emva kombuso wentando yeningi okokuqala kwavunyelwa abantu abaphuma kwamanye amazwe ukuthi beze la ezweni lakithi bafika nezinkolelo ezingekho abahamba bezisabalalisa yonke indawo lezinsumansumane yabo bazobulala izimpilo zezingane. Ngalesosikhathi ngangisemncane kwakuyiminyaka yo50's kwakunezinto eziningi, ezihlonishwayo ezisemthethweni, kodwa ngawo 70's kwaphela zonke lezozinto kwabanzima kakhulu eNingizimu neAfrika entsha. Njengoba abantu abasha bekhuluma into abayithandayo kubantu abadala. Enye inkinga ekhona ukuthi abazali baluza indlela yokukhulisa izingane yikho nje zenza izinto ezingalungile. Izingane namuhla sezi

namalungelo, abazali abasakwazi ukusho lutho, ngoba besaba izingane ukuthi zizobabopha zithi bayazihlukumeza.

Transcript of an interview with the traditional healer Mr. Ce.2

Date: 14.03.2004

Time: 13h00

Venue: Home (practice room)

Question 1

Have you heard of HIV/AIDS? If yes, from what source?

Yes, I have heard people talking about HIV, but I do not have any knowledge about this disease (He paused for a while before continuing to speak), because people do not get cured as this is regarded as an illness with no cure and according to what my ancestors have told me this is ilumbo...[an illness made by the traditional healers to women who sleep with other men, to safe guard her husband. The woman is given a mixture to drink and this will make the person who sleep with her to have swollen legs, stomach and testicles]...Yes, (He said this with emphasis). We, traditional healers for certain reasons do this ilumbo and people start getting sick from this. I stay in an area where there is hardly any transport to go to places like Durban and it is not easy to get newspapers.

Question 2

Have you got any ideas as to how people get infected with HIV/AIDS?

Yes, I only know that it is through sexual intercourse. (He was quiet after this, and it seemed that he was waiting for the next question to be asked.)

Question 3

Have you heard of people talking about being cured of HIV/AIDS by having sexual intercourse with young girls? If yes, what have you heard?

Yes. (He paused for a long time) I have heard about this on the radio, where they say that certain people are practicing this in order to be cured from the disease. Well, I do not agree with this. (He was frowning as he said this). Because it is not the truth. These are just young children who are not even aware of what is happening in their lives.

Question 4

Do you believe that having sex with young girls can cure HIV/AIDS? What makes you say this?

I do not believe in this, because this is not the truth. This person who is doing this is supposed to come to us traditional healers. Yes to us, for help and we can give the relevant medication to help him instead of spreading the disease on young children.

Question 5

In order for the cure to work, does the girl need to be of a certain age?

This is just a disgrace and the information I have is from the radio only. I do not even want to estimate the ages because we Zulu people have respect and our children are very important to us and we love them (He used his hand to show how disgraceful this is, by pointing a finger towards the researcher). This is very bad what these people are doing to our children.

Question 6

In your own opinion, who is responsible for perpetuating this belief or where does this myth come from?

It is the white people, because they know how this disease presents itself and what measures a person can take when he or she is infected with the virus. The whites came into our country with all sorts of illnesses and we now have high blood pressure, sugar diabetes. The only thing that is known in our society, which is the same as this infection, is ilumbo, which I know as a Zulu where it comes from or rather how it enters your system.

Question 7

How is this believed to work?

I can't say anything about this, as this is a disgrace in our Zulu society

Question 8

What are your perceptions about people who have sexual intercourse with young girls as a cure for HIV/AIDS?

I feel they should be arrested. There is nothing I can say to them...[he is not prepared to talk to these criminals about this belief]... because they are sinners or criminals. They should get a life sentence.

Question 9

How aware is the community about HIV/AIDS?

The community is aware of the disease, although no campaigns have been done for them. They hear about this on radio. The reason for poor teachings is that we are far from the urban areas and we feel no one cares about us. As you can see for yourself we are down here and the rest of the people are next to the

roads...[they are very poor and out of touch with what is happening in the modern world]... and they have water next to them. You also struggled coming down here to us because of poor roads.

Question 10

What are the perceptions of the community about the people who have sexual intercourse with young girls as a cure for HIV/AIDS?

In this community if you have committed a crime, you are sent to IkoMkhulu...[Chief's kraal]... where the Induna...[elder elected by the chief]...will deal with your case and if the case needs a higher person, you are then sent to the Chief. This is where the decision is made and you might end up being arrested. So, these people who commit such evil things should be arrested and sentenced to jail for their lifetime.

Question 11

Do young men visit you? If yes, for what purposes?

Yes, they do and it is for cleansing their system, poor sexual performance. I treat sexually transmitted infections and backache that is due to ill health. The ages of young men who come to see me is from 15 years and above.

Question 12

Where do young men get advice about sexually related matters?

They get advice from us traditional healers as we deal with their sexual problems. Some very young ones rely on their parents, but the problem is parents have no time to sit with their children and talk. I give them advice on

bringing the partner for treatment as well and that they should not be shy to tell their partners if they have a problem that needs treatment.

Question13

Is there anything else that you would like to tell me that have not been mentioned (regarding the myth)?

No, I do not have anything else to say, this is the only thing I can share with you.
(He was quiet after this last question. I therefore thanked him for the time he had given for the interview.)

Transcript of an interview with the traditional healer Mr. Ce 2

Date: 14.03.2004

Time: 13h00

Venue: Home (practice room)

UMBUZO 1

NGABE USUKE WEZWA NGENGCVLAZA? UMA UTHI YEBO, NGABE WEZWA KUPHI?

Yebo ngihlale ngizwa abantu bekhuluma ngengculaza, kodwa anginalo iqiniso ngaleligciwane (wama isikhashana ngaphambi kokuba aqhubeke nokukhuluma) ngoba abantu angeke belapheke maqondana nokugula okungenakho ukwelashwa, ngokwazi kwami engakutshelwa amadlozi athi ilumbo (ukugula okwenziwa izinyanga luloyomuntu wesifazane olale nenye indoda, kanti ugadiwe lowo wesifazane, uphuziswe umuthi, lowo wesilisa ozolala naye Kube kungesiye indoda yakhe uzovuvukala imilenze, isisu, kanye namasende, yebo (washo lokhu egcizelela). Abalaphi bendabuko kunesizathu esenza benze lesifo selumbo abantu abaqala ukugula bephethwe ilesifo. Ngihlala endaweni lapho okunzima khona ukuthola izinto zokuhamba uye ezindaweni eziseThekwini, akulula ukuthola iphepha lezindaba.

UMBUZO 2

NGABE UNALO YINI ULWAZI LOKUTHI ABANTU ABANENGCVLAZA BALITHOLA KANJANI IGCIWANE KANYE NENGCVLAZA?

Yebo nginalo, ngazi ukuhti bayithola ngokwenza ucansi olunga vikelekile nalowo muntu onayo, (wama wathula emva kwalokhu wabukeka engumuntu olindele umbuzo olandelayo).

UMBUZO 3

NGABE WEZWA ABANTU BEXOXA BETHI NGOKWELAPHEKA KWENGculaZA NGOKUTHI WENZA UCANSI NEZINGANE EZINCANE ZAMANTOMBAZANE EZIYINTOMBI NTO? UMA UTHI YEBO, NGABE WEZWA KUPHI?

Yebo ngake ngezwa (wama wathula isikhathi eside). Ngezwa ngalokhu emsakazweni kuthiwa omunye umuntu wenza lokhu ngoba ethi uyazelapha engculazini. Mina angivumelani nalokhu (wahwaqabala uma esho lokhu). Ngoba akulona iqiniso, izingane ezincane azazi ukuthi kwenzakakani ezimpilweni zazo ilabantu abazidlengulayo.

UMBUZO 4

NGABE UYAKHOLWA UKUTHI IGCIWANE LENGculaZA KANYE NENGculaZA UQOBO IYELAPHEKA NGOKWENZA UCANSI NEZINGANE EZINCANE ZAMANTOMBANE? YINI EKWENZA USHO NJALO?

Angikholelwa kulokhu, ngoba akulona iqiniso. Labantu abenza into embi kangaka kangaka kumele beze kithina njenga belaphi bendabuko. Yebo beze kithi ukuze bathole usizo, sibanike imithi abayidingayo ukuthi basizakale, kunokuba basabalalise isifo sengculaza ezinganeni.

UMBUZO 5

UKUZE LENDLELA YOKWELAPHA ISEBENZE, NGABE UKHOLELWA EKUTHENI LAWAMANTOMBAZANE ABE SESITEJINI ESITHILE SEMINYAKA NA?

Into edumazayo le ulwazi enginalo engaluthola emsakazweni kuphela. Angeke ngikwazi nokulinganisa iminyaka ngoba thina njengamaZulu siyahlonipha izingane zethu zibalulekeka kabi kithi siyazithanda (wasebenzisa izandla ukukhombisa ukuthi uphoxeke kanjani ngalento ngokukhomba umunwe kumncwaningi). Yimbi kabi lento eyenziwa ilabantu ezinganeni.

UMBUZO 6

NGOKWAKHO UKUBONA NGABE IQHAMUKAPHI LENKOLELO ENGEKHO?

Abantu abamhlophe, ngoba bayazi ukuthi leligciwane sisho ukuthini, yini abangayinika umuntu ohlaselwe ilembewu yokufa. Abamhlophe beza ezweni lakithi nazo zonke izifo njengoba sekwabakhona izifo ezifana nesifo somfutho ophezulu wenhliziyo, isifo soshukela, abanengculaza kuphela nje bayasisabalalisa. Izone zifo ezijwayelekile ezaziwa abantu bomphakathi, njengoba lesifo selumbo njengamaZulu isona asazi kahle ukuthi senziwa kanjani.

UMBUZO 7

NGABE ISEBENZA KANJANI LENKOLELO?

Akukho engingakusho ngalokhu ngoba kuyinto edumazayo ezweni lakithi nasemphakathini wakithi wakwa Zulu.

UMBUZO 8

WENA NGOKWAKHO UKWAZI, UKUBONA KANJANI LOKHO OKWENZIWA ABANTU UKUTHI UMA WENZA UCANSI OLUNGAPHEPHILE NEZINGANE EZINCANE IYELAPHEKA INGCULAZA?

Ngifisa ukusho ukuthi ababoshwe labobantu, akukho engingakusho kubo. (akukho afuna ukukusho ngalezizigebengu ngalenkolelo yazo engekho). Ngoba bayizoni kumele bathole isigwebo sokudilikelwa ijele.

UMBUZO 9

NGABE UMPHAKATHI UYAZI YINI NGENGculAZA?

Yebo uyazi umphakathi ngengculaza, noma kungekho mkhankaso ngalabantu abenza okubi ezinganeni. Ngezwa ngalokhu emsakazweni, esinye isikhathi ukungafundiseki kahle kubantu abasemadolobheni, ngoba abanandaba nathi thina njengabelaphi bendabuko. Njengoba nawe uzibonela ukuthi sisephansi kanjani abanye abantu baseduze nmpmgwaqo (abanye bahlupheka kakhulu abazi nakwazi ukuthi kwenzekani kulesisikhathi samanje). Kunamanzi eduze nabo, nawe ubonile ukuthi kusokolisa kanjani ukuza lapha ngenxa yomgwaqo ongalungisiwe ukuze imoto zingabi nankinga uma ziza lapha endaweni yakithi.

UMBUZO 10

UMPHAKATHI WONA UBONA KANJANI NGALABA BANTU ABENZA UCANSI NEZINGANE EZINCANE NGOBA BETHI BAZELAPHA INGCULAZA?

Kulomphakathi uma wenza ubugebengu, uyathathwa usiwe komkhulu (endaweni yeNkosi esibayeni), lapho kukhona khona Induna yenkosi (umuntu omdala okhethwe Inkosi) Basebenza ngalelocala, uma icala lakho lidinga umuntu omkhulu lidluliselwa phambili eNkosini. Lapho okuthathwa khona isinqumo ugcine uboshiwe, labo bantu abazifaka entweni embi kanje kumele baboshwe bathole isigwebo esinzima sentambo.

UMBUZO 11

NGABE BAYAKUVAKASHELA YINI ABANTU BESILISA ABADALA? UMA UTHI YEBO, BAKUVAKASHELA NGAYIPHI INHLOSO NOMA NGAYIPHI INJONGO?

Yebo bayangivakashela ukuzothatha izimbiza zokuhlanza ingaphakathi labo, nokungabi namandla uma benza ucansi. Ngibelaphe nezifo zocansi ezithathelanayo, nobuhlungu beqolo ukuze bahlale bephilile. Iminyaka yalabo abasuke bezongivakashela isukela eminyakeni eyishumi nanhlanukuya phezulu.

UMBUZO 12

ABESILISA ABADALA BAKUTHOLAPHI UKWELULEKWA NGEZOCANSI?

Bazithola kithi njengabelaphi bendabuko sisebenza ngezinkinga zocansi abanye babo basebancane basabheke kubazali babo, kodwa inkinga yabo ukuthi abazali babo abanaso isikhathi sokuhlala nabo phansi baxoxe. Ngibaluleka ukuthi beze nabangani babo besifazane ukuze bathole ukwelashwa bangabi namahloni okuxoxa ngezinkinga zocansi.

UMBUZO 13

**NGABE KUKHONA OKUNYE OFISA UKUNGITSHELA KHONA ENGINGAZANGE
NGIKUSHO (OKUQONDENE NALENKOLELO NA)?**

Qha akukho okunye engingakusho, khona into eyodwa engithanda ukuthi sabelane yona, (wama wathula emva kombuzo wokugcina). Ngibonga kakhulu ngesikhathi onginike sona sokuthi sixoxe kabanzi.

Transcript of an interview with the traditional healer Mr. Nz.

Date: 21.03.2004

Time: 12h00

Venue: Home (practice room)

Question 1

Have you heard of HIV/AIDS? If yes, from what source?

Yes, I have heard about this disease on the radio and I have also had a chance of learning about it at Matikulu health center and at the moment I am mixing some medicine that is trying to help people with this illness.

Question 2

Have you got any ideas as to how people get infected with HIV/AIDS?

Yes, through sexual intercourse and when there is contamination with blood or body fluids if they are in contact with infected people and have open wounds.

Question 3

Have you heard of people talking about being cured of HIV/AIDS by having sexual intercourse with young girls? If yes, what have you heard?

No, I have never seen or heard about this.

Question 4

Do you believe that having sex with young girls can cure HIV/AIDS? What makes you say this?

I do not believe in this, because there is still no cure for this disease.

Question 5

In order for the cure to work, does the girl need to be of a certain age?

I will not get into all this, the only thing that I can say, is that this person is just spreading the disease.

Question 6

In your own opinion, who is responsible for perpetuating this belief or where does this myth come from?

This comes from overseas, brought here by a white man. The reason for it to spread is because of prostitution, migration of people. Previously this would not happen because there was apartheid and blacks were confined in one area and they were not allowed to travel. If you were to travel you needed a permit and the government at that time will checked where you were going, for what reason and for how long?

Question 7

How is this believed to work?

There is just no way this belief can work, the only thing I see working is that the person who is sleeping with the child wants the child to die with him by giving her the disease.

Question 8

What are your perceptions about people who have sexual intercourse with young girls as a cure for HIV/AIDS?

They should be arrested, given a death sentence and should not be part of the society. Their place is prison.

Question 9

How aware is the community about HIV/AIDS?

Yes, the community is fully aware about this disease, although you still find young stars...[young men]... not practicing safe sex and they present with sexual transmitted infections.

Question10

What are the perceptions of the community about the people who have sexual intercourse with young girls as a cure for HIV/AIDS?

The community has not taken any steps about this matter, but there are such people who are doing this and there is no idea what to do with these people besides taking them to jail.

Question 11

Do young men visit you? If yes, for what purposes?

Yes, they do, for sexually transmitted infections, like gonorrhea. They come for Ilumbo...[an illness made by the traditional healers to women who sleep with other men, to safe guard her husband. The woman is given a mixture to drink and this will make the person who sleeps with her to have swollen legs, stomach and testicles]... if they want the girlfriend to belong to him only and not look at

another man. They also come for things like fits, for dignity amongst women and at work and lastly for psychiatric problems, e.g. schizophrenia.

Question 12

Where do young men get advice about sexually related matters?

They do come to us traditional healers, especially for treatment of sexual problems. They get advise, like to abstain from sex when they are sick, choose the right partner and to protect themselves from infections.

Question 13

Is there anything else that you would like to tell me that have not been mentioned (regarding the myth)?

Yes, that some traditional healers are spreading the myth because they want to spread the disease in order to make money from people who come to them when they are desperate for help. This is wrong because they are killing our children and our future. The other thing is that the myth is a bad thing in society as the disease is spreading and more people are getting killed.

Transcript of an interview with the traditional healer Mr.Nz

Date: 21.03.2004

Time: 12h00

Venue: Home (practice room)

UMBUZO 1

NGABE USUKE WEZWA NGENGCU LAZA? UMA UTHI YEBO, NGABE WEZWA KUPHI?

Yebo ngake ngezwa ngalesifo emsakazweni, ngaphinda ngathola ithuba lokufunda emnyangweni weZempilo eMatikulu okwamanje ngihlanganisa omunye imithi ezosiza abantu kulesisido esingumashaya bhuqe.

UMBUZO 2

NGABE UNALO YINI ULWAZI LOKUTHI ABANTU ABENENGCU LAZA BALITHOLA KANJANI IGCIWANE KANYE NENGCU LAZA?

Yebo ngiyazi bayithola ngokwenza ucansi olungaphephile, nokuthi itholakala Lapho igazi selo nakele noketshezi oluba semzimbeni uma nithintana nomuntu onaleligciwane kanti unezilonda ezivulekile.

UMBUZO 3

NGABE WEZWA ABANTU BEXOXA BETHI NGOKWELAPHEKA KWENGCU LAZA NGOKUTHI WENZA UCANSI NEZINGANE EZINCANE ZAMANTOMBAZANE EZIYINTOMBI NTO? UMA UTHI YEBO, NGABE WEZWA KUPHI?

Qha angikaze ngibone kanti futhi angikaze ngizwe lutho ngalento embi kangaka.

UMBUZO 4

NGABE UYAKHOLWA UKUTHI IGCIWANE LENGCULAZA KANYE NENGCULAZA UQOBO IYELAPHEKA NGOKWENZA UCANSI NEZINGANE EZINCANE ZAMANTOMBAZANE? YINI EKWENZA USHO NJALO?

Angikholwa ilento ngoba alikatholakali ikhambi lokwelapha ingculaza.

UMBUZO 5

UKUZE LENDLELA YOKWELAPHA ISEBENZE, NGABE UKHOLELWA EKUTHENI LAWAMANTOMBAZANE ABE SESITEJINI ESITHILE SEMINYAKA NA?

Angizu kungena kuleyonto. Into eyodwa engingayisho ukuthi labantu.

UMBUZO 6

NGOKWAKHO UKUBONA NGABE IQHAMUKAPHI LENKOLELO ENGEKHO?

Iqhamuka emazweni aphesheya, yafika nabantu abamhlophe. Isizathu esenza ukuba bayisabalalise ingoba abantu seba phathwa inkohlakalo.nokonakala, kanye nalaba abasuka kwamamnye amazwe bazokwakha lapha ezweni lakithi ibona abafika Naleligciwane. Ngesikhathi esandlula zazingenzeki lezinto ezithusayo ngoba kwakusekhona ubandlululo abantu abamnyama babevalelwa umncele endaweni eyodwa babe ngavunyelwe ukuhamba kuleyondawo. Uma ufuna ukuhamba kwakumele uthole imvume, noHulumeni wangaleso sikhathi wayebheka ukuthi uhamba nje uyaphi? Uhamba ngasiphi isizathu , uzohamba isikhathi esingaka nani?

UMBUZO 7

NGABE ISEBENZA KANJANI LENKOLELO?

Ayikho indlela ongathi iyasebenza lendlela ukuthi lowomuntu onengculaza olala nezingane ezincane usuke efuna ukufa kanye nalezo zingane enza nazo ucansi ngenhloso yokuzifakela ingculaza.

UMBUZO 8

WENA NGOKWAKHO UKWAZI UKUBONA KANJANI LOKHO OKWENZIWA ABANTU UKUTHI UMA WENZA UCANSI OLUNGAPHEPHILE NEZINGANE EZINCANE IYELAPHEKA INGCULAZA?

Labo Bantu kumele baboshwe bathole isigwebo sokudilikekwa ijele, bangaphinde baphume ejele bangabi amalunga omphakathi, futhi indawo yabo ebafanele kusejele nje kwaphela.

UMBUZO 9

NGABE UMPHAKATHI UYAZI YINI NGENGICULAZA?

Yebo umphakathi wazi ngokugcwele ngengculazi. Noma ubuye uthole abantu abasha (nobaba abadala) abenzi ucansi oluvikelekile, ibona abandisa izifo zocansi ezithathelanayo?

UMBUZO 10

UMPHAKATHI WONA UBONA KANJANI NGALABA BANTU ABENZA UCANSI NEZINGANE EZINCANE NGOBA BETHI BALAPHA INGCULAZA?

Umphakathi azikho izinyathelo ozithathayo ngalabantu, kodwa kusenabantu abenza lokhu nalokhuya, ngoba bengazi ukuthi bazokwenzani ngala bantu abenza into embi nebuhlungu kangaka ezinganeni. Ayikho into ebafanele ngaphandle kokuthi baye ejele.

UMBUZO 11

NGABE BAYAKUVAKASHELA YINI ABANTU BESILISA ABADALA? UMA UTHI YEBO, NGABE BAKUVAKASHELA NGAYIPHI INHLOSO NOMA NGAYIPHI INJONGO?

Yebo bayangi vakashela ngenhloso yokuthola ukwelashwa ezifweni zocansi ezithathelanayo. Isifo sohudo kanye nesifo selumbo (isifo esenziwa izinyanga kubantu besifazane abalala namanye anadoda, ukuze igadele indoda, owesifazane unikwa umuthi ukuthi awuphuze uzokwenza leyondoda alale nayo ivuvukale imilenze, isisu, kanye namasende). Uma efuna intombi yakhe kube eyakhe yedwa ingabheki amanye amadoda. Bayeza bezofuna ukwelashwa isifo sokuwa, nomuthi wesithunzi kubantu besifazane,

nasemsebenzini, okokugcina nosizo esifweni sengqondo nalabo abaphethwe isifo sokuphazamiseka engqondweni ngenxa yokuphatheka kabi kwemizwa.

UMBUZO 12

ABESILISA ABADALA BAKUTHOLAPHI UKWELULEKWA NGEZOCANSI?

Beza kithi njengabelaphi bendabuko bezofuna izeluleko eziphathele nezifo zocansi ezithathelanayo. Bathola izeluleko zokuthi abayeke ukwenza ucansi uma begula kumele umuntu akhethe umngani omfanele ozomvikela ezifweni zocansi ezithathelanayo.

UMBUZO 13

NGABE KUKHONA OKUNYE OFISA UKUNGITSELA KHONA ENGINGAZANGE NGIKUSHO (OKUQONDENE NALENKOLELO NA)?

Yebo kukhona ukuthi abanye abelaphi bendabuko basabalalisa lensumansumane engekho, ngoba befuna ukusabalalisa lesifo ukuze bazenzele imali kubantu abazoba kubo ngoba befuna usizo sebephelelwe ithemba. Akulungile lokho ngoba kubulala ikusasa lezingane, okunye ilokhu lensumansumane imbi emphakathini ngoba isifo sisabalala nabantu abaningi bayafa ngenxa yale sifo.

Transcript of an interview with the traditional healer Mr. Zo.

Date: 04.04.2004

Time:19h00

Venue: Home (practice room)

Question 1

Have you heard of HIV/AIDS? If yes, from what source?

(He took a deep breath and then answered) Yes, I have heard about this from the radio and I am undergoing training with the Dept of Health at the moment. There are people who are busy with us traditional healers in terms of bringing this to our attention.

Question 2

Have you got any ideas as to how people get infected with HIV/AIDS?

Through sexual intercourse between two people, they can get the disease if one of them is infected, eh! eh!...[hesitant to comment further]... It is a contagious disease.

Question 3

Have you heard of people talking about being cured of HIV/AIDS by having sexual intercourse with young girls? If yes, what have you heard?

Yes, (Pause for a little while and then continued to say)... I have heard about this on the radio, but I do not agree with this. The newspapers and people are talking about this. What I say is that this is just an abuse on young children. We traditional healers have not reached the point in our curing of illnesses where we can say we are able to cure this disease. We

only have medicine to keep the person alive for a little while and we give advice to men who are infected to use condoms.

Question 4

Do you believe that HIV/AIDS can be cured by having sex with young girls? What makes you say this?

No, I do not believe in this. (The participant was quiet after saying this. It became clear that he was waiting for the next question.)

Question 5

In order for the cure to work, does the girl need to be of a certain age?

(Pause, as if he is not sure how to answer this question)

I have heard people saying that it is girls who are still young, from ten years and below.

Question 6

In your own opinion, who is responsible for perpetuating this belief or where does this myth come from?

It is difficult to say and also difficult to know, but I think it comes from people who have this myth, not that there is a place or a society that believes in this. I also do not think that there are people who know the truth about this...[only those individuals who think this exists, but according to him he has no knowledge]....

Question 7

How is this believed to work?

They say this can work by sleeping with a young girl who is less than 10 years of age, meaning sexual act and then a person can be cured.

Question 8

What are your perceptions about people who have sexual intercourse with young girls as a cure for HIV/AIDS?

I say, law should punish them.

Question 9

How aware is the community about HIV/AIDS?

Most of the community members are aware, but there are still some who have no knowledge. That is why I am also still taking classes to know more about the disease in order to help teach the community where I stay. Some of the people know a little and they care less about it, because they believe it is far from them and that there is no way they can get it.

Question 10

What are the perceptions of the community about the people who have sexual intercourse with young girls as a cure for HIV/AIDS?

Eh! Eh!...[He is hesitant]... The community is shocked at this and they believe that the people who are doing this should be handed to the law...[either be arrested or be sentenced]...

Question 11

Do young men visit you, if yes, for what purposes?

Yes they do visit me for different things, like wanting to strengthen their relationships with their partners, for advice on sexual problems and for different illnesses. Some of these people are very young and their ages range from 16 and upwards.

Question 12

Where do they get advice about sexually related matters?

Like I have said they get advice from me regarding their sexuality and I advise them to abstain from sex if they are sick or have sexual transmitted infections and the use of a condom.

Question 13

Is there anything else that you would like to tell me that has not been mentioned (regarding the myth)?

What I can say is that people who have the spirits of the ancestors within them can help in getting the cure for this illness, because they have direct communication with the ancestors who can lead them to the cure.

Annexure 3.6

Transcript of an interview with the traditional healer Mr.Zo.

Date: 04.04.2004

Time: 19h00

Venue: Home (practice room)

UMBUZO 1

NGABE USUKE WEZWA NGENGCU LAZI?UMA UTHI YEBO, NGABE WEZWA KUPHI?

(Wadonsa umoya kakhulu wase eyaphendula)Yebo ngake ngezwa ngalesifo emsakazweni.Ngaphinda ngafunda ngalesifo ngaphansi koMnyango we Zempilo kunabantu abehla benyuka bezihlupha ngathi thina belaphi bendabuko ukuletha labobantu abadinga usizo kithi njengabelaphi bendabuko.

UMBUZO 2

NGABE UNALO YINI ULWAZI LOKUTHI ABANTU BAYITHOLA KANJANI INGCULAZA?

Yebo nginalo ulwazi ,bayithola ngokwenza ucansi olungavikelekile nalowo Muntu onengculaza eh..eh (wanqikaza ukuphawula ngalokhu) Lesifo isifo esiqhubeki selanayo.

UMBUZO 3

NGABE WAKE WEZWA ABANTU BEKHULUMA BETHI INGCULAZI IYELAPHEKA NGOKUTHI UMUNTU ONAYO ALALE NEZINGANE EZINCANE ZAMANTOMBAZANE?UMA UTHI YEBO , NGABE WEZWA KUPHI?

Yebo ngake ngezwa (wathi ukuma kancane ngaphambi kokuba aqhubeke nenkulumo)Ngezwa ngalokhu emsakazweni kodwa angivumelani nakho.IphephaLezindaba nabantu bakhuluma ngalento ,engikushoyo ilokhu ukuhlukumezwa Kwezingane ezincane .Njengabelaphi bendabuko asikwazi ukubeka uvo lwethu Ngekhambi lokwelapha lesifo kuphela nje engingakusho ukuthi kumele silashwe isifo sinemithi yokugcina umuntu ukuthi aphila isikhashana ,noku mluleka izeluleko zokuthi umuntu wesilisa onalesifo uma enza ucansi kumele asebenzise ijazi lomkhwenyana.

UMBUZO 4

NGABE UYAKHOLWA UKUTHI INGCULAZA IYELAPHEKA UMA WENZA UCANSI NEZINGANE EZINCANE? YINI EKWENZA USHO NJALO.

Qha angikholelwa kuleyonto (umxoxi umhlanganyeli wathula emva kokusho lokhu kwabasobala ukuthi uselindele umbuzo olandelayo)

UMBUZO 5

UKUZE LENDLELA ISEBENZE,NGABE KUDINGEKA UKUTHI AMANTOMBAZANE ABE SESITEJINI ESITHILE SEMINYAKA?

(Wathi ukuma kancane ngendlela yokuthi akanalo iqiniso lokuthi uzoyiphendula athini lemibuzo).Ngale ngezwa ngabantu bethi amantombazane asemancane kusukela eminyakeni eyishumi kuya phansi.

UMBUZO 6

NGOKWAKHO UKUBONA UBANI OQHUBEKISA LENKOLELO?

Kunzima ukusho,kunzima nokwazi kodwa ngicabanga ukuthi kuqhamuka kubantu abakholelwa kukho,angisho ukuthi kunendawo, noma umphakathi

okholelwa kukho angicabangi ukuthi kukhona abantu abazi iqiniso ngalokhu(ngaphandle kwalabo abangabodwana abathi lendlela iyabasiza ,kodwa ngakwelami icala ngithi abanalo ulwazi olwanele)

UMBUZO 7

NGABE ISEBENZE KANJANI LENKOLELO ?

Bathi lenkolelo iyasebenza ngokulala nengane encane engaphansi kweminyaka Eyishumi ngokwenza ucansi usulaphekile kulesisifo sengculaza.

UMBUZO 8

UTHINI UMBONO WAKHO NGALABANTU ABENZA UCANSI NEZINGANE EZINCANE NGOBA BETHI BALAPHA INGCULAZI ?

Ngithi umthetho kumele ubanike isijeziso sabo ?

UMBUZO 9

NGABE UMPHAKATHI UYAZI YINI NGENGULAZI?

Amalunga omphakathi ayazi ngengculaza ,kodwa kusenalabo abangazi kahle Ngengculaza Yingakho ngisaqhubeka ngithatha izifundo ngalesisifo ukuze Ngisize umphakathi,ngokuwufundisa ngalesifo lapha engihlala khona .Abanye Abantu banolwazi oluncane yingakho bengaqapheli uma benza ucansi.Ngoba Bekholwa ukuthi into ekude nabo futhi ngeke baze basithole lesifo.

UMBUZO 10

UTHINI UMBONO WOMPHAKATHI NGALABANTU ABENZA UCANSI NEZINGANE EZINCANE NGOBA BETHI BAZELAPHA INGCULAZI?

Eh..Eh.. (wanqikaza) umphakathi uyethuka ilento bakholwa ukuthi labo Bantu abenza okubi kumele babanjwe basiwe emthethweni,(noma baboshwe bathole isigwebo sentambo)

UMBUZO 11

**NGABE ABADALA ABESILISA BAYAKUVAKASHELA YINI?UMA UTHI
YEBO NGABE BAKUVAKASHELA NGAYIPHI INHLOSO?**

Yebo bayangivakashela ngezinkinga ezahlu kahlu kene ,nokunye abakudingayo
Ukuthola ukuqiniselwa ubuhlobo ezintombini zabo ,nokuthola izeluleko
Kwezocansi,nasezifweni eziningi ezihlu kahlu kene.Abanye balaba Bantu bancane
ngoba baneminyaka esukela kweyishumi nesithupha kuya phezulu.

UMBUZO 12

**NGABE ABADALA BESILISA BAZITHOLAPHI IZELULEKO
EZIPHATHELENE NEZOCANSI?**

Njengoba sengishilo ukuthi izeluleko bazithola kimi eziphathelelene nezocansi
,uma begula benezifo zocansi .Ngibatshela ukuthi uma besalashwa bangalwenzi
ucansi ,kanti futhi uma benza ucansi ababo sebenzisa ijazi lomkhwenyana
(condom).

UMBUZO 13

**NGABE KUKHONA OTHANDA UKUNGITSHELA KONA ENGINGAZANGE
NGIKUSHO (OKUPHATHELENE NALENSUMANSUMANE)?**