

# Prevalence of Myths and False Beliefs Regarding HIV/AIDS among Xhosa Community in the Transkei Region of South Africa

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## Abstract

HIV/AIDS is one of the main challenges facing South Africa today. It is estimated that of the 39.5 million people living with HIV worldwide in 2006, more than 63% were from sub-Saharan Africa. In 2005, about 5.54 million people were estimated to be living with HIV in South Africa, with 18.8% of the adult population (15-49 years) and about 12% of the general population affected.<sup>1</sup>

Prevention of HIV infection has to be tackled in various ways, not just to recommend condom use and circumcision. There are several cultural and social factors associated with spread of HIV infection. There is a general belief that illness (HIV/AIDS) and other bad occurrences are related to witchcraft. The illness is difficult for them to believe and to be explained. Infections like HIV cannot be explained to ordinary rural people and therefore there is a strong belief in witchcraft. People believe that HIV/AIDS is related to witchcraft, and could be managed by traditional healers. Poor people are less educated and therefore more ignorant about their illnesses. Most of young deaths where the deceased is sick from a long time were labeled as “*Isidliso*” otherwise called “black poison”. Almost everybody who is suffering from HIV/AIDS has been taken to a traditional healer before been taken to medical practitioner in town. The widespread rape and forced sexual abuse of children is a serious social and health issue. There are several motives behind this unsocial and unhealthy epidemic, but the most dangerous is the strong belief in a myth of achieving a cure for a person's HIV/AIDS through sexual intercourse with a virgin.

**Keywords:** *HIV and AIDS, Myth and misbeliefs, virgin rape and witchcraft, traditional healers.*

## Introduction

Tremendous challenges remain in the field of HIV education, prevention and care in South Africa. It is estimated that of the 39.5 million people living with HIV worldwide in 2006, more than 63% were from sub-Saharan Africa. In 2005, about 5.54 million people were estimated to be living with HIV in South Africa, with 18.8% of the adult population (15-49 years) and about 12% of the general population affected.<sup>1</sup> Nearly 60 children are raped every day in South Africa and while experts agree to disagree to the causes, or whether the pervasive belief in the so-called “Virgin Cure” prevents/cures HIV/AIDS is possibly responsible for this phenomenon. The culture-specific belief systems, which is not confined to South Africa, is found to exist

in most other developing countries with large numbers of HIV/AIDS positive people in their populations.<sup>2, 3</sup> South Africa is strife-torn with major socio-economic problems as well as the myth that sex with a virgin can rid men HIV/AIDS and sexually transmitted diseases.<sup>4</sup> Thus, controlling HIV/AIDS in Africa needs a different approach. Poverty, social factors, and beliefs are the most potent co-factors for an HIV/AIDS diagnosis.

According to antenatal surveys in South Africa, in 1990 the HIV prevalence was 0.7%, and rose to 30.2% in 2005. This is an increase by 43 fold over a period of 16 years. There is no fall in HIV/AIDS cases in South Africa. Recent (2006) ‘Think Tank’ group meeting in Lesotho by SADC and UNAIDS, concluded that high levels of multiple partnerships by men and women

with insufficient condom use, combined with low level of circumcision are the key drivers of the epidemic in the sub-region.<sup>5</sup> In 2005, a randomized clinical trial of male circumcision for HIV prevention in Orange Farm, South Africa, found that the procedure reduced a man’s risk of infection by at least 60%. This does not explain why HIV has spread so much in Southern Africa than in India, where circumcision is uncommon.<sup>5</sup> There is no strong evidence for this claim and so might be a wrong signal being sent to the society.

The resistance to change, the attitude of African people regarding their false beliefs and persistent myths about their sexual practices, is an obstacle to the prevention programs.<sup>3</sup> Africans are also unwilling to discuss their sexual practices. Their core beliefs are unquestionable. Africans are so difficult people in this respect that one cannot be resolved by reason or evidence. They have certain ideas, which are very dangerous such

as rape of virgin is cure for HIV/AIDS. It is difficult for Africans to change their sexual practices through abstinence, monogamy and the use of condoms.<sup>6</sup>

The purpose of this report is to highlight the problem of myths or false beliefs, which is prevalent in this community, and there is hardly any way forward without addressing these obstacles through traditional leaders.

### Methods

The third year medical students were asked to write myths prevalent in the community. Majority of the students were Xhosa speaking, born and bred in the local community in and around Mthatha. They were asked to write about myths and misbeliefs regarding HIV/AIDS in the community. Out of 98 students, 63 replied and wrote 42 myths prevalent in the community. These myths were analyzed, categorized, and tabulated.

### Results

**Table 1. Categories of Myths identified in Transkei region of South Africa.**

Myths related with condoms	Myths related with sexual practice	Miscellaneous myths
No one eats a sweet from a paper (condom) or a banana with its peel on.	The cure of HIV is to have a sex with a toddler.	“Xhosa people believe that the witches can inject HIV into blood stream”. If you chase HIV, it will run away.
Condoms are all rubbish. What if it stays in me? Scared to use it.	Have sex with a virgin to get HIV cure, and have a shower after having a sex to prevent from HIV transmission	HIV is a politically created horror. It does not exist.
Condoms do not give full satisfaction, as people believe that skin-to-skin contact is vital.	More sex partners you have, the more experience and knowledge you get and the less chances of getting HIV.	Traditional doctors say they can prepare some traditional medicine that can cure HIV.
Xhosa people do not like to wear swimming costume when diving.	If you keep the girl standing after sex without condom you can prevent HIV and pregnancy.	Rural people think that HIV is a myth; it is just a story to scare them from enjoying sex. Beautiful woman cannot be HIV positive.
Condom is meant for superman, not for real man.	Eating eggs before sex makes your chances of becoming HIV +ve, and impregnating a girl higher.	Nevirapine is given by women to their boyfriends to prevent HIV.

**Cont... Table 1. Categories of Myths identified in Transkei region of South Africa.**

Condoms have worms.	If man does not ejaculate inside, they will not get HIV/AIDS.	Having a diet of garlic and vegetables cure HIV/AIDS.
Condoms transmit HIV/AIDS as it contains HIV infection	HIV/AIDS affects only uncircumcised boys, since they believe that foreskin is the carrier for HIV/AIDS..	HIV/AIDS is a curse put upon by the foreigners; it does not exist among us.
condoms are itching	You cannot enjoy sex without touching meat to meat.	eating pork is a cure for aids
Condoms can protect you from AIDS even from needle stick injuries.	You cannot get HIV infection during your first sexual encounter.	HIV is to punish by forces of the earth
A condom predisposes to fleas.	Trying to prevent HIV is a waste. You can get HIV from drinking water.	One gets HIV from monkeys, not from the people.
	If some one is HIV positive means he is caught by thorn prick	Muti can cure HIV/AIDS.
		HIV is a disease for human beings, not for dogs, and therefore, it should affect us.
		If you are trying to prevent death from HIV, surely you will from something else such as a car accident.
		HIV/AIDS is said to affect people who do wrong things in their lives.
		It is seen as a bad omen; HIV is high in those who drink VODKA; AIDS is common in Johannesburg not in the Eastern Cape; This infection is to reduce the population to conserve oxygen; People do not mind being HIV positive because they get a grant from government.

### Discussion

South Africa is a very diverse and a complicated country inheriting enormous problems of the past such as economical inequity and racial discrimination. It has been liberated politically, but not economically and socially. Social fragmentation and moral values were distorted by apartheid and will take years to be healed.

The rate of sexual abuse is increasing in the Mthatha area of South Africa. A recent (2008) study carried out by the author has showed that 2 378 victims of sexual assault were seen over a period of six years (2001- 2006). The average rate of sexual assault was 198 per 100 000 women a year. There was a tenfold increase of sexual assault from 39 per 100 000 women in 2001 to 417 per

100 000 women in 2006.<sup>7</sup> One-and-half-fold increase in HIV seropositivity has recorded over the period of 5 years (2000-2004).<sup>8</sup>

Prevention of HIV infection has to be tackled in various ways, not just to recommend condom use and circumcision. There are several cultural and social factors associated with spread of HIV infection (Table 1). The most popular and common belief among people in this area is called as '*inyama enyameni*' or *flesh-to-flesh* contact, denying use of condoms. There are several myths are associated with sexual practices (Table 1). The most dangerous and widely prevalent myth is of having a sex with virgin is cure of HIV.

A case study has carried out by the author has showed that a nine-year old female child who was brought to the Umtata General Hospital, a victim of the mistaken belief that sex with a virgin will cure an HIV-infected person or AIDS sufferer of his illness. The alleged rapist was an HIV-positive uncle of the child. The myth of the 'HIV/AIDS virgin cure' is prevalent in the community.<sup>3</sup>

The dictum of ABC is not functioning, and higher promiscuity and infidelity, and increasing number of rapes and children sexual abuse is fuelling the HIV prevalence. Abstinence is not possible in among young adults. In a highly promiscuous community, it is difficult to be faithful. Moreover, it is related with poverty. A hungry women need food for her child, is ready to do anything. Transkei is a poverty-stricken former black homeland, now a part of the Eastern Cape Province. Unemployment and the incidental violence are very high. Women are mainly responsible for bringing up their children. Condoms are widely distributed and freely available, but their use consistently is problematic. A study carried out in 2007 by the author showed that HIV prevalence is commoner among condom users.

There were 157 sexually active cases between 17 and 49 years of age in the study group. All had practiced some form of contraception. One had a tubal ligation, 65 (41.8%) had used condoms, 22 (13.9%) oral contraceptives (OC), 55 (35.4%) injectables, and 12 (7.6%) both barrier method and hormonal. The highest number (28 -17.7%) of HIV positive cases were in the age group of 17 to 26 years. A total of 42 (27%) were HIV positive of whom 26 (16.6%) had only used condoms, ten (6.4%) had used OCs and injectables, and

six (3.8%) used both hormonal and barrier method.<sup>9</sup>

There is very few studies carried out on psychiatric disorders in this community. HIV infection and psychiatric disorders have a complex relationship. HIV infection could lead to psychiatric disorders, and psychiatric patients are more vulnerable to HIV infection. HIV is not only an illness, which is associated with stigmatization and discrimination, but also has several risks attached including physical and sexual abuse. There is a scarcity of literature on HIV, mental illness and sexual assault although they are a common trio.

There is a case report of an HIV-positive woman with a psychiatric disorder. She suffered from AIDS and periodic psychotic episodes. On a day when she had such an episode, she became a rape victim.<sup>10</sup> Conversely, mentally retarded children are more prone for sexual assault, and therefore more vulnerable for HIV infection. Protection of children has been identified as a priority in South Africa. Despite a commitment to uphold children's rights, much still needs to be done for the safety of mentally impaired children.

A recent (2009) published work of the author showed that over 2% of the sexual assault victims attending the Sinawe Centre were mentally impaired. Of these, 12.5% were HIV seropositive.<sup>11</sup> Mentally retarded perpetrators have infected a teenager seropositive. A case of a 13-year-old girl who was raped twice within three months and brought to the Sinawe Centre of the Nelson Mandela Academic Hospital. Failure to adhere to post exposure prophylaxis (PEP) has undermined the implementation of antiretroviral roll out programme by the government. She was HIV-seroconverted following sexual abuse.<sup>12</sup>

An earlier study (Meel, 2003) showed that more than 90% of victims of sexual assault in Transkei region, South Africa, were HIV-seronegative at the time of the incident. This was despite the fact that the community had a high prevalence of HIV. In sexual assault cases post-exposure prophylaxis (PEP) is recommended to prevent HIV transmission. Therefore, therapy with zidovudine (AZT) and lamivudine (3TC) is justified. There is a serious problem of not attending the patient for follow up.

There were 594 victims of sexual assault during the study period at Sinawe Centre from 2000-2003. Of these, 346 (58.2%) were children under the age of 15 years. Seventeen children (2.9%) were found to be HIV positive at the first test. Among the adults, 58(9.8%) tested HIV positive. Of the 225 who attended after PEP was introduced, only two were found to be HIV seropositive at the time of the incident. A second test was recommended after four weeks and a third after 12 weeks. The majority of the victims did not report for the second test, but all 35 who did come to be tested were seronegative. who did come to be tested were seronegative. Seventeen of those were between 11-15 years of age. Only seven victims came for the third test, and they, too, were negative. Nausea and vomiting were the commonest side effects of PEP treatment in four patients and one developed a generalized rash. Only one victim seroconverted.<sup>13</sup>

The stigma and discrimination attached to HIV/AIDS are hampering control of the disease. Family life has greatly been disrupted by the pandemic. AIDS causes illness, disability and death as well as severe economic and emotional disruptions to the families. The epidemic is well established in South Africa. The mortality will be doubled over the next five years. A broad range of coercive measures has been considered to be applied internationally in the interest of controlling the spread of HIV. Responsibility of the employers to their HIV/AIDS employees at workplace, choice of termination of pregnancy when a woman is HIV positive, attitude of health care provider to their HIV infected patients, informed consent for taking blood to protect from transmission of infection in a case of accidental prick, and forced resignation from employment.<sup>14</sup>

There is a general belief that illness (HIV/AIDS) and other bad occurrences are related to witchcraft. The illness is difficult for them to believe and to be explained. Infections like HIV cannot be explained to ordinary rural people and therefore there is a strong belief in witchcraft.

### Conclusion

Several widespread myths and misbeliefs are prevalent in the South African Community regarding its prevalence, transmission, and cure. Many of them are negating the efforts of control of HIV by the government and non-governmental organizations in the community.

Therefore, they should be targeted to control the HIV in the community. The strategic planners are optimistic to reduce HIV infection by 50% by 2011. Nevertheless, without reducing rapes by 50%, this would be very difficult. The ignorance and misconception in the minds of Africans about HIV is that it is not life threatening. Some like to remain HIV positive for financial gains as there is a government grant available to them.

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