

## **Exploring the Effects of Cultural Attrition on HIV and AIDS: The Case Study of Selected Community Members of from Alice Townships, Nkonkobe District, Eastern Cape Province, South Africa**

**S.M. Kang'ethe**

*University of Fort Hare, P/B X1314, Alice  
E-mail: skangethe@ufh.ac.za*

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**ABSTRACT** Cultural attrition is a cankerworm, recipe of moral decadence and a weakening of cultural norms. The paper explored the effects of cultural attrition on the prevalence of HIV/AIDS in Alice townships of Eastern Cape. The research was explorative, descriptive and adopted qualitative design. An interview guide was the instrument utilised, and 33 samples were investigated. Findings indicate that the culture of sexual permissiveness was increasingly becoming a norm; inadequate retention and preservation of cultural values; and that cultural attrition was a recipe of modernization and apartheid. The paper recommends to the government and other pragmatists to support cultural renaissance, renovation and resuscitation.

### **INTRODUCTION**

HIV and AIDS remains some of the dreadful and heart-breaking epidemics in the world with the countries in the Sub-Saharan Africa being refuge to almost 80 percent of the global HIV and AIDS cases (Rampehe 2008). In sub-Saharan African countries, for example, seven countries have prevalences of between 20 percent to 30 percent. The four most affected countries include Swaziland, Botswana, Lesotho and South Africa (UNAIDS 2006).

Although South Africa's HIV prevalence rate is not as high as the other most affected countries, it carries the highest number of people living with HIV and AIDS globally (Rampele 2008; Treatment Action Campaign (TAC) 2007). Sources from UNAIDS (2007) indicates that by 2007, South Africa had 5.7 million individuals living with virus, ranking the country number one globally in terms of the number of people living with the virus. This has had an array of detrimental effects to the people of South Africa such as being despondent, apathetic, fearful of death, and of course having the country to incur millions and millions of money to finance the administration and dispensing of the anti-retroviral drugs (ARVs) (Treatment Action Campaign (TAC) 2007). Inarguably, the effects of increased death toll is sending shivers down the spine of most South Africans in both rural and urban set-

tings, as honouring the dead through giving them dignified burials remains one of the expensive, but a cherished culture of many South Africans, as well as its neighbouring countries such as Botswana (Mbuya 2000). Additionally, HIV and AIDS have ushered in grave stigma and discrimination, thereby making those living with the disease immerse in a state of fear and despondence (Steinberg 2008; Rampehe 2008). The disease has also had the effect of lowering the life expectancy for the South Africans (TAC 2007; South African National AIDS Council (SANAC) 2011). To respond to the effects and aftermaths of HIV/AIDS, many countries are vigorously working round the clock, through their scientists, to look for vaccines or cure for this dreadful disease (Ward and Krim 1999). To this end, there are numerous vaccine trials in the world which are being tested with promising results, but the fate of their efficacy cannot yet be determined. This has put prevention as the only strong variable factor that populations can exploit to avoid dealing with symptomatic effects of the disease (Rampehe 2008).

Increasingly, several researches on the disease indicate that the disease is a social one, being influenced by an array of social factors such as gender, stigma, sexual orientation, attitudes, lifestyles, traditions, customs; as well as tools of socialization such as media and communication (UNDP 2008; Jackson 2002). While fac-

tors such as gender and its underpinnings are increasingly being researched and pinned down as possible critical underpinnings of the HIV/AIDS proliferation, cultural factors and their underpinnings and how they relate to HIV/AIDS remain under researched. Perhaps pockets of scholarly revelation that culture is the "babe and mirror" of the society remains a factor that could be exploited to mitigate the effects of HIV/AIDS (Kang'ethe 2009b), as well as remain a strong pillar that can help turn the tables of the HIV/AIDS epidemic in South Africa. If culture, then, was found to be a formidable factor to quell or contain the apparently unabated HIV/AIDS epidemic, this then, makes it urgent that the state of cultural attrition needs to be arrested or annihilated altogether.

Perhaps it is good to indicate that although South Africans respect their cultures, most of the cultures have slowly and immensely been succumbing to civilization, eurocentrism, modernism, and today, globalization (Kang'ethe 2009a). Perhaps the phenomenon of equating development and modernization as a process that runs counter cultural growth appears to have influenced most policy makers, development practitioners, and every "Dick and Harry" among a huge segment of South African people, more so those living in urban areas. This has led to societies hugely sliding into a state of cultural attrition, or decadence. Perhaps making a succinct investigations on various underpinnings embedded in cultures could then be useful to support and advocate for cultural revival, cultural renaissance, cultural comeback and cultural resuscitation (Kang'ethe 2014a).

In this researcher's contention, strengthening, upholding, reclaiming and repositioning cultures to their rightful niche by identifying their social capital and therefore possible underpinnings contributing to addressing some social ills such as HIV/AIDS and moral decadence is critical and long overdue (Kang'ethe 2014a,b). This, perhaps, points to the need to carry out an autopsy of cultures to distinguish between their progressive and retrogressive aspects. This could guide on making a succinct informed decision pertaining to which aspects of culture need to be retained or reclaimed (Kang'ethe 2014a). This is because some of the apparent retrogressive and anti-developmental aspects embedded in cultures could be giving HIV/AIDS disease an opportunity to proliferate. This researcher, therefore, believes that collecting data from various selected members of the population on the

effects of cultural attrition on the epidemic could help add or strengthen an inventory of possible interventional strategies to address the epidemic. This paper, therefore, endeavours to empirically investigate purposively individuals residing in Alice townships on their thinking and perceptions of the effects of cultural attrition to HIV/AIDS.

### Study Aim

Although the broad study from which this paper is derived investigated the role of cultural attrition and gender in informing prevalence of HIV/AIDS in the Alice Townships and South Africa generally, the aim of this paper is to investigate the thinking, perceptions, and feelings of the selected community members of Alice Townships, Eastern Cape on the role of cultural attrition in the spread of the HIV/AIDS in the area and South Africa, generally.

### Problem Statement

The ever-burgeoning cases of HIV/AIDS and the fact that South Africa has the highest number of people living with HIV/AIDS in the world continues to paint an internationally gloomy picture that needs to be corrected (Ramphele 2008). Although the country is doing all it can to strengthen prevention, care and support in the HIV and AIDS domain, this researcher contends that the effects on cultural decay, decadence and, generally, factors undermining the norm of upholding many aspects of cultures, or generally factors underpinning the phenomenon of cultural attrition have not adequately been researched. However, some subjective and empirical feelers continue to indicate that cultural attrition could be offering a platform for the growth of the HIV/AIDS epidemic, or weakening the efforts to address it (Kang'ethe 2014a). Ironically, and in most circumstances, governments, development practitioners and even human rights bodies fear accepting that cultural attrition is a social factor that needs to be reversed if interventions to tackle the disease as well as many other aspects of social ills such as moral decadence are to be tackled head-on. Perhaps the thinking that going back to cultures, reclaiming back the lost cultural norms, traditions and customs is anti-developmental needs to be challenged. This is because some practitioners have identified that disregarding or abandoning cultures, thus leading to the phenomenon of cul-

tural attrition, could be offering a strong platform to the proliferation of the HIV/AIDS disease. This researcher, therefore, considers it unfortunate and grave that most African countries appear to succumb to the forces of modernization, westernization, eurocentrism, westernization, and today, the wind of globalization, all wreaking havoc to the cultural norms and institutions (Kang'ethe 2009a). Therefore, this paper considers it pertinent to carry out an empirical investigation to unearth the damage that cultural attrition poses to HIV/AIDS prevention in South Africa, and possibly, unleash interventions to fight off cultural attrition.

## METHODOLOGY

### Research Design

The study applied qualitative study paradigm in which the reality is interpreted qualitatively. The study also used qualitative approach in which the reality of the results was determined by the participants' views, thoughts, ideologies, biases (Creswell 2008). The study was also exploratory, meaning that it intended to unearth new information to add on to the already existing information on the domain. Exploratory studies are not intended for generalizations to larger populations, but to draw insights for information generation from the samples being investigated (Burns and Grove 2005).

### Methods of Data Collection

Amidst the use of a lot of information from document analysis, the study triangulated in-depth interviews from selected key informants well versed on the issue of cultures and its relationship with HIV/AIDS, with information from focus group discussions. This was to strengthen result credibility and trustworthiness. The research data collection was cross sectional meaning that data was collected within a short span of time.

### Data Collection Process

The data collection process was cross-sectional, and data was collected in December 2013.

### Sampling Methods and Techniques

The study used non-probability methodology of sample selection, and specifically, the pur-

posive technique. The non-probability method does not use probability in selecting the samples, but the selection is based on the suitability of the participants as agents of the knowledge and the data that the researcher requires. Purposive technique, therefore, was found suitable because issues of cultures are not adequately understood by especially the younger generation. However, a focus group discussion was constituted from the University of Fort Hare (UFH) students whom the researcher thought had studied cultures.

### Population Under Study

The study population constituted of people from different towns of Alice that constitute Alice township of Nkonkobe Municipality of Amatole District of Eastern Cape Province. The Alice township consists of 42 small villages. It lies within the coordinates: 32°47' S 26°50' E of South Africa. The township covers an area of 9.85 km<sup>2</sup> (3.80 sq mi) and according to the 2011 national census, had a population of 15,143. However, the samples were usually drawn from the nearby villages for convenience purposes.

### Research Instrument

The study used an interview guide to solicit participants' views, attitudes, thinking on aspects of cultural attrition, and how they relate to the prevalence of HIV/AIDS.

### Unit of Analysis

Seven participants were subjected to in-depth interviews, while three focus group discussions were instituted. One from the Alice hospice which had 4 females and one male, while another one from Lavela old age group consisted of 11 females and 2 males; while the last one was made of students from the University of Fort Hare with 6 females and 1 male. A total of 33 samples were investigated (Table 1).

## FINDINGS

### Biographical Details

Although apparently there was a huge discrepancy in terms of age between the research participants, age was not computed. This is because rather it was the knowledge component

**Table 1: Samples from Alice Township investigated**

Method	Organization	Participants		Total
		Males	Females	
In-depth interviews	Victoria Hospital (community Nurse)	0	1	1
In-depth Interview	University of Fort Hare (Clinic)		1	1
In-depth Interview	University of Fort Hare (staff)	1	0	1
In-depth Interview	University of Fort Hare (student)	1	0	1
In-depth Interview	South African Police, Alice Station	2	0	2
In-depth interview	Alice Victim Centre Coordinator	0	1	1
In-depth Interview	Community leader	0	1	1
Focus group discussion	Alice Hospice	1	4	5
Focus group discussion	Lavela old age group	2	11	13
Focus group discussion	University of Fort Hare	1	6	7
	Total	8	25	33

on issues of culture and how it could be relating to HIV/AIDS that the study considered important. The study wanted to have a gender equity in terms of participation. However, this was not easy to achieve in that more women than men are represented in many social institutions. In addition, more women than men are usually ready to participate in developmental endeavours in many settings in Africa. Therefore, there were more women participants than men. This perhaps raises the question why apparently men suffer a state of apathy in many developmental undertakings. Perhaps many developmental institutions fail to recognize them or address the gender differences that could differentiate them with women

### **The Culture of Sexual Permissiveness Becoming a Norm in Today's Societies**

Study findings indicated that societies are becoming sexually permissive with no serious deterrents to careless sexual engagements. This could explain why HIV/AIDS was increasing unabated, or not reducing commensurately with the magnitude and investment in the HIV/AIDS campaign. This is because societies have succumbed to the processes of modernity, civilization, westernization, eurocentrism and globalization that continue to negate the values and norms embedded in the African yester cultures. This revelation can be supported by the following sentiments from an 87 year old participant:

*"Today's societies especially the youths are cultural-blind. They do not have ears. They do what they want and therefore go out there to get HIV/AIDS. We do not accept this state of affairs. It is very pathetic."*

### **Inadequate Retention and Preservation of Cultural Values**

Study findings indicated that HIV/AIDS was increasing because societies no longer respect or emphasize on the yester cultural values of sexual taboos, sexual mores and chastity. The societies, therefore, suffer from immense state of cultural and moral decadence. This was because most South African cultures have been seriously and negatively affected by eurocentrism to an extent that most of the cultural values that preserved and maintained sexual chastity are no longer tenable. Findings blamed the elderly and the parents for not resisting the wind of cultural attrition. Cultural attrition was pinned as a possible underpinning of increased state of HIV/AIDS infections. The following sentiments were raised to support this revelation.

*"Apparently, most of the sexual mores and norms are things of the past. The youths are today not bound to them. They do as they wish while elders helplessly look at their children going to look for HIV/AIDS"*

*"Today's' parents are not educating the youth on cultural norms associated with sexuality."*

### **Cultural Attrition a Recipe of Modernization and Apartheid**

Study findings indicated that South Africans have been seriously influenced by modernization that was ushered in by the apartheid regime. This made them to weaken their cultural bearing to an extent that most of the cultural values especially on sexual chastity have been eroded. Perhaps the fact that the oppressors were

adequately endowed with resources, were employers, were the leaders made many South African to slowly yield to the eurocentric cultures that the architects of apartheid held. The following sentiments support the above analysis:

*“Our cultures have increasingly been weakened by apartheid cultures that is purely Eurocentric.”*

*“The modernization culture that our people have embraced does not consider seriously the issues of sexual chastity.”*

*“Our cultures have been sacrificed and overthrown by Eurocentric cultural values.”*

### DISCUSSION

Although the issue of age was not considered a very important variable in the study and therefore the ages not computed, apparently, it was the elderly who appeared to participate more in lamenting how good the yester cultures were in preserving and retaining cultural values. The younger individuals did not appear to be very well versed with the issues of yester cultures and the contemporary ones. This perhaps points to the need to consider the elderly as agents of change if cultural erosion and attrition are to be tackled (Afolayan 2004). With regards to gender, the study did not achieve gender equity among the participants. This is because women were three times the size of the men. This may point to situations in which women more than men are viewed as drivers of development. It is unfortunate that men, although usually endowed with masculine powers and sometimes resources than women do not volunteer or get motivated to indulge in social affairs of their societies. Perhaps this is why Kang’ethe has challenged men in Botswana to upgrade their involvement in the battle against HIV/AIDS (Kang’ethe 2009b). Perhaps this may point to a state of male apathy which is counterproductive to issues of community development (Zastrow and Kirst-Ashman 2013). If sustainable development is to be achieved, societies must bring and unleash all their resources at their disposal. This requires human capital in terms of people’s capacities and capabilities. Since men are socially, economically and culturally endowed, their presence in espousing their thinking, attitudes, and opinions in important matters such as HIV/AIDS is critical (Lekoko 2009). Perhaps this apathy in issues of development such as tackling a dis-

ease like HIV/AIDS has made the disease to increasingly be associated with women and hence validating the concept, feminization of HIV/AIDS (Kang’ethe and Chikono 2014). This should be tackled by mobilizing men to be proactive in issues of development. This is to avoid skewed gendered development (Lekoko 2009).

Study findings indicated that South African societies were slowly adopting a culture of sexual permissiveness. This is unfortunate, and a result of increased cultural attrition, especially amidst Eurocentric paradigms such as modernization, westernization and globalization (Jackson 2002; Kang’ethe 2009a). In fact these paradigms, though in some settings are considered invaluable parameters of development, are also perfidious as they offer a platform of cultural erosion and attrition as well as platforms of moral decadence of which sexual permissiveness is one (Kang’ethe 2014a). The state of sexual permissiveness especially among the youths, this researcher believes could be addressed by societies adopting culturally driven values especially on sexual chastity (Kang’ethe and Khayundi 2014). This would be a panacea in that HIV/AIDS is a sexually transmitted disease whose magnitude stands to be increased by sexual permissiveness. This researcher, therefore, believes that investing and embracing the immense social capital that cultures espouse could be a stronger intervention to surmount sexual permissiveness and therefore decrease chances of viral transmission. This calls for cultural architects, development pragmatists and policy makers to interest themselves in development endeavours that are culturally driven. Perhaps this would point to a process and a campaign to explore the immense social capital inherent in cultures (Mbuya 2000). This is to achieve a state of cultural resuscitation, autonomy, cultural dispensation, cultural renovation, renaissance and cultural recuperation (Afolayan 2004; Jackson 2002; Mbuya 2000).

Study findings indicated that societies in South Africa especially the elderly are overwhelmed by the dynamics of contemporary cultures to an extent that they are unable to strongly advocate and lobby for retention and preservation of cultural values. This points to the fact that in any society, the elderly are the custodians of cultures and their cooperation and advice on resuscitation of cultures is critical (Afolayan 2004). However, ironically, the re-

search findings indicate that the elderly are increasingly succumbing to forces of what they called the new or contemporary cultures. Perhaps the readers need to know that many centuries of the South Africans being subjected to Eurocentric cultures means that the elderly of today may not be able to strongly mimic the South African cultures before the advent of the colonialists (Afolayan 2004). Perhaps this could explain why many cultures such as circumcision had died and are today being resuscitated. Therefore, the elderly being led by the current (2014) Zulu King, Goodwill Zwelithini are increasingly advocating for a cultural come back, cultural renovation, cultural dispensation and autonomy, cultural renaissance and recuperation. Although government forces and the human rights bodies have been staging strong barricades on the route to cultural healing and resuscitation, the cultural architects are slowly convincing the public the need to go back to cultures that ensure sexual chastity. This is a panacea in the era of HIV/AIDS. To this end, the government needs to be commended especially after agreeing to fund the building of virginity testing village in Kwazulu Natal (Kang'ethe 2014b)

Study findings indicated that cultural attrition in South Africa is a huge norm and is a recipe of modernization and apartheid. Indubitably, apartheid was responsible for dismantling the cultural and social institutions that identified South Africans by their cultures (Afolayan 2004). Perhaps the mistake that the South Africans and other African people succumbed to is to increasingly equate modernization with the process of abandoning cultures. This is because most elites copied the habits and cultures of their colonizers and started identifying themselves with them. Therefore, those who would have even documented the rich cultures and ways of life of the South Africans were doing it using the Eurocentric lenses and approaches. This researcher thinks that Africans may have lost a lot of information because most of what happened some centuries back has only been recorded by the colonizers. Since colonizers were implementing their colonial plans especially to ensure that they annihilate the African cultures completely, they documented only those things that were of interest to them (Afolayan 2004). To them, African cultures were barbaric, backward, and reminiscent of peoples of Stone Age (Kang'ethe 2009a). The colonizers well knew that

once they succeed to obliterate the South African cultures, they had to start adapting and adopting a new culture, especially the dominant or hegemonic culture. Perhaps the South African apartheid architects succeeded to a huge extent because South Africans have adopted a lot of Eurocentric behaviours and cultures. One of these cultures is lack of seriousness pertaining to sexual matters, divorce, cohabitation, passion-related conflicts and killings etc. These are cultures that have weakened family structures and form a fertile niche for HIV/AIDS (Kang'ethe and Chikono 2014). But it is good to note the wind of change blowing to resuscitate cultures so that people can enjoy them. Perhaps a recognition that cultures such as virginity testing and male circumcision could be cornerstone of HIV/AIDS prevention in South Africa, as well as some countries hard hit by the epidemic, strengthens the wave for a cultural come back and hence reduction of the state of cultural attrition and decadence (Peltzer et al. 2008; Kang'ethe 2014b).

## **Theoretical Framework**

### ***Social Capital Framework***

The effects that culture may bring to the fight against HIV/AIDS, whether positive or negative, can be explained, to some extent, by the social capital theoretical framework (Kang'ethe 2014c). Social capital theory recognizes the effects of cultural underpinnings that determine the strength of a culture and its propensity to make any change dispensation. Since culture has a strong binding factor in families, households, communities and nations, the social capital framework can fairly explain cultural strength and bonds that may make changing people's behaviour, beliefs, norms and lifestyles in the society possible or difficult. If the values embedded by cultures are for change, meaning that the forces of social capital becomes flexible and permitting to external forces of change, then change will be imminent. If the social capital values contributing to culture are resilient to change, then fostering any meaningful change among the societal members becomes both a daunting and an uphill task.

Putman (1995) defines social capital as features of social life such as networks, beliefs, norms, trust and connections that enable partic-

ipants to act together more effectively and productively to pursue a shared goal and objectives. Social capital, therefore, involves building mutual trust and reciprocity among players, construction of shared features, collective identity and bargaining, working together mutually and reciprocally, and forming joint work parties and groups (Flora and Flora 2003; Kang'ethe 2014c). It is an incontrovertible fact that the factors that support and sustain any culture such as norms, beliefs, traditions, customs and the building of the mutual trust and reciprocity among different players in a society are the same factors that galvanize social capital theory.

### CONCLUSION

Indubitably, cultural attrition, erosion and decadence have robbed South Africans and other African countries immense social capital in the form of beliefs, norms, taboos, and sexual moves. In this epoch of HIV/AIDS, these values would be instrumental in galvanizing ethically and morally acceptable behaviours to surmount HIV/AIDS and other illicit social ills. It is pivotal, therefore, that South Africans realize and own the loss in an endeavour to chart a plausible and pragmatic way forward to reduce further cultural erosion. As the Swahili adage says, *Mwacha mila ni mtumwa* (he/she who abandons his/her cultures is a slave), its time South Africans say enough is enough and join cultural architects such as the Zulu King, Goodwill Zwelithini to support African cultures such as virginity testing that gave South Africans an identity and a society that is morally and ethically strong.

### RECOMMENDATIONS

- ♦ The government should ensure that cultural education is strongly bolstered in all the institutions of learning starting from primary schools
- ♦ Parents and cultural custodians should know they have a duty of teaching the young people about culture and the cultural values especially those values that can strengthen their prevention endeavours
- ♦ The African elites should own their mistake of abandoning the cultures for western centric ones. They should experience a paradigm shift to go back to the Afrocentric root.

### REFERENCES

- Afolayan F 2004. *Culture and Customs of South Africa*. London: Greenwood Press.
- Burns N, Grove S 2005. *The Effects of Nursing Research: Conduct, Critique, and Utilisation*. 5<sup>th</sup> Edition. St Louis: Elsevier.
- Creswell JW 2008. *Research Design: Qualitative, Quantitative and Mixed Methods Approaches*. 3<sup>rd</sup> Edition. Thousand Oaks, CA: Sage Publication.
- Flora C, Flora J 2004. *Rural Communities: Legacy and Change*. 2<sup>nd</sup> Edition. Boulder: Westview Press.
- Jackson H 2002. *AIDS Africa. Continent in Crises*. Avondale, Harare, Zimbabwe: Safaids.
- Kang'ethe SM 2009a. Traditional healers as caregivers to HIV/AIDS clients and other terminally challenged persons in Kanye community home-based care programme (CHBC), Botswana. *Sahara Journal*, 6(2): 83-91.
- Kang'ethe SM 2009b. Inadequate male involvement in health issues. The cause of gender skewed HIV and AIDS situations in Botswana. In: T Maundeni, BZ Osei Hwedie, E Mukaamambo, PG Ntseane (Eds.): *Male Involvement in Sexual and Reproductive Health. Prevention of Violence and HIV/AIDS in Botswana*. Cape Town: Made Plain Communications, pp. 7-28.
- Kang'ethe SM 2014a. The panacea and perfidy of culture as a platform of behavior change with examples from Botswana and South Africa. *Mediterranean Journal of Social Sciences*, 5(14): 493-499.
- Kang'ethe SM 2014b. The need to resuscitate the cultural rite of virginity testing as a tool to strengthen the campaign against HIV/AIDS and moral decadence in South African region. *Mediterranean Journal of Social Sciences*, 5(8): 484-489.
- Kang'ethe SM 2014c. Social capital from informal networks can be a fertile niche to mitigate HIV/AIDS and poverty effects: Examples from South Africa and Botswana. *J Hum Ecol*, 47(2): 185-192.
- Kang'ethe SM, George Chikono. 2014. Exploring feminization of HIV/AIDS in Zimbabwe: A literature review. *J Hum Ecol*, 47(2): 139-145.
- Kang'ethe SM, Festus Khayundi 2014. The dimensions, perfidy and ramifications of teenage pregnancies with examples from a few countries of the globe. A literature review. *Mediterranean Journal of Social Sciences*, 5(15): 609-614.
- Lekoko RN 2009. A generation in jeopardy. sexually active women in patriarchal cultural settings and HIV and AIDS. In: T Maundeni, BZ Osei Hwedie, E Mukaamambo, PG Ntseane (Eds.): *Male Involvement in Sexual and Reproductive Health. Prevention of Violence and HIV/AIDS in Botswana*. Cape Town: Made Plain Communications, pp. 91-104
- Mbuya JC 2000. *The AIDS Epidemic in South Africa*. Johannesburg: Henco Design.
- Peltzer K, Nqeketo A, George P, Xola K 2008. Attitudes of pre-initiates towards traditional male circumcision in the context of HIV/AIDS in the Eastern Cape, South Africa. *Journal of Social Behaviour and Personality*, 36(8): 1023-1034.
- Putman R 1995. Turning in, turning out: The strange disappearance of social capital in America. *Political Science and Politics*, 28: 664-683.

- Ramphele M 2008. *Laying Ghosts to Rest. Dilemmas of the Transformation in South Africa*. Cape Town: Tafelberg.
- South African National AIDS Council (SANAC) 2011. The National Strategic Plan (NSP) 2012 -2016 in a Nutshell. From <<http://www.sanac.org.za/nsp/the-national-strategic-plan>> (Retrieved on 2 March 2012).
- Steinberg J 2008. *Three-letter Plague. A Young Man's Journey through a Great Epidemic*. Johannesburg and Cape Town: Jonathan Ball.
- TAC (Treatment Action Campaign). 2007. 'Government Leadership on HIV/AIDS Irrevocably Defeats Denialism! Implement a New Credible Plan with Clear Targets!' From <<http://www.tac.org.za/AIDSD Denialism/Dead.html>> (Retrieved on 22 February 2007).
- UNAIDS 2006. *Report on the Global AIDS Epidemic*. May, UNAIDS/06.20E
- UNAIDS 2007. *AIDS Epidemic Update*. December 2007.
- UNDP 2008. Situation Analysis on Gender Based Violence in Botswana. *Draft Report*. Participatory Education, Evaluation and Research. Gaborone:UNDP office.
- Ward DE, Krim M 1999. *The Amfar AIDS Handbook: The Complete Guide to Understanding HIV and AIDS*. London. WW. Norton and Company.
- Zastrow CH, Kirst-Ashman KK 2013. *Understanding Human Behaviour and the Social Environment*. 9<sup>th</sup> Edition. Australia, USA, Brazil, Japan, Korea, Mexico, Singapore, Spain, United Kingdom: Brooks/Cole. Cengage Learning.