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PARADOXES OF SELECTED CULTURAL INTERVENTIONS IN THE FIGHT AGAINST HIV IN SOUTH AFRICA: AN AUTOETHNOGRAPHIC REFLECTION

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ABSTRACT

Using an autoethnographic methodology, and guided by my publications from 2009 to 2023, I reflect on the paradoxes of selected cultural interventions in the fight against HIV. I established that culture aided the fight against HIV through inculcating desirable behaviours, the work of traditional healers, and embracing the principles of ubuntu. Yet, culture was also a liability through advancing cultural stereotypes that promoted male promiscuity, GBV, *ulwaluko* becoming a vessel of HIV infections, patriarchy, and the rite of *ulwaluko* condoning excessive alcohol consumption. I have implored South African authorities to accept circumcision as an avenue for reducing HIV/AIDS, with social workers leading the advocacy campaigns.

Keywords: alcoholism; circumcision; cultural paradoxes; sexual behaviours; traditional healers; ubuntu; *ulwaluko*

INTRODUCTION AND BACKGROUND

While a paradox is an event or occurrence that seems to go against common sense expectations or a statement that opposes the phenomenon under consideration or of interest to an index person (Lewis, 2000), cultural paradoxes are outcomes of culture that appear to work against the expectations of the same culture (Lizardo, 2022). Culture represents societal values, norms, and practices that are passed down through generations and are essential to human behaviour and development (Lizardo, 2022; Raeff, Fasoli, Reddy & Mascolo, 2020). Culture has been described as a mirror of society and represents society's thinking, cherished values, dos and don'ts, and sets the pace for change in any society (Sewpaul, Kreitzer & Raniga, 2021). Culture informs how people relate and is assumed to ensure peace and tranquillity (Sewpaul *et al*., 2021). It is paradoxical, therefore, when culture leads to unsavoury outcomes, such as the culture of traditional male circumcision being an avenue of transmitting HIV (Mpateni & Kang'ethe, 2022; Mpateni, 2017). This has necessitated cultural negotiation, adjustments and

realignment to make culture human rights friendly and productive (Sewpaul *et al*., 2021). This is imperative if developing countries want to fulfill most of the United Nations' 17 sustainable development goals by 2030 (Leal Filho *et al*., 2022).

Culture manifests a paradox, when instead of offering space for social justice, has been accused of lavishly offering a platform for human rights violations, especially to women (Sewpaul *et al.,* 2021), thereby making them vulnerable to HIV and other important contemporaneous pandemics such as gender-based violence (Kang'ethe, 2022a). A case in point is where culture allows the imposition of patriarchal standards that do not allow women to negotiate for the use of preventative contraceptives, such as condoms, and men refusing to accompany their partners for HIV tests (Sewpaul *et al.,* 2021). Perhaps it is important to discuss cultural paradoxes in HIV interventions because AIDS remains one of the diseases with higher mortalities in South Africa. This is because 7.8 million people live with the disease (UNAIDS, 2022), despite the country paradoxically running the most expensive antiretroviral programme globally (Kang'ethe, 2020). For adults aged 15–49 years, South Africa had an estimated 19.6% of HIV-positive persons in 2022, and the estimated number of HIV-related deaths reached 85,796.

Concerningly, South Africa narrowly failed to meet the UNAIDS targets of '90-90-90' by 2020 (UNAIDS, 2022) where 90 % of those living with HIV were expected to know their status, 90 % of those diagnosed should have received ART and 90 % of those on ART should have achieved viral suppression by 2020. Instead of the above set figures, the country achieved '84-87-90' targets (UNAIDS, 2022). This makes it imperative for South Africa to work hard to achieve the UNAIDS target of 95-95-95 by 2030 (Spencer, 2021). Although stigma and stigmatisation continue to record a downward trajectory, they have been identified as among of the biggest hurdles in the fight against HIV (Kang'ethe, 2023; Mavhunga, 2017). Stigma is both the cause and effect of secrecy and denial, which perpetuate HIV transmission (Mall *et al.,* 2013).

Inopportunely, despite South Africa investing heavily in gender empowerment programmes, the country paradoxically continues to suffer a gender-skewed situation, hence causing feminisation of HIV that is believed to aggravate the feminisation of poverty. This is a situation in which more women than men are infected with HIV. This is despite men being documented as perfect virus transmitters (Kang'ethe, 2009a). Perhaps the perfidious effects of the current gender nuances are that society, due to patriarchy, has engrained gender biases in virtually all the structures of society (Mafa, 2017). South Africa must raise its bar in dismantling or restructuring these structures to be gender-friendly (Sewpaul *et al*., 2022). Since patriarchy is believed to skew power relationships, with women suffering inequality and inequity, this puts them in an awkward position in the fight against HIV and gender-based violence, hence the concept, feminisation of HIV (Kang'ethe & Chikono, 2014).

Further, despite heavy investment in the HIV campaign, the country paradoxically faces a low HIV disclosure rate (Kang'ethe, 2020; Roux-Kemp, 2013). One of the contributory factors, among many others, for the low disclosure rate in South Africa may be attributed to the bitter history that saw, for example, in 1998, Gugu Dlamini killed cold-bloodedly by her community in Kwazulu Natal for disclosing to be living with HIV (Obermeyer *et al*., 2011). It is critical, then, that practitioners such as social workers help people come to terms with the reality of

disclosure (Kang'ethe, 2020; Knight, 2012). Further, for effective disclosure, one living with HIV needs to be adequately prepared, whether socially, psychologically, or emotionally, before engaging in the process of deciding to disclose (Kang'ethe, 2020; Knight, 2012).

PROBLEM STATEMENT

This researcher thinks that identifying cultural paradoxes among the various culturally based interventions, such as traditional male circumcision in the South African context, is especially critical and topical. This is especially true after a scientifically proven reality that, indeed, circumcision, whether traditionally executed or medical male circumcision, increases the chances of reducing HIV transmission by 60% (Kang'ethe, 2013). The researcher considers this important because of the need to identify the applicability of some cultural interventions in the fight against HIV. This is critical as HIV continues to be the biggest killer of South Africans, making the country run the most expensive ARV programme on earth. Further, most of the cultural paradoxes are an avenue for other perfidious HIV-related phenomena, such as gender-based violence, rape etc, that need to be eradicated. Therefore, addressing the environment of these cultural paradoxes with the hope of either annihilating them or mitigating their effects through discussions such as these is topical, timeous, and critical. Importantly, the need to strengthen culturally based interventions, such as traditional male circumcision to fight off HIV, is imperative.

STUDY AIM AND OBJECTIVES

The article, adopting an autoethnographic lens, aimed to discuss selected cultural interventions as assets to fight HIV, as well as presenting some cultural practices that are a liability aiding the spread of HIV.

METHODOLOGY

The article followed an autoethnographic methodology lens to reflect the academic research journey of this researcher in 2009-2023, whose content, he believed, attempted to address the "paradoxes of selected cultural interventions in the fight against HIV in South Africa". Besides his work, the author has used the work of his postgraduate students and other academics in the field of culture and HIV to do justice to this title. It is a form of self-narrative that places the self within a social context (Reed-Danahay, 2021). Autoethnography seeks to unite ethnographic (looking at a world beyond one's own) and autobiographical (gazing inward for a story of oneself) (Schwandt, 2007) to reflect and optimise self-understanding through self-exploration, introspection, and interpretation to locate the self, concerning one's history and culture (Starr, 2010; Anderson, 2006). An autoethnographic account, therefore, must be pursued through systematic data gathering, organising, and analysis.

THEMATIC FINDINGS AND DISCUSSIONS

Table 1: **Themes and subthemes**

No	Themes		Subthemes
1	Cultural interventions as an asset to fight HIV and other social ills	**1.1**	Traditional male circumcision models the initiates' behaviour, thereby increasing HIV response
		1.2	Traditional healers in the fight against HIV in South Africa
		1.3	Embracing Ubuntu to fight HIV in South Africa
2	Culture as a liability to HIV response	**2.1**	Cultural beliefs and practices that promote male promiscuity
		2.2	*Ulwaluko* (TMC) as a vessel of HIV infections
		2.3	Patriarchy disempowers women in the fight against HIV/ GBV
		2.4	The rite of *ulwaluko* condones excessive alcohol consumption

Theme 1: Cultural interventions as an asset to fight HIV and other social ills

Subtheme 1.1: Traditional male circumcision models the initiates' behaviour, thereby increasing HIV response.

There is a strong relationship between culture and behaviour. This is because human behaviour is rooted in cultural norms, values, and practices (Bukuluki *et al*., 2022). Therefore, situating human behaviour within a culture allows an exploration of both the positive and negative influences of culture on human behaviour. To this end, the rite of traditional male circumcision (TMC) has since time immemorial served as an embracement and embodiment of culture and fulfils important cultural and religious milestones of achieving adulthood (Kang'ethe, 2013; Feni & Fuzile, 2013; Mavundla *et al*. 2009). Furthermore, the rite is meant to produce young men with morally sound and elegant behaviours, which could be a big plus in expediting the prevention of sexually transmitted diseases such as HIV (Spoth *et al*., 2014).

Being a traditionally circumcised man in many African countries such as South Africa meant that one was expected to behave morally and elegantly, upholding sexual chastity, and therefore avoiding any sexual engagement that could make them contract sexually transmitted diseases, such as HIV (Mpateni & Kang'ethe, 2020). This worked well in the past and could still work today, if these cultural mores and principles are upheld (Mpateni & Kang'ethe, 2020). Furthermore, in the recent past, unlike today, circumcised men had to meet cultural expectations such as gracing and directing important sociocultural events (Fuzile & Feni, 2015). Importantly, some researchers have averred that where and when cultures attain a desirable threshold of behaviour, such a society is likely to experience a low rate of social vices such as gender-based violence and crime of any nature (Demombynes & Ozler, 2005).

Today traditional male circumcision (TMC) has undergone a paradigm shift, moving from striving towards achieving socio-cultural goalposts to the clinical goal of fighting HIV (Kang'ethe, 2013). This is done through a clinical removal of the foreskin by a traditional surgeon under culturally defined processes (Ntombana, 2009, 2011). According to Mpateni (2017) and Kang'ethe (2013), TMC has been accepted as a clinical tool to fight HIV in the southern African region. Although some researchers accuse the government of undermining traditional male circumcision in favour of medical male circumcision, South African society appears to increasingly accept that both TMC and medical male circumcision (MMC) are feasible clinical interventions for fighting HIV (Nomngcoyiya, 2018; Prusente, Khuzwayo & Sikweyiya, 2019). According to this researcher, the public contestation between TMC and MMC has arisen today because of the persistent clinical health hazards associated with traditional male circumcision (Douglas *et al*., 2018). This has made TMC lose its sociocultural moral compass as initiates end up dying during every circumcision season (Nomngcoyiya & Kang'ethe, 2021).

Subtheme 1.2: Traditional healers in the fight against HIV in South Africa

Over 70% of Black people use the services of traditional healers in South Africa, with people living with HIV being on the frontline (Ndou-Mammbona, 2022). This is because the healers are affordable and more easily accessible than conventional medical services (Maroyi, 2013). Furthermore, in most African countries traditional medicines are organically farmed (Ozioma & Chinwe, 2019) and patients largely believe in their safety because they are natural. People consult with traditional healers for a variety of reasons ranging from daily wellbeing to seeking treatment for major conditions such as *'mafofonyane*' (schizophrenia) and pandemics such as HIV/AIDS and other HIV-related opportunistic infections, such as diarrhoea, skin lesions, and childhood diseases (Kang'ethe, 2009b; Ndou-Mammbona, 2022). Studies by Matyanga *et al*., (2021) revealed that the African potato is used as an immune stimulant for the treatment of wasting diseases, testicular tumours, diabetes mellitus, urinary infection and cardiac disease, among other conditions (Ncube *et al.,* 2013). As a direct response to the demand for traditional healing, some African governments such as Botswana and South Africa have officially recognised traditional healing in their countries (Kang'ethe, 2009b).

On the other side of the coin, some studies in the Southern African region have cast doubt on traditional healing methods in the fight against HIV (Kang'ethe, 2009b). This is because most of such therapeutic concoctions lack scientific validity such as including incisions to let the 'dirty blood flow out' and inducing vomiting and diarrhoea, which could lead to anaemia, dehydration and electrolyte imbalances (Ndou-Mammbona, 2022). Studies in Botswana reveal that some traditional healers, especially in the first decade of the 21st century (2001-2010), had a pernicious effect on people living with HIV when they (healers) would hoodwink them, usually for monetary gain, into believing that they could heal HIV. When this did not work, people living with HIV visited the clinics and hospitals by the time they were debilitatingly weak, but with some meeting their deaths at the hands of the healers (Kang'ethe, 2012). Although this phenomenon is slowly dying away, traditional healers are also known to advise their clients to sleep with virgins as a therapeutic cure for HIV. This has increased rape cases among younger girls.

Subtheme 1.3: Embracing ubuntu to fight HIV in South Africa

This researcher believes that a religious and cogent embracement of the tenets of *ubuntu* can create a fertile environment for addressing and fighting HIV (Kang'ethe, 2022b, 2023). Conceptually, the ideals and philosophy of *ubuntu* are derived from the Xhosa aphorism saying "*Umntu ngumtu ngabantu*" (I am because you are). This aphorism is one of the cornerstone ideals of Afrocentrism that the success of the much-desired processes of indigenisation and decoloniality, especially in social work, hinges on (Mupedziswa *et al*., 2019). Ostensibly, *ubuntu* has been identified as the authentic indigenous African philosophy and worldview and connotes a collection of values and practices that black people view as making people authentic human beings (Mugumbate & Chereni, 2020).

Historically, the philosophy of *ubuntu* symbolises love, humanity, mutuality, reciprocity and interdependence (Mugumbate & Chereni, 2020). These are virtues that, if applied cogently and religiously by society, could afford people living with HIV a state of positive living, happiness, support and effective coping with the disease (Kang'ethe, 2022b). The philosophy is particularly applicable to people living with HIV, whose coping and response capacities relies on the assistance offered by close family members, kin, faith-based organisations and community members generally (Gyimah *et al*., 2010). Importantly, the role of faith-based organisations and social service professional bodies such as social workers and psychologists is critical for offering the requisite psychosocial support to the people living with HIV, such as counselling.

A study by Kang'ethe (2022b) in Alice Township of Raymond Mhlaba Municipality, which assessed the coping opportunities and deficits experienced by people living with HIV, showed that applying the tenets of *ubuntu* was instrumental in raising their coping responses, while the converse was true in that negative attention reduced their coping responses. Most importantly, the role of different faith-based organisations is essential in advocating for *ubuntu*-related values of love for one another, especially those living with diseases such as HIV. These organisations need to advocate for zero tolerance of alcoholism and sexual engagement outside a marital relationship (Francis *et al*., 2019), as well as advocate for sexual abstention and being sexually faithful to a faithful partner. Perhaps the biblical references of these verses should perpetually be in their mouths:

> Proverbs 5: 15 "*Drink water from your well. Share your love only with your wife.* 16*: Why spill the water of your springs in the streets, having sex with just anyone?"* (Jusu, 2016).
>
> 1st Corinthians, 7:2: "*But because there is so much sexual immorality, each man should have his own wife, and each woman should have her own husband"* (Jusu, 2016).

Theme 2: Culture as a liability to HIV response

Subtheme 2.1: Cultural beliefs and practices that promote male promiscuity

An array of culturally driven stereotypes, especially those that condone multiple and concurrent partnerships, provides fertile ground for HIV proliferation. For example, among the Batswana of Botswana and Tswana people of South Africa, these proverbs are believed to condone men's multiple involvement with many women:

- *Monna poo, ga a gelwe lesaka* (you cannot lock a man in a kraal like a bull), meaning that a man should not be restricted to only one woman *(*Kang'ethe, 2009a*)*.
- *Monna phahana, oa hapaanelwa* (A man is like a beer calabash to be shared), which means that a man has the freedom to associate with multiple and concurrent partners *(*Kang'ethe, 2009a*)*.
- *Monna selepe o a amoganwa* (A man is like an axe that can be borrowed to be used by different users) (Lekoko, 2009).

In Tshivenda, the idea of multiple and concurrent partners is expressed in the following proverb: *Munna ndi ndou hali Muri muthihi fhedzi*, which means that a man is like an elephant that does not feed on only one tree.

The Basotho people have this to say about men: "*Monna ke mokopu o a nama*", meaning that a man is like a pumpkin that should be allowed to spread. This means that a man should have unrestricted sexual partners.

Another stereotype condoning multiple and concurrent partners is: "*Monna ha a botswe hore o tswa kae"*, meaning that a man should not be asked, possibly by his wife, where he slept overnight. This means a man has cultural permission to engage in extra relationships.

This researcher, who is from the Kikuyu ethnic grouping in Kenya, is also familiar with a proverb that supports the contents of the above Southern African proverbs: *Gutiri njamba ya mwera umwe* (A cock is not meant for only one hen!)

But to the joy of HIV campaigners, the Basotho of Lesotho have come up with a proverb that complements the HIV campaign by asserting that "*Mahlo ke diala ha a je sa motho*", meaning that men should only admire women without any interest in sexual engagement.

The above African proverbs and their concomitant stereotypes point to women as sexual objects and have done damage to the process of women's empowerment. They need to be dismantled, if many of the African countries are ever lower or eliminate HIV in their countries or make significant gains in achieving Sustainable Development Goal number 5, which aims to achieve significant gender parity for women and the girl children (Mbiza & Sinha, 2023).

Subtheme 2.2: Ulwaluko as a vessel of HIV infections

Internationally, regionally and locally, *ulwaluko* is a rite of passage that has been respected for its sacredness and a vessel for achieving important cultural goalposts (Mavundla, Netswera, Bottoman & Toth, 2009). Regrettably, unlike the initiates of the past, who reached the cultural goalposts of attaining an elegant moral code of conduct, the contemporary TMC initiates display an array of unbecoming behaviours after leaving the initiation school (*entabeni)*. Empirical evidence suggest that they engage in maladaptive sexual behaviours, indulge in binge drinking, perpetrate violence, and display gruesome behaviours that make them prone to HIV and other sexually transmitted diseases (Douglas *et al.,* 2018). What is apparent today, perhaps, signals a dire paradigm shift in the ideals of the rite (Mpateni & Kang'ethe, 2020, 2022). It is, therefore, necessary for the government to work together with cultural custodians

to address the behavioural deficits that significantly and incrementally damage the reputation and dignity of the erstwhile sacred rite of initiation.

Today's process of conducting *ulwaluko* has some paradoxical and insidious outcomes, as it appears increasingly to be losing its moral and cultural sanctity (Mpateni & Kang'ethe, 2022; Nomngcoyiya, 2018). This may be attributed to immature cultural custodians who have high-jacked the rite of TMC for pecuniary gain, instead of honouring its esteemed purposes (Nyembezi 2016). This finds support from the writings of Ntombana (2011), who avers that the commercialisation of TMC is responsible for an array of moral deficits such as negative teachings, clinical health hazards, hospitalisation, and the persistent deaths of initiates (Douglas *et al*., 2018). Evidence from the work of Mpateni (2017) as well as that of Nomngcoyiya (2015, 2018) reveals that TMC initiates embrace negative teachings in the initiation schools that reflect non-compliance with the moral code and cultural ideals laid down by the cultural custodians of yesteryear. The rite has often led some of its participants contracting infections such as HIV because of reckless sexual behaviours (Mpateni, 2017). Because of the clinical hazards associated with *ulwaluko* in some parts of South Africa, such as Lusikisiki, South Africa is regularly shocked to hear of the health hazards faced by the TMC initiates. This has brought the culture of traditional male circumcision into disrepute.

Both electronic and print media reports indicate that boys undergoing traditional male circumcision face an array of health risks, such as penile amputation as a result of complications, hospitalisation and contracting various diseases (Mpateni & Kang'ethe, 2021, 2022). Several of them die in the process, usually because of dehydration. This necessitates a debate among societal stakeholders on measures to curb some of the consequences associated with the rite. This is critical if the future of the rite is to be guaranteed. Studies by Stacey and Vincent (2011) contended that the cultural custodians and managers are blind to health considerations and mistreat the initiates in the initiation schools held in the mountains (*entabeni).* Vincent (2008) contends that the behaviours of contemporary TMC initiates are unbecoming and appear to be influenced by the ideals and imperatives associated with development such as democracy, media influence, modernisation and globalisation. Kepe (2010) posits that contemporary initiates receive negative teachings that condone maladaptive behaviours, such as sexual immorality, disrespect, disobedience and criminality.

Subtheme 2.3: Patriarchy disempowers women in the fight against HIV and gender-based violence

Patriarchy refers to the power held by men through culture and customs over time and generations (Rawat, 2014). However, around the globe men have used this power to oppress women in many ways, whether economically, socially, emotionally or sexually (Bower, 2014). In a patriarchal setting, power is extremely skewed because of cultural beliefs that disempower women, for example, making it impossible for them to negotiate for safer sex (Lardier *et al.*, 2019). Perhaps a paradoxical phenomenon is that most sacred literature of the world, such as the Bible and Koran, appear to reinforce patriarchy, where a man is considered as a powerful leader and a woman as an obedient follower (Lazennby, 2021). For example, the Christian perspective has unequivocally reinforced patriarchal powers by referring to men as the head and women as the neck, with the connotation that women should always follow the whims of

men. Men have therefore used this space to sexually disempower women and therefore increase their vulnerability to STIs such as HIV (Christ, 2016). However, the principles underlying globalisation, development, feminism and modernisation strongly oppose this by advocating for greater liberalism and respect for merit (regardless of gender) in leadership and decision-making (Baidoo, 2022).

Patriarchy has been identified as one of the contributing factors to inadequate male involvement in health issues generally, regardless of the need for HIV prevention (Klaas *et al*. 2018). This is because women have not been well placed to adequately persuade their male counterparts to use prevention instruments such as condoms during sexual engagements (Lardier *et al.*, 2019). Furthermore, the nature of patriarchy has influenced men to shun sharing and responding to responsibilities such as caring for people living with HIV and other debilitating diseases (Sharma, Chakrabarti & Grover, 2016). It is therefore crucially important that men undergo a paradigm shift and drop their culturally acquired characteristics and instead assist women in their caregiving tasks. It is unfortunate that in many African countries and contexts, women have been left with the burden of caregiving alone. This is indeed disempowering (Asuquo *et al*., 2017).

Subtheme 2.4: The rite of ulwaluko condones excessive alcohol consumption

Although the traditional male circumcision rite allowed the use of traditional beer or *umqombothi* in moderation (Mpateni & Kang'ethe, 2022), today the rite paradoxically appears to give the young, graduated men permission to over-indulge in alcohol. This is sad in that alcohol remains a leading cause of risky sexual behaviours such as unprotected sex, and sex with multiple partners. These behaviours can result in unintended pregnancies and sexually transmitted infections (STIs). Unlike in the past, contemporary initiates drink various brands of strong alcohol from the West, such as brandy, beer and wines (Mpateni & Kang'ethe, 2022). Paradoxically, today even the traditional nurses who look after initiates drink alcohol excessively, and there are myths that a real man drinks alcohol such as brandy profusely, while those who do not drink are considered fake men. This could largely contribute to a culture of alcoholism that is apparent today. Indeed, substance abuse among adolescents, with alcohol taking the lead in South Africa, has become a major dilemma and cancer destroying youths' lives (Peltzer & Phaswana-Mafuya, 2018). Since alcohol remains the substance causing the greatest harm in South Africa, national interventional campaigns must be strengthened to lower alcohol consumption per capita (Pasche & Myers, 2012). While the global alcohol consumption per capita is 6.2, South Africa scores 7.21. Statistically, alcohol use plays a huge role in about half of all non-natural deaths. It is attributed to 75% of homicides, 60% of automobile accidents, and 24% of vehicular deaths and injuries (Trangenstein *et al*., 2018).

Sadly, excessive drinking among the youth continues on an unrelenting upward curve. Data from the 2016 South African National Demographic and Health Survey showed that at least one in every four young people in South Africa had consumed alcohol by the ages of 15–19 and that the percentage rises sharply by the ages of 20–35 (South African Medical Research Council [SAMRC] and ICF, 2017). Further research on adolescent alcohol consumption has shown that, from mid-adolescence to early adulthood, there are often increases in the amount and frequency of alcohol consumed, especially binge drinking, which results in an increased

risk for developing alcohol-related problems in later years (Harker *et al.*, 2020). On alcohol consumption by age, young people aged 15 to 29 years have the greatest burden of disease attributable to alcohol use. Although men generally use and abuse alcohol more frequently and experience a greater burden of disease than women, a significant proportion of young black women in South Africa are also increasingly using alcohol and other substances. Studies by Bala and Kang'ethe (2020) have documented an increased use of alcohol and other substances such as *nyaope* among young female adolescents in Butterworth in Eastern Cape. This behaviour is believed to predispose them to HIV and other STIs.

CONCLUSIONS AND IMPLICATIONS FOR SOCIAL WORK

With UNAIDS (2022) statistics indicating that an estimated 7.8 million South Africans could be living with HIV and the fact that HIV is one the greatest killers in the country, South African society and government should adopt all possible interventions to reduce or mitigate its spread. The messaging process of destigmatising HIV needs to be intensified. Furthermore, since circumcision has been empirically proven to reduce HIV prevalence by 60% (Kang'ethe, 2013), the government needs to stage countrywide campaigns to educate all to accept circumcision as a viable response to address HIV. Members of social service professionals such as social workers would be pivotal in such advocacy.

All South African civil society organisations, individuals, NGOs, all public institutions as well as grassroots leadership structures must help South Africans to own, embrace and advocate for the cultural value of circumcision as an important avenue for reducing the incidence of HIV. This researcher recommends that both medical male circumcision (MMC) and traditional male circumcision (TMC) should be advocated for and accepted by all South Africans. However, the government needs to deal strictly with illegal initiation schools to eradicate botched circumcisions and to ensure that the managers of illegal initiation schools be legally prosecuted.

It is crucial that the rite of TMC needs to be carried out professionally to save Southern African youths from avoidable hospitalisation, being maimed, losing their manhood and therefore becoming candidates for plastic penises. The parents of children undergoing the rite should help the government by ensuring that their children are circumcised in legal initiation schools.

South African society should not let the culture of traditional male circumcision be an avenue for learning excessive drinking habits and other insidious sexual-related behaviours. The House of Traditional Leaders should take upon itself the task of ensuring that especially the traditional nurses are trained so that the initiation rite becomes a behaviour-modifying endeavour. Social workers can assist in such training.

Scholars and leadership at all levels in the country must fight to work against the stereotypes that allow men to engage with multiple and concurrent partners to ensure that HIV in the region takes a significant downward curve and be significantly mitigated. Religious leaders should also work around the clock to advocate for zero tolerance to multiple and concurrent partners. They should purposefully advocate for stronger families as well as stronger family values with zero tolerance for sex outside the marital setting.

Finally, this researcher implores all South African residents to apply the values and ethos of *ubuntu* to give love to people living with HIV and show trust and empathy to them to facilitate their journey to positive living.

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