

For the first time on the African continent, hear men from all walks of life share their tragedies and triumphs in

Through the Voices of Men - South African Men Speak about HIV

by

Christopher A. Brooks

In this age of global media, few are unaware of the HIV/AIDS crisis facing South Africa. In many ways, the country has become “ground zero” for the virus on the African continent. Public attention has focused on women and children impacted by the virus, since they represent the population most affected. More recently, however, national campaigns and organizations in South Africa such as Brothers for Life have given attention to men’s involvement in the crisis.

Unlike other books in the region, *Through the Voices of Men: South African Men Speak about HIV* seeks to deepen the national discussion by presenting the personal narratives of men whose lives have been affected by the virus. The current data available makes it abundantly clear that no cultural group in South Africa is immune from the effects of HIV. To that end, *Through the Voices of Men* presents the unscripted stories of twenty men from different ethnic groups represented in the country. Brooks has charted the life-changing effects of the virus on Zulu, Tswana, Xhosa, Afrikaner, Pedi, Venda, Tsonga, Shangaan, and Colored men. And in addition, the life stories of several Muslim and Asian men are profiled. They are among the least willing to reveal their anguish and despair.

Each of these cultural groups harbors a tradition of self-denial, shame, and stigma. Martin Vosloo, (an Afrikaner) speaks frankly about how he benefited under the former apartheid government, “When I look back on it, it was a relatively smooth process. I could literally leave one job and walk right into another one the following day because of my color.” He offers pointed comments about how South Africa was not ready when the virus began spreading by the early 1990s. “Back in 1990, we still didn’t know much. The only thing that I knew about HIV was that it was something that killed you. [Even his doctor said when informing him of his status], ‘Martin, your life is over.’ That was the doctor saying this.” Vosloo ignored the virus in his body for seven years before taking ARVs.

Many of these men indulged in self-denial until the reality of the virus could not be ignored. Harry Nyathela (a Tswana) came to realize that his numerous sexual contacts exposed him to the virus. “It was because of such reckless sexual encounters that I can’t say when I was infected, or who infected me. The only time I realized that I might be in danger is when I read a book about HIV. Some of the behaviors that made it possible to contract the virus included unprotected sex with multiple partners. It then clicked in my head that I might have a problem.” It took a near death experience before Nyathela entered care.

Several men publicly disclosed their HIV positive statuses, rather than be silenced by shame and stigma. Oziel Mdletshe (a Zulu), after having lost his sister and other family members to the virus (who had kept silent about their conditions) bravely announced his HIV positive status. He subsequently became involved in a

national disclosure campaign through his association with an HIV group. “In late 1998 we decided to start a disclosure and acceptance campaign. Our goal was to educate the public at several levels. At the time, there were still those who were being discriminated against by their families as well as others. We also needed to educate people about the differences between HIV and AIDS . . . We were also seeking acceptance within our communities. It was a fundamental human rights issue.”

The same was true for Solly Maswangayi (a Tsonga), who after disclosing his status, became an HIV counselor who now works in the Limpopo province. “When the news of my diagnosis came, I thought I was near death then and there. But the sister (i.e. nurse) who tested me had prepared me for the strong possibility that I would be positive.” In partnership with a South African Department of Health agency called *Pholoshong*, he has become an effective counselor for men and women with the virus. “The first question that I ask one of my clients is, ‘How and when did you discover that you were HIV positive?’ If the person says that they suspect they are positive, then I ask, ‘Why do you think you are HIV positive?’ If they say they have engaged in unprotected sex, I will then ask, ‘Do you know your partner’s status?’ I immediately follow that up by saying, ‘We won’t know your status until we test your blood.’” If anything, the men in this book verify that the contraction and spread of HIV is not a culture-specific issue, but affects all South African men. Spotlighting the tragic consequences of self-denial is a principal goal of *Through the Voices of Men*.

There are several things which the reader of *Through the Voices of Men* should come away with after completing this book. First, even after an HIV positive diagnosis is made, it need not be the end of one’s life. It will still be possible to marry, to father children, to see one’s children grow up, and experience a full range of life events, provided certain behavioral adjustments are made and the infected person enters care. Secondly, that unless HIV-infected persons confront their personal HIV positive status, their chance of survival is drastically reduced.

Lungile Mathebula’s (a Xhosa) story was very revealing. Now in his 30s, Mathebula fulfilled his desire to again be a father with his wife (who is also HIV positive). “I was diagnosed with HIV in 1996, but I have a son who is negative, and he was conceived the natural way. My son is about to turn four. My wife and I consulted with a doctor who told us about certain risks of re-infection and my wife was put on AZT once she became pregnant. That was our right as a couple who wanted to have a child . . . Most importantly, it was a successful pregnancy. It is important for me to say this because women and men are not doomed to be childless if they are positive. My wife and I (along with so many other couples) are living proof of it. It only takes planning.”

In the same chapter, Mathebula also lays down a challenge for South African men to become more pro-active, and points to some of the inequities in the system. “If a man goes to the clinic, he could be taken as a ‘sissy.’ They would prefer to go to a private doctor, which most men don’t have the available resources for. . . In this country, some of a man’s peers are likely to say, ‘Why are you going to the clinic? Take this root, or that herb . . .’ In such cases, men are their own worst enemies . . . We also see the possibility of linking our men’s movement to those in Brazil, Kenya, and Uganda where men seem to be more mainstreamed in the health systems than in South Africa. That would certainly be the case around issues of HIV. . . We need to solve the problem of getting men to take leadership.”

Through the Voices of Men offers many examples of those who, fearing shame or being ostracized, hid their HIV/AIDS condition and died in their silence. In relating the tragic HIV experience of his cousin Patrick, Sbusiso Maphumalo (a Zulu) said, “By the time that Patrick had disclosed his condition to me, I had already been doing volunteer work with the Treatment Action Campaign and had begun to attend HIV support groups as a volunteer. I asked my cousin, ‘Why couldn’t you speak to me earlier, because you know I was doing volunteer work at this HIV organization?’ But I had not said a word to him about the results of my HIV test taken four years earlier. . . On the fourth day of his treatment, however, my cousin passed away. It was March 2003. . . I felt incredibly guilty when Patrick died before I could tell him about my status. I was nearly inconsolable at his funeral. I kept thinking in my mind, ‘I should have told him, I should have told him.’” The father of seven

children (with seven women), Maphumalo now counsels HIV positive men and women, and is a national spokesperson and advocate for disclosure.

The major goal of *Through the Voices of Men* is to stimulate a national discussion among South African men. Such discussions call for an understanding of the stories, the behaviors displayed, and how such behaviors have resulted in the current health crisis. The more sensitive, yet necessary, discussion is to consider and examine what role the country's various cultural practices have played in the contraction and spread of the virus.

The life story of Oscar Mabela (a Pedi) is especially enlightening. This son of a *sangoma* (i.e. a traditional healer) frankly voiced his concern about certain claims traditional practitioners have made. "Because my mother was a traditional healer, I tell HIV positive people that and it gives me another level of credibility. Traditional healers can help you if you have a sore on your body, a headache, and similar illnesses, but they cannot cure HIV! My mother routinely told her clients what she could and could not heal. She often said, 'What I can heal is this.' . . . She would then refer that client to a hospital. They would go to the hospital, take the requisite ARVs (if that was the appropriate step) and then come back and thank her. That is how I believe traditional healers and modern (i.e. Western) medicine can work hand in hand. If more *sangomas* took the approach of my mother, they would have far more credibility when working with Western-trained doctors. My mother never made any claims about being able to cure HIV. However, I know of at least three traditional healers who have made such a claim."

Benjamin Mahopi (a Sotho) relates his experience in initiation school, which is still quite prevalent throughout the country. "I traveled to Lesotho for the process where we were often taken into the mountains. The schools are run by traditional healers and they are far from any other communities and settlements, because they don't want people to wander through to see what is taking place. Some of the initiation experience was fun, but just as much of it was challenging. Sometimes we stayed up all night dancing and singing. We had to learn and sometimes create new songs. . . Later, however, Mahopi indicated that because of certain practices which he experienced at initiation school (i.e. using the same blade to circumcise several boys), he was not likely to send his son to Lesotho for that cultural rite of passage. While the issues that Mabela and Mahopi raise may be more controversial, a work such as *Through the Voices of Men* could be a catalyst to a national dialogue. These are only a few of the very enlightening biographical profiles which are identified. Men of various religious experiences also express their views and how their contraction of the virus has had its impact on their outlook.

As in his previous book on the subject, *Dangerous Intimacy: Ten African American Men with HIV*,ⁱ Christopher Brooks has included in *Through the Voices of Men* questions at the end of each chapter to stimulate discussion among support groups, men and women dialogues, speak out sessions, collective community gatherings, and for individual reflection purposes. It also includes a glossary of terms and acronyms to facilitate its accessibility for readers to understand terms such as "ARVs," "viral load," "CD4 count," "sero-status," and the many organizations identified throughout the book, such as the South African Men's Action Group (SAMAG), the Treatment Action Campaign (TAC), and the AIDS Treatment Information and Counseling Centers (ATICC). There is also an appendix which provides contact information about HIV organizations that assists those coping with the effects of the virus. The facilities are listed by province.

South African Constitutional Court's Edwin Cameron has written the foreword to *Through the Voices of Men*. After reading Brooks' previous work on the topic, Justice Cameron helped persuade the scholar to return to the country, to continue what he felt was an urgent inquiry.

South Africa's Minister of Health, Dr. Aaron Motsoaledi, has contributed an afterword. *Through the Voices of Men* will be formally launched at the AIDS Consortium in Johannesburg in late June.

Author and professor of anthropology **Christopher A. Brooks** of Virginia Commonwealth University (Richmond, Virginia) has produced his second work focusing on HIV. See <http://www.has.vcu.edu/wld/faculty/brooks.html> for more information.

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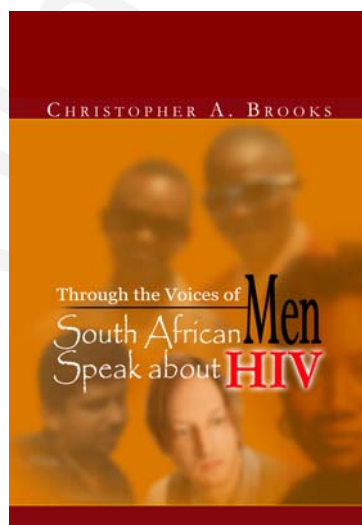
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ⁱ Brooks, Christopher A. *Dangerous Intimacy: Ten African American Men with HIV*. (with Christopher L. Coleman) Deer Park, NY: Linus Publications, 2009.



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