

On The Virgin Cleansing Myth: Gendered Bodies, AIDS and Ethnomedicine

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The belief that HIV/AIDS can be cured as a result of sex with a virgin has been identified as a possible factor in the rape of babies and children in South Africa. While the prevalence of this myth has been a matter of concern in local communities for some time, there have been recent attempts to discern the extent to which this belief is exacerbating perceived increases in child rape and the rate of new HIV infections nationwide. This article attempts to reveal the systematic logic upon which is based the idea of 'virgin cleansing' as a therapeutic response to HIV/AIDS amongst people who self-identify as Zulu. Based on ethnographic research in several peri-urban settlements of KwaZulu-Natal province, key aspects of ethnomedical knowledge associated with notions of 'dirt' and women's bodies are examined along with the metaphors that inform local interpretations of HIV/AIDS. The author argues that closer attention paid to the shaping influence of cultural schemas is critical to better understanding belief-behaviour linkages in the context of rape and AIDS.

Introduction

The issue of child rape in South Africa has attracted wide public attention in the past few years. Media reports of the brutal gang rape of a toddler in late 2001 were met with vigorous public demand for an end to the current climate of relative impunity in which rape is perpetuated in that country. In an effort to address what was widely perceived to be a growing problem, Parliament held a three-day hearing on the subject in the run-up to a new sexual offences Bill expected by July 2002. Whether or not the increase in sexual crimes against children reflects an increase in reportage or an actual increase in incidence is a matter of much emotive debate at all levels of society. Government has made a call to local social scientists, medical researchers and criminologists to embark on a concerted effort to better understand this problem. Such a call is timely. From the mid 1990s onwards, the South African public media has reflected a steady increase in the reporting of all manner of sexual assault and gender-based

violence. According to a nationwide study by the University of South Africa, one million women and children are raped annually, and this probably reflects a fraction of the total rape problem, as most rape survivors never report to authorities (1).

As part of what is perceived to be a national rape crisis, the rape of young children has elicited the strongest form of public outrage. In late 2001 an article by two medical doctors appeared in the South African Medical Journal describing patterns of injury and appropriate treatment management of child victims of rape (van As et al, 2001). This was followed by commentary on infant rape in South Africa in the prestigious Lancet, with the authors speculating on the role of the 'virgin myth' as a motivating factor for this particular crime (Pitcher and Bowley, 2002). Several South African researchers were quick to respond by drawing attention to the more pervasive structural violence that exists in contemporary society as a result of the country's brutal past (2). The Director of gender and health research at the Medical Research Council, R. Jewkes, argued that "the root of the child rape problem substantially lies at more mundane doors. It should be regarded as part of the spectrum of sexual violence against women and girls (cited in Michaels, 2002)." According to studies conducted by Jewkes and others, there was no evidence overall that child rapes were increasing in South Africa. Such suggestions have left members of the medical profession and child protection services aghast, many of whom report to never have imagined dealing with the levels and brutal nature of child rape cases that have become a routine part of their work (3). In spite of the fact that there is no available statistical evidence of an increase in this particular crime, there remains wide public perception of a national child rape crisis. In April 2002 South Africa's Minister of Education commented that the country was quickly earning the reputation of baby rape capital of the world, as it appeared to be tragically unique in its current baby rape scourge (4).

This paper is neither an attempt to verify perceived increases in the sexual assault or rape of children, nor is it an attempt to explain these crimes in the context of present-day South Africa. Rather it focuses on the prevalent myth that sexual intercourse with a virgin is an effective treatment for AIDS. The author suggests that the same iteration of psychosocial denial that informs public discourse on AIDS in South Africa also affect public discourses on the virgin myth. It has only been with the increasing media attention given to especially horrific cases of child rape in the past year and the interest shown by overseas press in the issue of rape in South Africa, that the virgin myth has come under closer scrutiny. What follows is an analysis of what may be considered as significant cognitive and metaphoric constructions from which the virgin cleansing myth is derived. As such, it is an exercise that involves contestations of world-views and the challenge of interpreting one highly integrated and systemic medical cosmology (African and Zulu), through the use of symbols and idioms borrowed from a very different but equally integrated and systemic western and biomedical cosmology. Shedding light on the nature of some ethnomedical beliefs that may be informing and underpinning this myth is the intended purpose of this paper. What follows is an unpacking of some prevalent notions and shared knowledge of Zulu-speaking people relating to ethnopathological processes, women's bodies and notions of illness and illness management. As the virgin cleansing myth relates to the disease of AIDS, a brief analysis is provided of some commonly held ways in which people conceptualise and experience this relatively 'new' illness. Studies of HIV seroprevalence amongst pregnant women attendees of antenatal clinics around the country, reveal a 22.8% rate of HIV infection (South African Department of Health, 2001). For the province of KwaZulu-Natal, where research for this paper was undertaken, HIV seroprevalence is estimated to be between 36 and 38%. It is hoped that by elucidating a deeper understanding of why a man might seek sex with a virgin in the current context of a formidable AIDS epidemic, may

contribute towards a more sensitive engagement with the problem of child rape and our ability to address both rape and AIDS more effectively.

Methodology

Unravelling the complex web of meanings in which the virgin myth is embedded was part of a broader research endeavour to understand non-medical representations and cultural constructions of HIV and AIDS amongst peri-urban Zulu-speaking people in KwaZulu-Natal province (see Leclerc-Madlala, 1999). This research was based on ethnographic fieldwork that took place primarily between 1995 and 1998 in the greater Mariannhill area of Durban. An open-ended questionnaire schedule was used as a guide for in-depth interviews with key informants representing a wide cross-section of members from the Mariannhill community. For the most part interviews were conducted in Zulu. During that fieldwork period South Africa was experiencing a rapid and steady rise in HIV infection rates. Towards the close of the 1990s the HIV epidemic showed signs of maturing into an epidemic of AIDS-related morbidity and death. By the mid 1990's the virgin myth had established wide currency in several communities in the area. In interviews and discussions with a range of informants, 'virgin cleansing' was identified as a possible 'cure' for this new disease that people dared not to mention by name. While some informants professed a belief in the myth, more often they claimed that it was 'other people' who believed in virgin cleansing as an HIV/AIDS treatment. Certain traditional healers were blamed for perpetuating the myth, as it was said that healers advised their HIV infected clients to seek a virgin for 'cleansing'. It was a widely-held view amongst informants that this belief was helping to drive the spread of HIV and contributing to increased incidences in the rape of children (Leclerc-Madlala, 1996). In one township a group of women held a public rally to simultaneously raise awareness about this growing problem and strongly condemn its practice. They intended to send a memorandum to then-president Nelson Mandela, imploring him to speak out against this heinous response to

AIDS. Despite communities expressing deep concern over men sexually assaulting children in the hope of obtaining an AIDS 'cure', there were no attempts made to publicly address this issue through AIDS education campaigns in KwaZulu-Natal or elsewhere throughout the whole of the 1990s.

Bodily dirt

Sontag's foundational work Illness as Metaphor (1978) points out the historical specificity of the ways in which illness and those affected by illness have been socially conceived. How this social conception accrues meanings has been explored by Fernandez (1986) as a process of 'metaphorizing'. He writes:

Because of their embodied nature, metaphors create meaning not only through representation but through enactment or presentation. The presentation of metaphor takes two forms: metaphors as cognitive tools that work on our concepts to fashion new meaning: and metaphors as communicative acts or gestures, constrained by social structure yet giving rise to new patterns of social interaction and modes of discourse (cited in Kirmayer, 1992, p.337).

Central to the process of understanding medical-related knowledge and practice amongst the Zulu is an analysis of metaphors used to signify ill health. This encompasses more than an examination of a 'system of belief', an analytical approach that is limited in its ability to explain embodied experience and illness management. For one thing, Zulu cosmology is not 'standardized' in theory or practice and therefore varies, not only by researcher interpretation but also by regions of KwaZulu-Natal from which members of individual Zulu clans originated. Thus what might typify medical epistemology and lived experience in Mariannhill may be considerably different in more northern parts of the province for example, where people are said to have secret medical knowledge and 'stronger' medicines.

Yet, some aspects of medical knowledge seem to have fairly wide currency amongst people who identify themselves as Zulu, as well as amongst other ethnic groups in South Africa. The metaphor of 'dirt' and the meaning it holds in relation to illness and illness management is significant in this regard. An analysis of previous South African ethnographies that have attempted to describe indigenous medical-related knowledge and practice (i.e. Krige, 1944, 1974; Bryant, 1949; Ngubane, 1977; Hammond-Tooke, 1970, 1981) reveal that the notions of pollution and 'dirt' in relation to illness have not been sufficiently problematized. Jewkes and Wood (1999) have argued that these previous authors have largely relied upon discreet analyses and interpretations of the 'system of belief' and have consigned the notions of pollution and 'dirt' to the causal category of 'ritual pollution'. Categorized as such, these notions have been explored almost entirely in relation to the spiritual realm only. An analysis of women's reproductive health discourse in the Eastern Cape province have led Jewkes and Wood to suggest that notions of 'dirty wombs', for example, which appeared to be widespread among their informants, may represent a category of disease used as an idiom to express physical illness amongst the Xhosa. Amongst the Zulu, a group closely related to the Xhosa and belonging to the same family of Nguni languages, metaphors of pollution and 'dirt' play a significant role in the popular representation of illness. Ideas of bodily 'dirt' and the state of being 'dirty' are used as broad ethnopathological explanatory models for disease that are embodied and encoded in common processes of illness management among the Zulu. While some South African ethnographers such as Hammond-Tooke (1981) have explicitly striven to keep various etiological categories of disease 'analytically separate', as Jewkes and Wood have argued, such a biomedically-inspired exercise serves to limit our understanding of local disease etiology. Although these works may provide valuable cultural information they tend to objectify a lived worldview by stressing disease classification over illness experience and management. Human action in relation

to illness, in other words, is assumed in such works to derive solely from abstract 'rational' knowledge or beliefs. This assumption provides a narrow understanding and limited insight into the experience of illness in the communities studied.

Cleansing cures

As a form of non-ritual pollution the state of being 'dirty' is a central concept of disease among the Zulu, and it would seem the neighbouring Xhosa as well, through which other causal factors (be they witchcraft/sorcery, the ancestors, nature etc.) work. Rather than being an alternative causal typology, the state of being 'dirty' can be understood as an explanatory model for illness. To say that one has 'dirty' kidneys or a 'dirty' womb, is to say that one has an illness in relation to these organs. As part of a therapeutic process to 'cure' the specific illness, one would necessarily take steps to 'cleanse' that organ of the 'dirt'. Various preparations, some obtainable through modern pharmacies and others obtainable through traditional medical practitioners, are used for therapeutic cleansing that involves purging the body of harmful 'dirt'. Commercial laxatives and enema preparations are used primarily for the cleansing of 'dirt' believed to be affecting organs in the abdominal region. Diuretics are used primarily for urinary complaints. Emetics are believed effective for cleansing 'dirt' associated with ailments in the chest or throat. Traditional preparations made from combinations of herbs to effect the same purging response are also popular. Managing illness by taking steps to eliminate the 'dirt' associated with the 'dirty' organ, can be viewed as a first-line defence against illness and a routine part of most all traditional approaches to therapy (Leclerc-Madlala, 1994). The Zulu term 'ukwelapha' is a term that refers broadly to treatment of disease. It may be used to describe a range of therapeutic procedures that could encompass any and all efforts to prevent, treat or cure an illness. Claims by traditional medical practitioners that they can 'cure' an illness, whether AIDS, brain tumours, or chronic fatigue, are ethnomedical interpretations that can be understood as

claims of their abilities to treat disease. The meaning of 'treatment' refers to a comprehensive approach to illness that may include prevention, cure and/or simple palliative care and treatment of symptoms.

An understanding of the concepts of bodily 'dirt' and its significance as an ethno-pathological explanatory model for disease and the wide meaning of the term 'ukwelapha' as treatment, are central components in both the metaphoric construction of and therapeutic response to illness, including illnesses related to AIDS. According to local folk models of the human body, any 'dirt' responsible for causing illness symptoms in a particular body part, whether 'dirt' associated with 'dirty stomach' (experienced symptomatically as any abdominal complaint whether stomach-ache, diarrhoea, constipation, etc.) or 'dirt' associated with a 'dirty chest', (experienced as persistent cough or any other bronchial pain or discomfort), or 'dirt' causing 'dirty kidneys' (experienced as painful urination, lower backache, etc.), has the ability to 'mix with the blood' if not cleansed early-on when the symptoms first appear. When this bodily 'dirt' mixes with blood the result is said to be more generalized illness symptoms than those associated with specific organs or regions of the body. Related to this idea is the notion that all organs in the body are inter-connected. Thus 'dirt' producing illness symptoms in one part of the body may be conveyed to other parts of the body, via the blood, to cause illness symptoms elsewhere. By purging through the use of enemas and emetics, traditional therapeutics aim to cleanse the entire system rather than a singular affected organ.

'Dirty' women

Conceptions of women's bodies as highly suitable places for hiding and harbouring 'dirt', echo through informants' descriptions of female reproductive anatomy. Research conducted in Botswana (Ingstadt, 1990), Kenya (Udvardy, 1995) and Tanzania (Haram, 1997), reveal similarities in the depiction of adult women's bodies. Ingstadt (1990) records how women's bodies were often

compared to suitcases that conceal and transport disease to others. Such imagery resonates in the descriptions of female anatomy in Mariannahill. One young man described how 'dirt' especially 'likes all those folds and curves inside a woman because it can 'hide and grow'. Both men and women hold similar views that reflect a symbiotic relationship between women and bodily 'dirt'. As a place where 'dirt' is especially likely to be 'hiding', the vagina is described as an open-ended passage that leads up into the womb. This belief may help to explain the widespread fear that a condom might 'go up' and 'get lost'. Women express an anxiety that should a condom break or slip off the penis, it may 'float around inside' and eventually find its way up into the body cavity and cause grave illness. One informant asked: "What if it (the condom) goes up to the heart or even the throat? It can choke you and then you can die." Another suggested that a lost condom could become 'twisted' and thus obstructs the blood flow and cause high blood pressure. Studies by Abdool-Karim et al (1995) revealed similar beliefs among commercial sex-workers who plied their trade between Durban and Johannesburg.

Along with the notion that the vagina opens into the rest of the body, and that it provides a suitable hiding place for disease-causing 'dirt', there are ideas about vaginal 'wetness' that are significant to the conceptualisation of women as 'dirty'. The vagina and womb were the two places most often identified as places where 'dirt' can 'hide', 'stick' and 'grow'. The HI virus was discursively represented as an especially strong 'dirt' that 'easily enters the blood' via the vagina and womb. The theme of a 'wet' vagina associated with an ability to cause 'dirt' to 'stick' to its walls featured prominently in informants' discourses on sexually transmitted diseases including HIV. One young nursing student described HIV infection in this way: "Women are wet down there. When they have an infection the germs just stick inside and smell. This is how they know they have infections like STDs, HIV or whatever. With men you can't smell it because there's nothing inside." One young man expressed sexual anxieties with reference to similar notions

about vaginas. "Inside there it is dark, wet, not nice. AIDS can live there, waiting, and you wouldn't know. Maybe the woman herself doesn't know because it just sticks. She really needs a blood test to know for sure". Another young man offered the view that nowadays men are more afraid to touch a woman "down there", because HIV or AIDS can "stick to your fingers and then pass into your blood if you have a scratch or open sore."

The menstrual paradox

Previous writers on the Zulu such as Krige (1974), Bryant (1970) and Berglund (1976) have noted that disease is usually defined by its somatic symptoms. This is still largely the case. With no symptoms, there is often believed to be no disease. With the recent disease of AIDS, popular media and professional medical discourse on the subject emphasize the long a-symptomatic period of HIV infection. While such a relatively new and different way of knowing illness may contribute to uncertainty over approaches to treatment, there are physiological processes associated with women, namely menstruation, that is viewed as a means through which 'unseen' or a-symptomatic 'dirt' may be flushed out of the body.

Menstruation is conceived as a kind of built-in cleansing system. Menstrual blood is considered 'dirty' because it is believed to be blood that consists of many different kinds of 'dirt' that may have accumulated in any region or organ in the body. This 'dirt' then 'mixes with the blood' before 'pooling' in the womb and then exiting through the vagina during menstruation. From an ethnomedical perspective, menstruation is representative of a process by which the female body automatically and regularly cleanses itself. Here we see the metaphor of 'dirt' accruing meaning as both a cognitive tool and a communicative presentation, a process that resonates with Fernandez's (1986) description of metaphor's production as a dual meaning-making process. Menstrual blood and

women's menstruation are 'polluting' not only in a ritual and symbolic sense, but as they are associated with the coagulation and conveyance of 'dirt' from other parts of the body, menstruation in a real 'lived' sense is inherently unclean. As menstrual blood passes through the vagina, it is believed that some of the infused bodily 'dirt' will 'stick' to the walls of the vagina, and form part of the 'wetness' conceived as 'dirty' and associated with adult vaginas and disease. As with any 'dirt' that can be expelled or 'cleansed' from the body during menstruation, local discourse on the HI virus indicates that it too is believed capable of expulsion during menstruation. However menstruation is not believed to be capable of cleansing all the 'dirt' associated with AIDS that may be hiding in the woman. One young woman put it this way: "When a woman bleeds, the dirt all comes out down there. But with AIDS, most of it stays in your blood because it is very strong. But of course the rest that comes out, well I think most of that just sticks inside. You really only know with a blood test".

As previously noted, many informants think that 'dirt' in the blood can be expelled through menstruation, but menstruation alone is not believed to be completely effective as a way to rid the body of 'dirt'-inducing illness. This especially holds true for the 'dirt' associated with HIV infection, a type of 'dirt' construed as exceptionally potent and stubborn.

While most all popular and academic writing on menstruation tends to highlight the negative sociocultural meanings attached to the process, there are nonetheless positive associations, not the least of which is with fertility. In the case of the Zulu, the Xhosa (see Jewkes and Wood 1999), and probably amongst other ethnic groups in Southern Africa, menstruation has a positive dimension as a kind of innate health-promoting process or, ethnomedically speaking, a natural mechanism to regularly 'cleanse' the body of 'dirt' associated with illness. A popular way to describe a woman who is menstruating is to say that 'she is cleansing this week'. The cultural prescription that a man should avoid intercourse during menstruation because it will 'weaken' him, has meaning well

beyond the realm of spiritual misfortune associated with ritual pollution. In a very real 'lived' sense, it makes good ethnomedical sense for a man to avoid intercourse with a woman who is 'cleansing' in order to avoid being 'infected' by any manner of bodily 'dirt' that may have mixed with her blood and is being expelled through menstruation. The cyclical nature and regularity of menstruation also has meaning as physical proof that the accumulation of bodily 'dirt' is a natural property and process of women. With the continual functioning of what might be described as an automatic cleansing system, the physical manifestation is there of a woman's propensity for accumulating and harbouring 'dirt'. Accordingly, one would have to assume that nature has provided women with the natural ability to expel 'dirt' through menstruation because they need such an ability. Thus an adult menstruating woman is conceptualised as 'dirty', not only in a ritual or metaphorical sense, but her 'dirtiness' has meaning in a very real physical sense. As Kirmayer (1992) argued, it is because of their embodied nature that metaphors create meaning, not only through representation but through actual enactment and presentation. Menstruation provides the presentation of the 'dirt' metaphor associated with women. It also creates a set of meanings attached to the notion of womanhood and I would suggest it provides a very basic justification for gender inequality. Yet it is this same processual 'dirtiness' that is simultaneously proof of her very real power; her fertility, the ability to reproduce new members of society. This would support Douglas' (1966) theory that both positive and negative valences are reflected in the particular substances that a culture selects and codifies as 'dirt'.

Vaginal Anomalies

Beyond associations with menstruation, 'dirty woman' imagery is echoed in descriptions of physiological differences between male and female sexual organs. A woman's vagina is 'inside' and 'open at top' while a man's penis is 'outside' with only a smallish opening often described as a 'tube' leading into the body. While men are said to be capable of expelling bodily 'dirt' through their semen,

their particular reproductive anatomy is generally not associated with 'dirt' that 'hides away', 'sticking', 'waiting' or 'sitting quietly like a baby inside' as one male informant described 'dirt' in the womb that causes STD symptoms. Descriptions of female reproductive anatomy are descriptions of a wet disease-lined vagina that opens into a dark nest-like womb, a womb discursively represented as attached to or part of the stomach and interconnected in a complex way with other internal organs that convey blood and 'dirt' between them. A man who has sexual intercourse with a woman who is 'cleansing' (the same term used to describe menstruation) is said to run the risk of having his own blood contaminated with his partner's 'dirt'. As discussed, while some of a woman's bodily 'dirt' will be expelled along with the menstrual flow, some of it can be expected to 'stick' to the walls of the vagina. If one of the impurities or kinds of 'dirt' found in a woman's blood or sticking to vaginal walls happens to be the kind responsible for the 'new' disease of AIDS, then that is what informants say will be conveyed to her sexual partner. Some young women believe that toothpaste used to clean the vagina internally after menstruation can help to 'kill' some of the lingering 'dirt'. But as HIV infection is believed to be especially strong, it is said to be resistant to home remedies such as toothpaste, *Flagyl* or antibiotics used to treat STDs. One 16-year-old girl said that most infections 'down there' could be cured by douching with salt water, bleach or Dettol (a topical antiseptic) or by applying toothpaste regularly on the sores (if nothing else is available) for two to three days. Like many young women, this girl believed that HIV was 'too strong' to respond to the use of toothpaste or 'any white creams' alone. Most informants concurred that HIV required additional treatment with traditional medicines that were black in colour, 'stings' when applied to sores, or bitter to the taste. Ngubane (1977) provides a detailed analysis of the significance of colour and indigenous medicinal preparations. Medicines of a blackish colour are believed to be especially potent for 'taking out evil' and counteracting illness associated with witchcraft activity.

It is a commonly held view that HIV along with a host of other diseases can be transmitted through sex with a menstruating woman. As discussed 'dirt' from any disease with which a woman may be infected, is likely to be lingering in the vagina when not menstruating. One woman said that if a man really wanted to avoid HIV or any other infection, one of the surest ways to do this was to wear a condom at all times when sexually involved with a woman. "Germs are always there. It's where they come out. A woman knows she must clean down there often." Green (1994) found similar ethnomedical beliefs regarding the sexual transmittability of a wide variety of illness conditions in other Southern Africa ethnic groups in both Swaziland and Mozambique. Some of those same diseases identified by informants in KwaZulu-Natal included tuberculosis, conjunctivitis, urinary complaints, biliousness, and skin rashes. "If she is sick with these diseases then a man can get them if he sleeps with her." Such was the claim of one young man who pointed out that because 'dirt' can 'stick' to wet vaginal walls, a man may get an infection even when a woman is not menstruating. Like many others, this young man referred to HIV as an example of a particularly 'stubborn' infection and for this reason it was believed to 'hide away', 'waiting quietly' inside the vagina between menstrual periods. He stated: "The HIV is always there. It doesn't leave the body easily."

Dry and tight, wet and loose

The presence of vaginal moisture or fluids, along with the width and muscle tone of the vaginal canal, is used as indices of moral character and sexual experience. Associations of 'wet' and 'loose' vaginas are mirrored in local discourses on morally 'loose' women. It is women's promiscuity that is widely held to be at the root of the current AIDS epidemic (Leclerc-Madlala, 1999). The 'loose' woman, metaphorically represented in the image of the 'loose' vagina, is the one held responsible for the scourge of AIDS. The growing popularity of virginity testing

in KwaZulu-Natal can be understood as an attempt to reassert control over women's sexuality at a time when it is perceived to be 'out of control' and wreaking havoc in the form of increasing disease and death (Leclerc-Madlala, 2001). Based on a set of physical attributes including vaginal characteristics, virginity testers make judgements sexual experience. Virginity is believed to be attested to by having a 'tight' and 'dry' vagina. A non-virgin is said to be recognisable on the basis of having a 'wide' and 'wet' vagina.

Young women acknowledge the importance of being 'dry and tight' in order to pass virginity tests and be declared virgins. Being 'dry and tight' is also important when sleeping with a man, especially when doing so for the first time. This was considered necessary in order for a man to believe that a woman was 'like a girl' not 'someone with many boyfriends', and therefore 'clean'. The ability to give the illusion of virginity by having a 'tight and dry' vagina was considered part of a woman's secret knowledge and sexual repertoire. Women are familiar with a variety of methods and substances that are said to 'dry' and 'clean' the vagina and hence make sex more attractive and acceptable to men. In a study of commercial sex-workers, Abdool-Karim et al (1995) noted the use of a douche made with Jik (bleach), Dettol or Savlon (topical antiseptics) as forms of contraceptives. Women in Mariannhill say that these substances not only 'kill sperm' and 'germs' but are useful for causing the vagina to 'tighten up'. Women say they 'feel fresh', clean and sexually attractive after such a douche. Other substances identified as useful for drying and tightening the vagina include snuff, bicarbonate of soda, talcum powder, ice-cubes, or plain salt. A most popular substance seems to be coarse salt (the brand name 'LION' is often referred to) which is put into the vagina up to two hours before intercourse.

Women claimed that a dry vagina was more pleasurable for men, causing them to ejaculate more quickly, and assisting those with a small penis or one which was 'too soft to do the work'. Beyond the meanings associated with pleasure

there are meanings that accrue psychological value to dry and 'clean' vaginas. The metaphor of dry-clean-virgin has significance as both a cognitive construction and an enacted experience. A dry vagina negates the fears conjured up by associations of female wetness with 'dirt' related to illnesses of all kinds that may have descended from other parts of the body. One woman who defended the use of LION salt and talcum powder as drying agents stated simply that the vagina contains dirt that has to be removed from the body. She added that men prefer a woman who is 'tight', and 'dry' because they (the men) 'think she is clean'. The use of similar substances to dry and tighten the vagina have been widely reported from other African countries (see Arnfred, 1989; Runganga et al, 1992; Brown et al, 1993; and Green, 1994), but remain inadequately studied in terms of their contribution to the epidemiology of HIV and other sexually transmitted diseases.

The therapeutic power of virgins

In her ethnographic study of medical notions among the Zulu, Ngubane (1977) made the point that compared to other bodily emissions, female sexual fluids were a class apart. That author attributed the unique status of these fluids to the fact that they represented a woman's power in the form of reproduction. It is within this context of patriarchally structured and dominated Zulu society that the dank-and-disease model of female sexual anatomy must be considered. Douglas (1966) argued that polluting substances (read vaginal fluids) symbolise threatening forces that pose a danger to the very symbolic order that produce them. The vagina is the primary site of male pleasure as well as being the site or passage of birth. It is a potent symbol of a woman's sexual and reproductive power, both acknowledged as necessary ingredients for life. Patriarchal fears of female power all coalesce in the symbolism of the vagina; the dark, wet, mysterious passage fraught with hazards in the form of 'dirt' and filled with delights in the form of sexual pleasures and the issuing forth of new members of society. I would suggest that strong negative associations of the vagina and its

fluids can be understood as essentially an expression of culturally-defined fears and insecurities vis-à-vis a woman's inherent power, a power at variance with her social inequality and general lack of power in society.

The process of managing an illness that is etiologically related to sex with a 'dirty' woman could be expected to follow the logic of ethnopathological processes for cleansing bodily 'dirt'. In addition it could be expected to draw upon the symbolic meanings attached to adult women and their disease-related vaginal 'wetness'. The belief that sexual intercourse with a virgin can 'cure' a man of HIV/AIDS is embedded in metaphoric associations of sexually active women with 'wet/dirty' vaginas. According to the virgin cleansing myth, a man can 'cleanse' his blood of HIV/AIDS through intercourse with a virgin, but the girl herself would not be infected in the process. The broad category of prevention-treatment-cure is encompassed in virgin cleansing therapy, whereby sexual intercourse with a virgin is also thought to provide a type of vaccination against the threat of future HIV infection. Thus virgin cleansing is believed to have both a therapeutic and a prophylactic effect. In interviews with several traditional healers, virgin cleansing or sexual intercourse with a virgin, was said to be a way in which a man thought he could obtain a measure of 'strength' against HIV infection. It was unclear whether this meant that additional 'cleansing' was needed periodically in order to maintain the strength of the inoculation. Although these particular healers said they were opposed to this practice and rejected claims of its efficacy, they all professed to have first-hand knowledge of other healers who did actually recommend virgin cleansing as a way of treating AIDS.

Amongst this group of healers there was no consensus as to what qualities associated with virginity were believed to give the girl a special 'immunity' against acquiring HIV infection from the infected male sexual partner.

Basically there were two competing arguments used to explain this process. Some informants said a virgin avoided infection by nature of being 'closed up there'. The vaginal passage into the body is seen as being 'sealed off' by the intact hymen. The intact hymen was viewed as a barrier that prevented the HIV from getting into and settling in the girls' womb and thus into her 'blood'. This belief is somewhat akin to beliefs found in West Africa whereby certain sexually transmitted diseases are thought to be transmitted in the form of a worm entering through a man's urethra after sex with an infected woman (Green 1994, p.88). The worm is said to be killed when it comes up forcibly against an intact hymen. An alternative view offered by informants to explain why a virgin girl is believed to have a special immunity against HIV infection (and other afflictions believed to be sexually transmitted), had to do with her 'dry' vaginal tract. The vagina of a pre-pubescent girl is not associated with the vaginal lubrications of the adult woman. Her vaginal tract, yet undeveloped, is conceptualised as 'clean', 'dry', 'uncontaminated'. Being a dry surface, it is believed that 'dirt' cannot easily attach itself. One informant used the analogy of taste: "You can only taste something on your tongue because it's wet, the taste can stick there. You can't taste things on your hand. It's dry". Another referred to the case of nurses in a rural Zululand hospital who were reported several years ago to have shown their displeasure over working conditions by throwing vials of HIV-infected blood around hospital wards. "You see, patients there could get that infection if it touched their eyes or lips or bleeding wounds. Not if it fell on dry skin. It can only stick on those wet places". Moist anatomical surfaces in general seem to be associated with disease as places where 'germs' or 'dirt' can stick. I would suggest that the qualities of 'dryness' and the linked metaphor of being 'clean' are the essential characteristics associated with the efficacy of treating AIDS through sexual intercourse with a virgin.

Sympathetic magic

The frame for the underlying logic that links ethnomedical beliefs to the idea of virgin cleansing as a therapeutic approach to AIDS may be found in the homeopathic principle which previous writers on Zulu ethnomedicine such as Callaway (1884), Schimlek (1950), Bryant (1970) and Berglund (1976) have all described as a fundamental central tenet; namely sympathetic magic. Sympathetic magic draws upon ethnopathological notions of homeopathy whereby 'like produces like'. Medical conditions are believed treatable by substances that are symbolically associated with the conditions. For example, a bald man will be treated with herbs from gardens with a profuse growth; cowardice is treatable by consuming pieces of a lion's heart; talkative aggressive women may be treated for this 'illness' with parts from a timid sheep, etc. These are just a few examples of some ethno-therapeutic processes that involve the manipulation of symbols as well as material substances, and that may be relevant to an understanding of virgin cleansing as a response to HIV/AIDS.

Like things and similar actions, as well as similar sounds and colors are thought to produce similar effect. Berglund (1976, p.354) referred to these notions as 'sympathetic associations'. Along with sympathetic associations used in medical treatments are related 'antagonistic' properties. Here things associated with each other are thought to act against each other, being antagonistic *because* they are similar. Conceptually, a virgin may be sufficiently similar to a non-virgin. The key difference is that her sexuality is perceived to be free of the dirty-wet-disease qualities associated with the sexuality of a non-virgin. Therefore sex with a 'clean' virgin may be thought to have an 'antagonistic' effect on a disease believed to have been caused by having sex with a 'dirty' non-virgin. Beliefs about the efficacy of virgin cleansing are doubtless closely linked to ideas that the potential 'sticking place' of the AIDS-related 'dirt', the vagina, is clean and dry, thus void of the disease-associated 'wetness' of the sexually active woman. The metaphor is embodied in (and potentially enacted

through) the idea that if a dirty-wet adult woman can give a man AIDS, then a clean-dry girl can take it away (5).

Further research is needed to discern the historical specificities that have conspired to bring the ideology of sex-with-a-virgin-as-cure-for-AIDS to the fore in contemporary South Africa. While the virgin cleansing myth may have gained popularity in the local context of the AIDS epidemic, there are some interesting parallels with techniques formerly used in other places for similar reasons. For example virgin cleansing was once believed to be a way to cure venereal diseases in Europe. Smith (1979) tells us that English men of the last century believed that intercourse with a child virgin would cure VD. Quack doctors apparently kept special brothels in Liverpool, since 1827 at least, to provide this cure. The girls used were often imbeciles. Smith describes a court case in 1884 whereby a man with 'bad syphilis ulcers' raped a girl of fourteen years. His defence was that he had not intended to harm her, but only to cure himself (Smith, 1979 p.303). Such ways of dealing with sexually transmitted diseases in Europe during the last century have intriguing and very disturbing similarities with ways of dealing with AIDS in parts of Africa today.

Conclusion

In a study of tuberculosis in Ethiopia, Vecchiato (1997) makes the point that health beliefs are embedded in systems of ethnomedical knowledge that have their own internal logic. They are part of a cultural model invoked to make meaningful the experience of illness. Understanding this, we have yet to fully appreciate the importance of cultural schemas in relation to health seeking behaviours, particularly as they relate to our efforts to understand responses to HIV and AIDS in Africa. In this paper I have attempted to bring into relief some ethnomedical beliefs of Zulu-speaking people relating to bodily dirt, women and HIV/AIDS that may be relevant to an understanding of the virgin cleansing myth. Focussing on this body of indigenous medical-related knowledge, does not in any

way deny the complex systematic nature of peoples' health-illness belief systems and the relationship of these to illness management or other forms of behaviour. In a rapidly modernising and multicultural society such as South Africa, medical pluralism has long characterised the context of decision making around health and therapeutic choice. A range of complex and often internally contradictory views related to health and illness are held and reflected in peoples' daily responses to illness. People pick and choose among alternative actions through a process based on the use of all available knowledge. Some actions may have more of a basis in ethnomedical belief systems, while others may have more of a basis in western biomedicine or some other system. In addition to acknowledging the existence of competing belief systems, it is vital that we locate our understanding within the framework of culture and the contemporary social context. A cognitive explanation of illness behaviour is simply not enough. The cognitive components, what we label as beliefs and knowledge, are elements to which economic, material, social, and political factors must be joined for a full-scale understanding of behavioural patterns. As Pelto and Pelto (1997) point out, weighting and negotiating these factors is a big part of the culturally shaped decision making process of illness management.

Theories and models used to develop HIV and AIDS communication in South Africa as elsewhere in the world have been largely based upon social psychological models that emphasise individual choice. As Triandis (1994) argued the corpus of social psychology is based on the behaviours of people in Western cultures, and may have severe limitations when applied in contexts for which they were not designed (Yoder, 1997). After two decades of battle with the AIDS pandemic, there is now serious questions raised regarding the relevance of some of the most commonly used theories/models that guide communication strategies and policies to prevent HIV/AIDS particularly in Africa, Asia and Latin America (see for example Airhihenbuwa, 1995). The 'flaw' in these strategies has been largely attributed to their failure to understand

differences in health behaviours as primarily a function of culture and social context. At best, 'belief' has come to be used as a proxy for culture, such that beliefs and knowledge of illness becomes the focus of 'culturally appropriate' messages and interventions. More commonly 'belief' is contrasted with 'knowledge' such that 'belief' is used to connote ideas that are erroneous from the perspective of biomedicine and that constitute obstacles to appropriate behaviour (Pelto and Pelto 1997, p.148). The coupling of 'culture, and 'belief'; then acquires a negative biomedical appropriation and becomes a metaphor for 'barrier'. Thus, the task in AIDS prevention in many non-western contexts, is conceptualised as a task in removing 'cultural barriers' and essentially exercises in behavioural modification, an enterprise that as Clatts (1994) contends, has more to do with social control than the prevention of disease.

Recent interest in the virgin cleansing myth in South Africa has resulted in several attempts to quantify the existence of this 'belief', a belief understood as a cultural barrier, and most often described as a mistaken belief resulting from ignorance or lack of education. A recent study of attitudes among workers at a Daimler Chrysler factory revealed that 18% of the workforce believed in the virgin cleansing myth. In another study by health educators in Gauteng province, 32% of interviewees indicated a belief in this myth (Plusnews, 2002). A nationwide survey involving over 9000 young people found that an estimated 13% of participants believed that virgin cleansing could prevent AIDS (Anderson, 2002).

While such findings are of interest as 'proof' of the existence of this myth, and may be useful in discussions about specific views of the world, they reveal little. Research that attempts to expose and attach a percentage to a singular AIDS related 'belief' is of relatively little value when trying to develop interventions that factor in culture as a pivotal organizing theme. At issue is the relationship between verbal statements about the world and daily practice. What is needed

is a model that links belief and knowledge to behaviour that is sensitive to cultural schemas and the world of daily social interactions driven by material, economic, political, or other concerns. Assessing behavioural change models used in AIDS prevention in Africa, Airhihenbuwa and Obregon (2000) strongly argue in favour of a much deeper appreciation and understanding of the centrality of cultural contexts, rather than simply an identification of individual beliefs.

With new challenges such as a false security currently being generated by the media-hyped prospect of mass-scale, anti-AIDS treatments and hope for a vaccine in the local effort to control HIV/AIDS, it becomes even more critical that we pay attention to contextual factors that may or may not inform peoples' responses to the epidemic. Virgin cleansing as a therapeutic option against AIDS to some extent, may have acquired popular currency due to the fact that modern biomedical treatments have not been readily available to the mass of people infected and affected by HIV/AIDS. It remains to be seen whether the perceived scourge of baby-rape and rape more generally, along with the belief in virgin cleansing, recedes with the introduction of affordable and accessible anti-retroviral treatment. Given the current lack of alternative treatments, coupled with the fact that an extremely small proportion of rape cases ever get to court and most are those convicted are given suspended sentences (see Jewkes and Abrahams, 2000), it is probably the case that some men feel they have very little to lose by attempting to cleanse themselves of AIDS through sex with a virgin, irregardless of whether or not they believe in the myth.

NOTES

1. Statistics from this study were reported in the UNAIDS collaborative on line news service PLUSNEWS (April 24, 2002) in an article entitled "South

Africa: Focus on the virgin myth and HIV/AIDS". While the South African Police provides regular up-dates on rape statistics, there is much debate about the accuracies of these statistics, as it is widely assumed that this crime is much under-reported. While some researchers claim that one rape is committed every 24 seconds in South Africa, others suggests that it is closer to one every 5 minutes at least in the prime 17-48 year age group (see Jewkes and Abrahams, 2000).

2. Opposing views on the incidence of and causal factors in child rape in South Africa featured in several on-line health news forums in early 2002. AF-AIDS (May 9 2002) carried an article entitled "The virgin myth and child rape in South Africa" analysing the response by R. Jewkes to Commentary in the Lancet by G. Pitcher and D. Bowley (vol. 359, p.9303, Jan. 26 2002).
3. Personal communication with paediatricians at 3 provincial hospitals in Kwa-Zulu Natal and social workers at Childline, an organisation dedicated to the fight against child abuse more generally, reveals a high level of disbelief that a recent sharp rise in child rape is not reflected in government-sponsored studies. From their experiences, they believe there has been marked increases over the past 2 to 3 years, or from 1999 onwards. It is may be significant that this time period coincides with the maturation of the latent HIV epidemic into an visible epidemic of AIDS-related illness and a marked rise in death.
4. These comments were made by Minister of Education Kader Asmal at the close of Parliament's public hearing on child abuse and baby rape held in the week of 17 March 2002.
5. It is significant that the virgin cleansing myth is also believed to be a

motivating factor in the rape of elderly women. Like the virgin girl, the post-menopausal woman is one whose sexuality is no longer associated with the 'contaminating' sexual fluids of menstruation and vaginal 'wetness'. Perhaps an elderly woman shares a conceptual virgin status with the non-sexually active girls, and therefore intercourse with her could be expected to have the same 'antagonistic' effect on HIV infection.

References

Abdool-Karim, Q., Abdool-Karim, S., Soldan, K. and Zondi, M. (1995) Reducing the Risk of HIV Infection Among South African Sex-workers: Socioeconomic and Gender Barriers, *American Journal of Public Health* 85 (11), pp. 1511-1525.

Airhihenbuwa, C. (1995) *Health and Culture: Beyond the Western Paradigm*. Thousand Oaks, Sage Press.

Airhihenbuwa, C. and Obregon, R. (2000) A Critical Assessment of Theories/Models Used in Health Communication for HIV/AIDS. *Journal of Health Communication* 5, pp.5-16.

Anderson, N. (2002) Pilot Survey of Youth Attitudes on Sexual Violence. *Preliminary Report*. Johannesburg, Community Information, Empowerment and Transparency/Africa.

Arnfred, S. (1989) *Initiation Rites in Mozambique. New Science Monographs*. Copenhagen, University of Copenhagen Press.

Berglund, A. (1976) *Zulu Thought-Patterns and Symbolism*. London, Hurst and

Co.

Brown, J. Ayowa, O. and Brown, R. (1993) Dry and Tight: Sexual Practices and Potential AIDS Risk in Zaire. *Social Science and Medicine* 37 (8), pp. 989-994.

Bryant, A. (1949) *The Zulu People*. Pietermaritzburg, Shuter and Shooter.

_____ (1970) *Zulu Medicine and Medicine Men*. Cape Town, C. Struik Publishers.

Callaway, H. (1884) *The Religious System of the AmaZulu*. Durban, Publication of the Natal Folk-Lore Society (XV).

Clatts, M. (1994) All the King's Horses and All the King's Men: Some Personal Reflections on Ten Years of AIDS Ethnography. *Human Organization* 53, pp. 93-95.

Douglas, M. (1966) *Purity and Danger*. London, Routledge and Kegan Paul.

Fernandez, J. (1986) *Persuasions and Performances: The Play of Tropes in Culture*. Bloomington, Indiana University Press.

Green, E. (1994) *AIDS and STDs in Africa*. Pietermaritzburg, University of Natal Press.

Hammond-Tooke, W.D. (1970) Urbanisation and the Interpretation of Misfortune A Qualitative Analysis. *Africa* 40, pp. 25-38.

_____ 1981 *Boundaries and Beliefs: The Structure of a Sotho World*

View. Johannesburg, Witwatersrand University Press.

Haram, L. (1997) *In Sexual Life Women are Hunters: AIDS and Women who Drain Men's Bodies – The Case of the Meru of Tanzania*. Paper presented at Health in Transition: Opportunities and Challenges Conference, Arusha, Tanzania.

Ingstadt, B. (1990) The Cultural Construction of AIDS and Its Consequences for Prevention in Botswana. *Medical Anthropology Quarterly* 4, pp. 28-40.

Jewkes, R. and Wood, K. (1999) Problematizing Pollution: Dirty Wombs, Ritual Pollution and Pathological Processes. *Medical Anthropology* 18, pp. 163-186.

Jewkes, R. and Abrahams, N. (2000) *Violence Against Women in South Africa: Rape and Sexual Co-ercion*. Review Study for the Crime Prevention Research Resources Centre. Johannesburg, Medical Research Council.

Kirmayer, L. (1992) The Body's Insistence on Meaning: Metaphor as Presentation and Representation in Illness Experience. *Medical Anthropology Quarterly* 6, pp. 323-346.

Krige, E. (1944) The Magical Thought – The Pattern of the Bantu in Relation To Health Services. *Africa* 6, pp. 59-89.

_____ (1974) *The Social System of the Zulus*. Pietermaritzburg, Shuter and Shooter (First published 1936).

Leclerc-Madlala, S. (1994) *Zulu Health, Cultural Meanings and the Reinterpretation of Western Pharmaceuticals*. Paper presented at the Annual

Conference of Anthropological Association of Southern Africa. Durban, University of Natal.

_____ (1996) Crime in an Epidemic: The Case of Rape and AIDS. *Acta Criminologica* 9(2), pp. 31-38.

_____ (1999) *Demonising Women in the Era of AIDS: An Analysis of the Sociocultural Construction of HIV/AIDS in KwaZulu-Natal*. Unpublished PhD Dissertation. Durban, Department of Anthropology, University of Natal.

_____ (2001) Virginité Testing: Managing Sexuality in a Maturing HIV/AIDS Epidemic. *Medical Anthropology Quarterly* 15(4), pp.533-552.

Michaels, K. (2000) The Virgin Myth and Child Rape in South Africa. *AF-AIDS News*, May 9. (af-aids@healthdev.net).

Ngubane. H. (1977) *Body and Mind in Zulu Medicine*. London: Academic Press.

Pelto, P. and Pelto, G. (1997) Studying Knowledge, Culture and Behaviour in Applied Medical Anthropology. *Medical Anthropology Quarterly* 11 (2), pp. 147-163.

Pitcher, G. and Bowley, D. (2002) Infant Rape in South Africa (Commentary). *The Lancet* 359, pp. 9303.

PLUSNEWS Agency (2002) South Africa: Focus on the Virgin Myth. *AF-AIDS News*, April 25. af-aids@lists.healthdev.net.

Runganga, A., Pitts, M. and McMaster, J. (1992) The Use of Herbal and Other Agents to Enhance Sexual Experience. *Social Science and Medicine* 35 (8), pp. 460 – 485.

Schimlek, F. (1950) *Medicine Versus Witchcraft*. Mariannhill, South Africa, Mariannhill Mission Press.

Smith, B. (1979) *The People's Health 1830-1910*. New York: Holmes and Meier Publishers.

Sontag, S. (1978) *Illness as Metaphor*. London, Penguin.

South African Department of Health (2001) *Annual Survey of HIV/AIDS Among Antenatal Clinic Attendees for the Year 2001*. Pretoria, Government Printing Press.

Triandis, H. (1993) AIDS in Sub-Saharan Africa: The Epidemiology of Heterosexual Transmission and the Prospects for Prevention. *Epidemiology* 41(1), pp. 63-72.

Udvardy, M. (1995) The Lifecourse of Property and Personhood: Provisional Women and Enduring Men Among the Giriama of Kenya. *Research in Economic Anthropology* 16, pp. 325-348.

Van As, A., Withers, M., du Toit, N, Millar, A., and Rode, H. (2001) Child Rape: Patterns of Injury, Management and Outcome. *South African Medical Journal* 91, pp. 1035-1038.

Vecchiato, N. (1997) Sociocultural Aspects of Tuberculosis Control in Ethiopia. *Medical Anthropology Quarterly* 11(2), pp. 183-201.

Yoder, S. (1997) Negotiating Relevance: Belief, Knowledge and Practice in International Health Projects. *Medical Anthropology Quarterly* 11 (2), pp.

131-146.