Gender Representation in the HIV/AIDS Discourse in Public and Cultural and Traditional Spaces in Eswatini in Historical Perspective

Hlengiwe Portia Dlamini (PhD)
University of Eswatini
hlingoline@gmail.com

Abstract

This paper seeks to explore the gendered representation of HIV/AIDS constructed in public and cultural and traditional spaces in Eswatini from the 1980s and the 2000s. In this paper public spaces refers to the media and Government/NGO spheres of operation in containing HIV/AIDS. The cultural and traditional spaces refer to spheres dominated by cultural method of containing the spread of HIV/AIDS. It was revealed that the focus of the HIV/AIDS sensitisation campaigns generally projected women as the main vector of the HIV/AIDS pandemic in official public and traditional spaces which was a slanted representation of reality. This paper argues that the representation of women as the main clients of HIV/AIDS in both public and cultural and traditional spaces obfuscate the formulation of concrete and effective HIV/AIDS containment policy. The methodology for writing this paper includes the use of primary documentary sources, interviews, Focus Group Discussions and participant observation.

Keywords: *Gender, HIV/AIDS, Public Spaces, Cultural and Traditional Spaces*

Introduction

HIV (human immunodeficiency virus) is a virus that attacks the body's immune system. If HIV is not treated, it can lead to AIDS (acquired immunodeficiency syndrome). According to medical experts, there is currently no effective cure implying that once people get HIV, they live with it for life. HIV/AIDS was first reported in Eswatini in 1986 by the Ministry of Health.[1] This article focuses on the feminisation of the image and discourse on HIV/Aids in Eswatini in 1986.

HIV Statistics in 2015 pointed to the tiny kingdom of Eswatini of having the highest HIV/AIDS[2] prevalence rate in the world. Estimated at 27.7% among those aged 15-49 years, this alarming percentage was further dramatised by

the feminised nature of the epidemic with women disproportionately bearing the heaviest burden. More than twice as many adolescent girls and young women (15-24 years) were living with HIV compared to their male compatriots.[3] At least one in every three women and one in every seven men aged 20 -24 years was living with HIV respectively. New HIV infections remained significantly high with 50% of the estimated 9, 600 new infections in 2014 occurring among young women.[4] Incidence rates for young women were alarmingly and dangerously high between 3.8% among the 18–19-year-olds, to a high of 4.2% among those aged 20 -24 years.[5]

Recent research pointed to the fact that the high HIV prevalence among Adolescent Girls and Young Women (AGYW) was invigorated by early sexual debut with 6.9% and 4.8% of women and men aged 15-24 respectively reporting having had sex by the age of 15. Other factors favouring the feminisation of HIV included: intergenerational sex, with 14% of young women reporting having had sex with men 10 years or more older than them, gender inequality and gender-based violence characterised by constrained ability of women and adolescent girls to make decisions on their sexuality and reproductive health; sex work, with 70% prevalence among self-reporting female sex workers aged 15-49 years; and persisting HIV stigma and discrimination.[6]

The popular discourse surrounding HIV and AIDS in the media has been one focused on young women generally presented as the carriers and, sometimes, the perceived victims of the disease. This feminisation of the pandemic has been critical in shaping our understanding and misunderstanding of the pandemic. In the epidemiological discourse on the prevalence of HIV/AIDS in Eswatini, the binary approach of males being less carriers than females was not simply bigotry but it limited our understanding of the pandemic.

There is no doubt about the fact that girls were more infected than boys. The overall statistics of HIV/AIDS infection in Eswatini pointed to more female victims than male victims. Perhaps these statistics helped to fuel the public belief that every Eswatini female was a potential

carrier of the virus. Eswatini males tended to treat their females as if they were furnaces or industries for the production of the HIV/AIDS virus. [7]A billboard at the entrance of the capital city of Mbabane carried an HIV/AIDS sensitisation campaign with the image of a lady at the centre as if women represent the pandemic. A 2007 poster depicts women as carries of the virus. See poster below:

Plate 1: Swazi HIV Awareness Poster Series (2007)

Source: *http://pediatrician-in-swaziland.blogspot.com/2007/07/*
(Accessed 24 August 2023)

Plate 2: Anti-AIDS Campaign Poster carries the image of women

Source: *https://www.thenewhumanitarian.org/news/2005/10/12/new-anti-aids-campaign-targets-young-people (accessed 24 August 2023)*

Males occasionally 'bad-mouth' females with impunity especially in the countryside when they come across beautifully clad ladies as a possible HIV/AIDS carrier.[8] This attitude is an indication of the extent to which the pandemic has been generally effeminised and constructed on the masculine dominated of public spaces and discourses.

Theoretical Framework

In this study an intersectional public health lens is used.[9] This lens embraces rather than obscure the heterogeneity of people's lived experiences, multiple identities and sites, gender, power and interlocking structural inequality. Intersectionality is mobilised as a convenient theoretical tool to interrogate and intervene in the social plane on which women of different ages and backgrounds are perceived as the main carriers of HIV/AIDS. This perception of women is constructed on multiple sites of intersectional production both on their own terms and in relation to one another

The construction of the perception of women as the principal HIV/AIDS carriers as opposed to men is not simply a singular process or a binary relation between the sexes, but is better understood as constituted by multiple, converging, or interwoven factors and actors. women, like men, do not constitute a homogeneous social category but are diversified in terms of different age categories and sexual behaviour and their different occupations.

Intersectionality provides an appropriate theoretical frame that highlights Eswatini women and men in the HIV/AIDS pandemic differentiated in terms of age, profession and class. For instance, in 2017 the HIV epidemic in Eswatini reflected wide sex disparities in age categories in male-female adults and male-female youths. Female adult HIV prevalence was 35%, whereas male prevalence was 19%. Incidence in young women was nearly twice as high as in young men.[10]Thus, within the male and female category, age differentials revealed

different incidental levels of HIV/AIDS prevalence within the same gender. But a reading of the totality of HIV/AIDS prevalence on a binary gender basis revealed that females, as a social category, were more infected than males as another social category, the respective stratification of females and males notwithstanding. Intersectionality remains relevant because it facilitates social differentiation of each gender category to formulate targeted policy accordingly.

Statement of the Research Problem

Extant literature on the HIV/AIDS pandemic has inadvertently portrayed it as having a female face thereby giving the impression that women are the main vectors of the pandemic while men are its potential victims.[11]This literature engages in an engendered blame game and this is not useful in designing appropriate strategies in addressing the pandemic. Focusing principally on women and criminalising them cannot be a solution to the pandemic. This partisan literature is informed by the higher incidence of the prevalence of HIV/AIDS in women than in men shaped public perception of the pandemic as having a female face in Eswatini. That is why billboards in Mbabane intended to create HIV/AIDS awareness, carry the image of a woman tacitly suggesting that men should be watchful of women.

The shared responsibility of males and females in the spread of HIV/AIDS has not been adequately subjected to scholarly analysis so far. To take a non-partisan responsibility of the problem of the HIV/AIDS pandemic means assuming control of the various aspects of the pandemic, understanding the dynamics of transmission, putting in place measures to protect both males and females from infection, providing care to the inflicted and affected, and being creative towards providing realistic resources in alleviating the problem. This paper is a critique of the presentation of the female face of the HIV/AIDS pandemic in public and traditional spaces and its policy implications.

Aims, Objectives and Conceptualisation of Public and Traditional Spaces in Eswatini

This paper seeks to critically explore the gendered representation of HIV/AIDS in Eswatini that is constructed in the public and traditional spaces as a largely female problem. Public space[12] in this study refers to government and media spheres in which discourses on HIV/AIDS circulate in a bid to contain, control and manage the pandemic. Public space discourses shape people's perception of the other in terms of the prospects of infection and affection by the epidemic, and therefore establish categories of potential carriers and non-carriers. Traditional spaces are central in the Kingdom of Eswatini which prides itself as the most authentically traditional state in Africa with its *Tinkhundla* system of governance.[13] Traditional spaces refer to specific traditional avenues in Eswatini in which the issues of HIV/AIDS are addressed.

With the deteriorating state of the epidemic in Eswatini, the *Ngwenyema* (King or Lion) of Eswatini and the *Indlovokazi* (Queen Mother) reverted to Eswatini culture and tradition by invoking and inventing traditional media and rites to address the pandemic. These traditional spaces included Khulisa Umntfwana' project, the reed dance, *umcwasho* sex-abstinence campaign and the *'Lusekwane'* ceremony. The use of the expressions "Public space" and "cultural and traditional spaces" are simply working definitions for this study and do not represent water-tight compartments as they may sometimes crisscross.

This paper argues that the representation of HIV/AIDS in Eswatini is uncritically engendered along binary lines of 'they' and 'us. In other words, females and males are seen as two distinct categories that are differentially infected by HIV/AIDS. Apart from scientific statistics that point to the more female victims than male victims of HIV/AIDS, there is a strong discourse in Eswatini according to which females are the main vectors for the spread of HIV/AIDS.[14] This paper sets out to critically examine and analyse the engendered nature of the public and traditional discourses on HIV/AIDS in Eswatini. The analysis will also explore how this discourse shapes the perception of women as vectors of HIV/AIDS, on the one hand, and how it affects HIV prevention and control efforts on the other.

Literature Review

There is a plethora of scholarly works on HIV/AIDs in Africa. These studies examine HIV/AIDS from different perspectives including its economic impact, the epidemiology of HIV infection, key drivers of the continued high incidence, mortality rates and priorities for altering current epidemic trajectory in sub-Saharan Africa. Scholars also study strategies for the use of existing and increasingly limited resources in managing HIV/AIDS.[15]

There is a common tendency in scholarship on the HIV/AIDS pandemic in Eswatini to present a higher prevalence incidence in females as opposed to males. Researchers and scholars still have to grapple with the idea of HIV/AIDS pandemic as a mainstream human pandemic and not a disease of the female social category only. The issue of the handling and significance of the engendered representation of HIV/AIDS in public and traditional space in Eswatini has not yet been subjected to sufficient scholarly attention to facilitate proper policy formulation in addressing the problem. How have scholars grappled with the problem of the presentation of the uneven spread of HIV/AIDS among females and males in Eswatini?

In a cross-sectional population-based study of 1,255 adults in Botswana and 796 adults in Eswatini using a stratified two-stage probability design, Weiser, Leiter, Percy-de Korte *et al.* attributed the uneven spread of HIV/AIDS on food insufficiency and poverty.[16] Food insufficiency was reported by 32% of women and 22% of men in Eswatini over the previous 12 months.

Other authors including Tobias and Buseh, Glass, & McElmurry, attributed the engendered nature of HIV/AIDS in Eswatini to culture-specific issues.[17] They argue that cultural mores influence sexual behaviour. In this regard, culturally sanctioned gender-based power differentials exist with men having an upper hand over women in matters of sexuality. It was reported that most men resisted condom use and were in a position of have sex with multiple female partners because of unequal power relations. Moreover, limited resources were available to improve access to condoms for more men

while limited support systems were available for women. The few women who had access to female condoms were shun by men and labelled as prostitudes.[18]

Some authors attribute HIV/AIDS among women to the cultural practice of polygamy Eswatini is a polygamous society in Southern Africa and the prevalence of HIV/AIDS is continuing to proliferate at an alarming rate.[19] In 1992 the prevalence rate was 3.9%. However, by 2004, the prevalence rate had reached 42.6%. This exponential rise is also attributed to the traditional cultural practices and experiences that increase Eswatini women's vulnerability to HIV/AIDS. The authors classify oppressive Eswatini traditional cultural practices into four categories: (1) socialization and the roles of women, (2) the minority status of women, (3) the practice of a dowry, and (4) the practice of wife inheritance. Women's experiences in acquiring HIV include the Eswatini men's beliefs in the myth of virginity cure which led to random rape cases of the girlchild and young female adults and the Eswatini men who are migrant workers in neighbouring states.[20]

Some scholarly works relate the spread of HIV among females to feminised poverty.[21] These authors argue that the AIDS epidemic has an impact on countries that are hard hit economically and that some dimensions of being poor increase risk and vulnerability to HIV. Using an example of 20 countries which were poverty stricken, Mbirimtengerenji demonstrated that HIV is an important outcome of poverty, with sexual trade, migration, polygamy, and teenage marriages as its predictors in the Sub-Saharan region.[22] The main emphasis of these authors dealing with HIV and poverty is that poverty contributes to the spread of HIV. While this approach is important it does not critically consider the engendered representation of HIV/AIDS in public and traditional spaces.

Fielding-Miller *et al.* examine the issue of feminine ideal and transactional sex and link this to the risk factor of the spread of the pandemic.[23] Campbell *et al.* assert that the prevalence violence and HIV among women varies in the world but remain at an elevated rate.[24] Vetten and Bhana's 2001 work, like that of Campbell *et al* 2008, examine the

relationship between violence and HIV/AIDS among women.[25] Women are victims of this violence because of their relative powerlessness, which makes it difficult for them to negotiate safer sex practices. They are so intimidated by men that they cannot express their desire for condom use as a protective measure.

Zamberia examines matters concerning behavioural change and safer sex and how these are influenced by the individual's HIV-positive status and the prevailing social-structural forces in Eswatini.[26] In other studies, Zamberia further explored factors that hinder the adoption of protective sexual behaviour among HIV- positive partners.[27] He drew attention to two factors which include, the lack of adequate social support structures and the prevailing gender power imbalance that deny women control over their sexual lives. This study demonstrates how femininity and masculinity is the prism for the perception of HIV/AIDS in Eswatini. Although sociologists treat femininity and masculinity as acquired social identities[28] in the context of this paper it used differently.

Femininity and masculinity as gender identities are perceived from the biological differences between males and females.[29] We are therefore dealing with 'natural' femininity which encompasses, for example, being born a woman, and ''natural'' masculinity, which encompasses being born a male. But is HIV/AIDS an issue should be blamed on women? Literature on HIV/AIDS exist in Eswatini, does not sufficiently and critically address the issue of the biased representation of females in the HIV/AIDS discourse in public and private space. This study seeks to fill this gap in scholarship.

Methodology and Data Sources

The appropriate methodology for studying the gender representation of HIV/AIDS in official and customary spaces is essentially qualitative. This author relied on media reports and documents from the Ministry of Health and The National Emergency Response Council on HIV and AIDS in Eswatini.[30] Newspapers are an extremely important source for this study because they portray the changing public's gendered perception of HIV/AIDS

disease from a killer disease and death sentence to a manageable disease like any other disease.[31] NERCHA documents are invaluable to this study as they provide information on the statistical situation of HIV/AIDS between males and females and the governance of HIV/AIDS in Swaziland.

This author resorted to ethnography research method, a hallmark of anthropology. This involved directly living among reed dance maidens in seclusion at the royal residence during the reed dance season in 2016. My connoisseurship of the reed dance as a former reed dancer in 1999 placed me in a privileged position to evaluate the dance from an insider perspective. Fifteen Interviewees were purposefully selected ranging from 15 to 65 years who had been involved or were knowledgeable in reed dance traditions.

I used face-to-face, open-ended interviews and Focus Group Discussions (FGD) between the months of July and December 2016. Direct interviews were intended to allow for probing respondents answers on the changing uses and messages of the Eswatini Queen Mother and King, particularly with the emergence and speedy spread of the HIV pandemic in Eswatini. Two Focus Groups of 5-8 participants were constituted and this proved to be a faster way of collecting vital information on the reed dance and the *umcwasho* sex-abstinence campaign through lively discussions.

The Feminisation of HIV/AIDS in Public Space

How is the feminisation of HIV/AIDS represented in public space? By public space, we mean the media that is openly accessible to the public like newspapers, public or official documents, and narratives among females and males. The Ministry of Health stunned the nation with an announcement of the first case of an HIV infected person in Swaziland diagnosed in 1986.[32] The following year, the first AIDS case was reported by the Ministry of Health (Strategic Plan for Swaziland 2000-2005). The director of Health, Dr James Thuku described HIV as serious and incurable disease as it caused the body to fail to react to any infection. A Swazi newspaper headline read, 'Killer Sex –Moves Taken against Aids', appeared in May 1986.[33]

Not much was known about HIV/AIDS in the 1980s as the director of WHO pointed out.[34] But the government of Swaziland was quick to point out that two crucial issues about the disease: first it was a foreign disease and second, it was a disease that was harboured and spread by lose women.[35] For men to be saved and for the disease to be stopped from spreading, lose women had to be avoided. This meant that women in general and those of the lose category were perceived as the vectors of the disease.

In 1986 the Minister of Interior Sports Administration, Phenyane Mamba, warned the National Youth Squad players going to Malawi about the dangers of HIV/AIDS which was spreading in Southern Africa like wild fire through women. He stated:

> The Acquired Immune Deficiency Syndrome (AIDS) is on the increase in Southern Africa. All along the killer disease has been common in East African countries but now it has spread to the Southern African region…. There have already been numerous cases of AIDS which have been reported and one was as near as Johannesburg. It is for this reason that the [Swazi] football players must behave themselves and watch more particularly against mixing with girls in Malawi (The Swazi Observer, "Minister warns youth squad of disease",[36]

The Minister's statement did not even allude to men as possible carriers of the disease also. His emphasis was on the point that men should be aware of women, particularly the lose ones, as dangerous to their health. He however made it clear that he was not by any means inferring that the killer disease is prevalent in that country although his statement was to that effect. The Minister said Eswatini warned that people going out of the country were supposed to guard themselves from the contracting it from lose women in the foreign lands.

Although it was reported that there had been cases of HIV/AIDS in places as close to Eswatini as Johannesburg in neighbouring South Africa, Eswatini was still free from the disease. Thus, public figures like the Minister looked at HIV/AIDS in the 1980s as a disease of foreigners with women as the main incubators. When the Eswatini National Aids Committee was formed in September 1986, the question that was on the minds of many Eswatini

citizens was whether the disease was already in the country. The National Committee on AIDS announced that it was going to start the screening of blood donors to find out if the country had any HIV/AIDS case and women attending pre-natal clinics and who put to bed.[37]

In 1991 the foreign discourse of the HIV/AIDS disease came back with a story in *The Times of Swaziland* wrote about a young woman from Mbabane who was rushed to Mbabane Government Hospital to be cleansed after having relations with an HIV/AIDS infected individual. An HIV positive individual who came to be labelled in the media as the "merchant of death" was said to be preying on sex workers from Ezulwini.[38] He was reported to have been going out and sleeping with the sex workers and paying them handsomely after which he would tell the women to go and use the money to buy a coffin for themselves as he was HIV positive. The press reported that sex workers had stopped going to Ezulwini where the "merchant of death" was reported to be targeting them.[39] The rumour alleged that efforts by the police to catch and arrest the culprit had been unsuccessful while he was still busy contaminating women.

The police spokesperson Sub Inspector Azaria Ndzimandze said that several women had laid charges against this man who was said to be causing havoc in the society. The general public was however wondering the charges that were going to be levied against this elusive individual and why the police were unable to catch him for such a long time, yet he had to capacity of continuing to sleep with scores of women weekly because of the weight of his purse. In a feature article *The Times of Swaziland* reporter asked "what will the man be charged for whenever the police laid hands on him? Would they really arrest "the merchant of death?" The newspaper coverage therefore painted a scenario where HIV was being spread among sex workers by "the merchant of death" with the impotence of the police to do anything about it. Prostitutes, as a social category, were catapulted in the social as HIV carriers. The general public had to be careful with prostitutes and lose women if they wanted to keep away from HIV contamination. The emphasis on the

responsibility of men was limited to either avoiding sex workers and in the last resort, start using condoms.

Antenatal blood screening in the 1990s changed people's perception about HIV/AIDS. After preliminary discussions about HIV in the 1980s with doubts as to whether it really existed, the 1990s produced a very different scenario. The virus spread rapidly and developed into a generalised epidemic. The release of the 2002 survey data on HIV "put Eswatini in the unenviable position of having the second highest national ANC HIV prevalence in the world". Whereas in 1992 the prevalence among ante-natal clients was 3.9 per cent, the figure had risen to 38 per cent in 2002. Botswana was, however, the first in the world with the highest ANC HIV prevalence of 38.8 per cent.[40] Pregnant women were those who were screened and men were invited for screening only after their partners tested HIV positive. The face of HIV was therefore feminised since results were obtained from ante-natal clinical tests.

The epidemic continued to spread at exceptional speed, and surveillance among antenatal women, which 38 per cent in 2002 had increased to 42.6 per cent in 2004 and was the highest in the world.[41] Swaziland since then conserved this position.

Whereas in 2004 the prevalence in Eswatini stood at 42.6 per cent, the data in 2006 seemed to offer some hope with a decline to 39.2 per cent. This slight drop made the director of NERCHA, Derek von Wissel, to sound a cautious optimistic note that the prevention measures were beginning to have an effect.[42] But the results of the 2008 (11th) HIV sentinel sero-surveillance survey indicated that the HIV prevalence among pregnant women was 42 per cent, which is a slight increase from 2006.[43] The 2009 UNDP Report for Swaziland stated that although there had been an increase in HIV prevalence among pregnant women from 2006-2008, the increase was not significant when compared to the situation in the 1990s. The report concluded that although the overall HIV prevalence in Eswatini was still high, it was stabilising given that a slight decrease had actually been achieved in 2004-2006 before the slight rise thereafter.[44] As of 2018,

23,000 young people (ages 15-24) were living with HIV in Eswatini. Young women were still particularly affected, with 15.9% living with HIV in 2018 compared to 3.1% of their male counterparts. Early sexual debut and the high level of intergenerational sex between older men and young women aided to drive HIV transmission among this age group.[45] HIV/AIDS is clearly a shared responsibility; projecting women as the principal incubators of HIV/AIDS is ridiculous.

Feminisation of HIV/AIDS in Eswatini Cultural and Traditional Spaces

Researchers have underscored the importance of tapping into culture and tradition as a response to the HIV/AIDS pandemic.[46] Dlamini, for instance, underscored the importance of culture in contributing to curtailing HIV in Swaziland.[47] The cultural intervention of the Eswatini Queen mother and the King in Eswatini's patriarchal society should be appreciated against this background. The cultural and traditional intervention is riddled by Eswatini's patriarchal order that locates men over women in the logic of the blame game.

In reverting to culture and tradition in tackling the HIV/AIDS crisis, emphasis was laid on females, and not both sexes, thereby giving the exercise a female face. Against a background of the deteriorating HIV situation in Eswatini, the Queen mother saw it wise to intervene in combating the pandemic by launching the Khulisa Umnatfwana, in 1998, based on a proverb which says "khulisa Umnatfwana ngendlela layayuze asuke kuyo." Its operational systems were based on the Traditional sector with the aim of the safe upbringing of children, specifically the girl child, since they appeared more vulnerable to sexual abuse.

The project also set out to curtail early teenage sex and pregnancy among the girl child and to combat the spread of HIV/AIDS by avoiding engaging in early relationships. Young girls were also cautioned to be loyal to one male partner as they assume adult stage. A woman with more than one sexual partner is rebuked in society. They were taught about caring for their sick relatives, particularly those living with HIV/AIDS. [48] Teen stage is one of the

most vulnerable stages in accelerating the spread of the pandemic. It was of pivotal importance, therefore, to apply mitigation tactics on teenagers and especially girls given that statistics show high ratios of HIV positive teen females than boys. But this did not justify the exclusion of boys and men in this phere because they wield a lot of power in Eswatini society and are a full party to female sexuality.

The Queen Mother used the annual reed dance ceremony, which occurred around August and early September every year, as an avenue for the propagation of HIV/AIDS campaign to protect the girl child and young women. The Queen Mother is usually the central figure during the annual reed dance ceremony. The dance is performed exclusively by young maidens in honour of the Queen Mother. All maidens are required in principle to undergo a virginity test before they were allowed to participate in a royal dance. These young maidens engage in a traditional pilgrimage to the marshes and cut the reed. The reed was used in making wind breakers at the Queen mother's royal homestead.[49] (FGD).

The period of internment of thousands of maidens[50] from all over Eswatini at the royal kraal for about a week preceding the reed dance is used by the Queen mother to sensitise the maidens on the importance of chastity before marriage. Various pedagogic tools including songs, riddles, proverbs and lectures are used to communicate to the maidens on the dangers of being promiscuous. They are advised to resist the temptation of having early sexual intercourse and are admonished that it is a taboo in Eswatini culture and tradition to engage in sexual activity while unmarried. They are taught that sexual games were set aside for married couples only.[51]

On the day of the reed dance, the maidens sing and dance as they parade bare-breasted in front of the royal family, a crowd of dignitaries, spectators, and tourists. Apart from being bare-breasted, the girls wear traditional attire, including short colourful miniskirts made of beads that expose their bottoms. They also wear anklets, bracelets, necklaces, and colourful sashes. Each sash has appendages of a different colour, which denote whether or not the girl

is betrothed.[52] Their dress code is meant to expose their bodies and show off that they are still young and proud of their bodies. But their bodies are not meant for sex until marriage.[53] See picture below

Plate 3: Eswatini Reed Dance Ceremonial Dress Code

Source: *https://miro.medium.com/max/4000/FAXcaPiQwE4nyM0OsuP3g.jpeg (accessed 20 January 2021).*

Using contemporary lenses to interpret the bare-breasted maidens wearing beaded colourful mini-skirts and performing the reed dance, some schools of thought are quick to conclude that the reed dance is more an open invitation to promiscuity than an avenue for HIV/AIDS sensitisation and containment campaign.[54] Google quickly tagged the reed dance as sexual "immorality" while ignoring the fact that the reed dance and sexuality constitute a source of female pride and a political statement among the Ngoni ethnic groups in Southern Africa of which the Eswatini and Zulu are prominent members (FGD).

There is this dichotomy between Western notion of nudity and immorality and the representation of these notions in Southern Africa.[55] YouTube classified videos of the reed dance as 'age-restricted content'. This angered users including Lazi Dlamini, the head of TV Yabantu, an online video production company that aims to produce content that ensures the protection, preservation and restoration of African values. Dlamini mobilised cultural groups in

South Africa and Eswatini in a series of protest against Google to force them to revisit their position. YouTube responded positively to the protests by apologising and allowing the showing of *bona fide* African traditional videos. The company lifted the restrictions on grounds that it was not Google's policy to interprete people's culture and impose restrictions on nudity when it was considered and treated by a community as culturally and traditionally appropriate.[56]

Whereas this culturally sanctioned practice is intended to display the virginity and purity of the maidens and emphasise the point that they must be protected, the reverse effect seems to have been inadvertently produced. The exposure of their breasts and labs is taken to mean an invitation to men to run after them. This is not the intention of the reed dance. One needs to be enmeshed inside Southern African culture to appreciate the fact that the dress code for the reed dancers is an age-old tradition among the Eswatini and Zulus peoples of the Ngoni cultural extraction of Southern Africa and is not a contemporary invention with any imaginable sexual goals.[57]

The symbolism of the dress code of the Eswatini maiden reed dancers should be emphasised. As proof of fidelity and loyalty, the maidens sing and dance and proudly display their nudity to demonstrate that their bodies are still intact. It was assumed in Eswatini culture that female bodies would easily show signs of flabbiness if the maidens had started dating and having premarital sex. The exposed bodies of the Eswatini maidens and their mini-skirts symbolise the virginity of the maidens and stood as a caution to young girls to stay intact and refrain from 'the games their mothers never taught them', and foster female virginity. [58] The reed dance week was therefore a period of intensive enculturation on sexuality for Eswatini maidens. The Queen mother's initiative to curb HIV was supported by several NGOs.

Like girls, teenage boys were also taught during '*Lusekwane*' ceremony to preserve their manhood by keeping their father's kraal closed,*'kuhlala bavalele tinkomo tingafohli esibayeni seyihlo'* until they were married. This

figurative language means young boys should abstain from sex until they are married.[59] It was a way of communicating in siSwati to young boys to avoid promiscuity because of the risks involved.

During 'Lusekwane' ceremony a cow's head was specially prepared for boys to eat in the since they are herders of livestock. As they ate the head, they socialised and were taught how to struggle for themselves. Cultural activities such as initiations and rites of passages were revived to educate boys on how to curb the pandemic through sexual abstinence. Eswatini culture was intolerant to sexual deviance and promoted values of virginity by discouraging penetrative sex even during dating, '*kujuma*' or self-control was strongly encouraged even when males and females were together.[60]

The Cultural Space of King Mswati's sexual abstinence (*umcwasho*) Campaign.

King Mswati III reinforced the Queen mother's HIV/AIDS campaign efforts in 2001 by resuscitating the *umcwasho* traditional chastity rite in Eswatini under which unmarried women are not allowed to have sexual relations for a specified period of time. This traditional chastity rite had been moribund owing to the advent of colonialism. As HIV/AIDS ravaged the Kingdom of Eswatini, King Mswati III had to resuscitate the *umcwasho* culture as a method of checking the spread of HIV/AIDS. Eswatini principally targeted maidens by banning them from having sex until they reached a ripe age to be determined by culture and tradition. This cultural practice was ostensibly for the benefit of males by ensuring that men got married to pure maidens that had not been defiled.[61]

King Mswati III chose the Independence Day on 6 September 2001 which was a festive occasion to launch the *umcwasho* rite of chastity and Eswatini womanhood. The King made HIV/AIDS pandemic the main focus of his speech during the national ceremony and launched the *umcwasho* as a nation-wide rite to be followed by all Eswatini maidens. The King decreed a five years period of period of chastity which was clearly in line with his repeated voiced concerns regarding the HIV/AIDS crisis.

Under the King's decree unmarried women were not allowed to have sexual relations for a five year period starting from 6 September 2001 to 19 August 2005. Eswatini girls below 18 were banned from sexual activity until the expiration of the decree and were required to wear a traditional set of blue-and-yellow tassels round the head with a woollen tassel falling on the back. Those aged 19 or above were required to wear red-and-black tassels and were allowed some physical contact with males but not sexual intercourse. Any man who had sex with a virgin was subjected to a fine of one cow and public shaming.

Schools in Eswatini had to obey the King's orders and school girls had to put on the *umcwasho* as an integral part of their uniform. As a cultural rite, the '*umcwasho*' involved all classes of females comprising the rich and the poor, the royal and the non-royal, the educated and the uneducated, and students and non-students. It unified the female youth generation in the fight against HIV/AIDS as this disease affected all classes of the society as the Eswatini slogan states: "Yindzaba yetfu sonkhe" loosely translated as 'HIV/AIDS concerns everyone.'

In essence, sexual contact between unmarried youths was prohibited and frowned upon the same way Christianity and Islam considered fornication as an unacceptable vice (Ria 2008) The *umcwasho* campaign faced stiff opposition from human rights groups for exclusively and unfairly targeting women and many women refused to wear the required woollen scarf . The reality was that the burden of upholding the *umcwasho* campaign was placed more on females than on males. The *umcwasho* girls were required to beautify themselves with colourful woollen tassels as a symbol of their maidenhood and as a commitment to remain virgin but young boys were not required to wear any uniform indicating their commitment to chastity.[62]

Human rights organisations were quick to exploit this loophole and cry foul. It incited indignation and scepticism on a considerable scale in the Eswatini national press, and even in the international community. Critics of the recourse to tradition as a weapon in the fight against HIV/AIDS labelled the ideas behind *umcwasho* as backward, primitive and unrealistic. They pointed out the

breach of human rights that this forced reintroduction of the rules of promoting chastity entailed. They condemned the underlining attribution of accountability for the HIV/AIDS crisis to young women and the stigmatisation of their sexuality. Human Rights groups argued that the *umcwasho* rite was an attempt to control women's sexuality and that it was open victim-blaming and the stigmatisation of girl's sexuality. It was a violation of the girl's human right of control over their own bodies and sexuality.[63]

Ndwandwe-Dlamini, a critique of the *umcwasho* rite argued that though *umcwasho* may have overlooked boys, old women who were infected by the pandemic could still lure young girls to bed.[64] She further cited the fact that the sexual act is a private issue done secretly, and maidens could still dodge and engage themselves in sex without being noticed, yet they would continue to wear *umcwasho*. In this case Ndwandwe-Dlamini viewed the *umcwasho* rite as a way of covering up or disguising fornication.[65] Since sex was always concealed, the parties involved were likely to try as much as possible to prevent pregnancy, probably through the use of condoms.

Reis, who spent over 18 months of ethnographic fieldwork in Swaziland, was more sympathetic to the *umcwasho* rite and feels that the *umcwasho* was grossly misunderstood by many, especially its international and human rights critiques.[66] She subscribed to the idea that *umcwasho* could be considered an invented tradition as used by Bobsbawn and Rangers. [67] Tradition is often invented in periods of great and rapid changes and the inauguration of the 2001 *umcwasho* was framed in relation to a national disaster of unprecedented scale.

HIV/AIDS was taking a heavy toll on the citizens of Eswatini, and the constant warnings in the media could not leave Eswatini traditional authorities unconcerned. There was the general fear that half the young women would die before they ever reached adulthood. The frustration and powerlessness of the young against the disease, 'sometimes amounted to fatalistic attitudes"[68] Reis provided supplementary information that it was not the king who first initiated or ordered *umcwasho* as it is

popularly believed in Swaziland and is propagated by the media. The media propagated the idea that the King had ordered *umcwasho* as a sex ban for all girls in the kingdom. Reis pointed out that this was not true because the initiative came from the ranks of the girls themselves and King Mswati III was a mere spokesman of the will of the girls.

The initiative for the *umcwasho* emanated from a commoner student, Lungile Ndlovu, who led a regiment of girls who were between puberty and marriage to the King and sought the approval of the king and elderly women at the Queen mother's royal village to organise *umcwasho.* The girls complained that they did not want to die young from the incurable sexually transmitted disease and the king had to do something about it. The oldest daughter of the king, who had studied in the UK, was chosen as its leading princess of the *umcwasho* rite.

Reis also pointed out that *umcwasho* was not forced on Eswatini maidens; most of them welcomed it and used it as a pretext to resist pressures on them from males. From Reis' investigation during her numerous fieldworks in Eswatini between 1990s and 2000s, she came across girls who chose to wear *umcwasho* of their own free will. It was not therefore an imposition as the media attempted to make public opinion to believe. Reis praised *umcwasho* from an epidemiological point of view and argued that the reasoning behind the reintroduction of a policy of five years chastity for girls seems to make sense since this is tantamount to absolute prevention.[69]

From the data collected, the risk of acquiring HIV infection among young people was known to be driven, among other factors, by trans-generational sexual relationships and multiple concurrent partnerships".[70] HIV prevalence was higher in females at their tender age than with their male age mates given that girls psychologically mature faster than their male counterparts. Females generally engage in sex earlier than males and are therefore more vulnerable. [71] If implemented to the letter, *umcwasho* would delay the sexual debut of a generation of virgins, preventing them from infection and thus protecting a whole generation. [72] In Reis' opinion *umcwasho* was an

appropriate response couched in tradition but it was largely misunderstood and ridiculed in Eswatini and beyond.

Many doubted whether the maidens would respect the sexual ban fully. A fatal blow was launched on the *umcwasho* rite when King Mswati III, its chief architect, violated it by allowing himself to be tempted by a sweet 16 year old girl under less than a year of the inauguration of the rite. King Mswati III not only openly fell in love with the teenager but embarrassed the kingdom by choosing her as his *lihpovela* (fiancée). This caused a commotion in Eswatini and rubbished the whole idea of the *umcwasho* rite. Over 300 angry young Eswatini women gathered outside the King Mswati's royal palace and symbolically laid down their ceremonial tassels, designed as chastity belts to warn off men. They were demonstrating their displeasure at the fact that the King had broken his own rules. Although the King paid a fine of one cow for violating the chastity vow he imposed on the rest of the country, his critiques held that had done great damage to public psyche by encouraging early sexual debut for teenagers. It should quickly be added that the *umcwasho* custom did not ban marriage to a teenager and increasing criticism of the King seems to have caused him to call off the *umcwasho* campaign in 2005.[73]

Conclusion

Gender representation of HIV/AIDS in Eswatini's public and traditional spaces are woven into several discursive constructs pointing to the intersectionality of gender, disease, culture, patriarchy and public health. In the public sphere, newspapers and multiple media outlets and government documents pointed to a higher percentage of females of all categories that were HIV carriers as compared to males. Although the statistics are scientifically accurate, people tend to simplistically conclude that women more with the HIV/AIDS pandemic than men without highlighting the point that women get infected principally by men and vice-versa. Given the patriarchal nature of Eswatini society and the prevailing power ratio that favours males, it is easy to scapegoat women as the carriers of HIV/AIDS but both men and

women are involved in the proliferation of the pandemic in multiple ways and directions that that affect different age categories in different ways.

In the cultural and traditional spaces represented by the Queen Mother and King of Eswatini, several attempts were made at containing HIV/AIDS with an overwhelming focus on women than on men as if it is possible to contain the pandemic by heavily investing in sensitisation campaigns targeting only women. Both the reed dance and the t*umcwasho* campaign aimed at imposing ancient sexual chastity rite focused largely on maidens and young women who were unmarried. The Eswatini monarchy believed that by imposing sexual discipline on women, the problem of the pandemic would be largely solved but the drawback in his campaign was the fact that men where not factored. HIV/AIDS campaign in the cultural sphere targeted mostly women while men were left at the margins.

The attempt at concentrating on the sensitisation of women about the dangers of HIV/AIDS at the exclusion of men during the reed dance events and the seclusion of females from males under the *umcwasho* chastity campaign flopped because women cannot be successfully separated from men. The Eswatini reed dance which operated like a traditional parade of maidens with exposed breasts and buttocks, seem to encouraged sexual promiscuity than control it as men tended to run after the maidens. Even King Mswatini III could not resist the temptation of falling in love with a young maiden who was respecting the *umcwasho* rituals thereby throwing cold water on the whole exercise. An understanding of the spread of HIV/AIDS as a pandemic that concerns both males and females is an important step towards designing appropriate policies to contain the pandemic. The importance of intersectionality in this study lies in establishing the different gender specificities including age brackets, occupations, class to facilitate policy formation. The methodology and media targeting the various male-female age brackets cannot be the same across the board. Messages targeting male and female youths have to be coined to fit their tastes and age.

Endnotes

[1] *Times of Swaziland*, 'Killer Sex –Moves Taken against Aids', 14 May, 1986.
[2] This author is aware of the difference between HIV and AIDS although the two are used in this article as if the point to the same phenomenon. HIV is the preliminary infection which affects the body's immune system. AIDS represent the deteriorated state where the body's immune system has totally collapsed, exposing it to all incidental and opportunistic diseases and leading to death.
[3]UNAIDS. UNAIDS data 2015. 2015; Geneva: UNAIDS, http://www.unaids.org/en/regionscountries/countries/swaziland United Nations Development Programme Swaziland, 23 February 2009; NERCHA 2015).

[4]UNA UNAIDS. UNAIDS data 2015. 2015; Geneva: UNAIDS, http://www.unaids.org/en/regionscountries/countries/swaziland United Nations Development Programme Swaziland, 23 February 2009
[5] Ibid
[6] Ibid
[7] Tengetile R. Matghunjwa, and A. Gary. Faye "Women and HIV/AIDS in the kingdom of Swaziland: culture and risks." *Journal of National Black Nurses' Association: JNBNA* 17, no. 2 (2006): 39-46; FGD).

[8] Interview, FGD.
[9] See Alvidrez, Jennifer, Gregory L. Greenwood, Tamara Lewis Johnson, and Karen L. Parker. "Intersectionality in public health research: A view from the National Institutes of Health." *American journal of public health* 111, no. 1 (2021): 95-97; Bowleg, Lisa. "Evolving intersectionality within public health: from analysis to action." *American Journal of Public Health*111, no. 1 (2021): 88-90; Cho, Sumi, Kimberlé Williams Crenshaw, and Leslie McCall. "Toward a field of intersectionality studies: Theory, applications, and praxis." *Signs: Journal of women in culture and society* 38, no. 4 (2013): 785-810; Syed, Moin. "Disciplinarity and methodology in intersectionality theory and research." (2010): 61.
[10] Bärnighausen, Kate. E., Matse, Sindy., Kennedy, Caitlin. E., Lejeune, Challotte. L., Hughey, A. B., Hettema, Alison., ... & McMahon, Shannon. A. 'This is mine, this is for me': preexposure prophylaxis as a source of resilience among women in Eswatini. *Aids*, *33*, S45-S52: (2019): 1-2.
[11] See, for instance, Buseh, Aaron G., Laurie K. Glass, and Beverly J. McElmurry. "Cultural and gender issues related to HIV/AIDS prevention in rural Swaziland: a focus group analysis." *Health care for women international* 23, no. 2 (2002): 173-184; Owen, Branwen N., Mathieu M-Giroux, Sindy Matse, Zandile Mnisi, Stefan Baral, Sosthenes C. Ketende, Rebecca F. Baggaley, and Marie-Claude Boily. "Prevalence and correlates of anal intercourse among female sex workers in eSwatini." *Plos one* 15, no. 2 (2020): e0228849.
[12] Although public space is often related to democracy, Parkinson (2012) considers "public" as the following broad categories of things: freely accessible places where everything that happens can be observed by anyone, where strangers are encountered whether one wants to or not, because everyone has free right of entry; the things that concern, affect, or are for the benefit of everyone; the people or groups that have responsibility in society which might include rulers, or public figures and the things which are owned by the state or the people such as government buildings, national parks, roads etc and paid for out of collective resources like taxes. Our working definition

is narrower and refers to public media that portrays the gender dimension of HIV/AIDS.

[13] The *Tinkhundla* system of governance is a typically Swazi traditional system that advocates a 'partyless' democracy and a constituency-based system of election from the grassroots with the blessings of the Swazi monarchy.

[14] Buseh, Aaron G., Laurie K. Glass, and Beverly J. McElmurry. "Cultural and gender issues related to HIV/AIDS prevention in rural Swaziland: a focus group analysis." *Health care for women international* 23, no. 2 (2002): 173-184; McSharry, Patrick E., Charles Mutai, Innocent Ngaruye, and Edouard Musabanganji. "Use of Machine Learning Techniques to Identify HIV Predictors for Screening." (2020).

[15] See, for instance, Basia Zaba, and Simon Gregson. "Measuring the impact of HIV on fertility in Africa." *AIDS (London, England)* 12 (1998): S41-50; Geoff Forster, and John Williamson. "A review of current literature on the impact of HIV/AIDS on children in sub-Saharan Africa." *AIDS-London-Current Science Then Rapid Science Publishers Then Lippincott Raven*- 14 (2000): S275-S284; Peter Piot, Michael Bartos, Peter D. Ghys, Neff Walker, and Bernhard Schwartländer. "The global impact of HIV/AIDS." *Nature* 410, no. 6831 (2001): 968-973; James JC Lewis, Carine Ronsmans, Alex Ezeh, and Simon Gregson. "The population impact of HIV on fertility in sub-Saharan Africa." *Aids* 18 (2004): S35-S43; Jane G. Fortson, "Mortality risk and human capital investment: The Impact of HIV/AIDS in Sub-Saharan Africa." *The Review of Economics and Statistics* 93, no. 1 (2011): 1-15; Alan Whiteside, Alison Hickey, Nkosinathi Ngcobo, and Jane Tomlinson. *What is driving the HIV/AIDS epidemic in Swaziland, and what more can we do about it?*. NERCHA, 2003; Root, Robin, Arnau Van Wyngaard, and Alan Whiteside. "Reckoning HIV/AIDS care: A longitudinal study of community home-based caregivers and clients in Swaziland." *African Journal of AIDS Research* 14, no. 3 (2015): 265-274

[16] Weiser, Sheri D., Karen Leiter, David R. Bangsberg, Lisa M. Butler, Fiona Percy-de Korte, Zakhe Hlanze, Nthabiseng Phaladze, Vincent Iacopino, and Michele Heisler. "Food insufficiency is associated with high-risk sexual behavior among women in Botswana and Swaziland." *PLoS medicine*4, no. 10 (2007): e260.

[17] Buseh, Aaron G., Laurie K. Glass, and Beverly J. McElmurry. "Cultural and gender issues related to HIV/AIDS prevention in rural Swaziland: a focus group analysis." *Health care for women international* 23, no. 2 (2002): 173-184.

[18] Becker, Nozipho, Lorraine S. Cordeiro, Krishna C. Poudel, Thokozile E. Sibiya, Aline G. Sayer, and Lindiwe N. Sibeko. "Individual, household, and community level barriers to ART adherence among women in rural Eswatini." *PloS one* 15, no. 4 (2020): e0231952; Horter, Shona, Sarah Bernays, Zanele Thabede, Velibanti Dlamini, Bernhard Kerschberger, Munyaradzi Pasipamire, Barbara Rusch, and Alison Wringe. "'"I don't want them to know": how stigma creates dilemmas for engagement with treat-all HIV care for people living with HIV in Eswatini." *African journal of AIDS research* 18, no. 1 (2019): 27-37.

[19]See Golomski, Casey. "Interrogating traditionalism: gender and Swazi Culture in HIV/AIDS policy." *Journal of Contemporary African Studies* (2019): 1-16; and Mathunjwa, Tengetile R., and Faye A. Gary. "Women and HIV/AIDS in the kingdom of Swaziland: culture and risks." *Journal of National Black Nurses' Association: JNBNA* 17, no. 2 (2006): 39-46.

[20] Interview, FGD

[21] See Masanjala, Winford. "The poverty-HIV/AIDS nexus in Africa: a livelihood approach." *Social science & medicine* 64, no. 5 (2007): 1032-1041; Gillespie, S., Kadiyala, S., and Greener, R. (2007). Is poverty or wealth

driving HIV transmission? *Aids*, *21*, S5-S16; Poku, N. K. (2002). Poverty, debt and Africa's HIV/AIDS crisis. *International Affairs*, *78*(3), 531-546.

[22] Mbirimtengerenji, Noel Dzimnenani. "Is HIV/AIDS epidemic outcome of poverty in sub-saharan Africa?" *Croatian medical journal* 48, no. 5 (2007): 605.

[23] Fielding-Miller, Rebecca, Kristin L. Dunkle, Nwabisa Jama-Shai, Michael Windle, Craig Hadley, and Hannah LF Cooper. "The feminine ideal and transactional sex: Navigating respectability and risk in Swaziland." *Social Science & Medicine* 158 (2016): 24-33..

[24] Campbell, Jacquelyn C., M. L. Baty, Reem M. Ghandour, Jamila K. Stockman, Leilani Francisco, and Jennifer Wagman. "The intersection of intimate partner violence against women and HIV/AIDS: a review." *International journal of injury control and safety promotion* 15, no. 4 (2008): 221-231.

[25] Vetten, Lisa, and Kailash Bhana. "The Justice for Women Campaign: Incarcerated domestic violence survivors in post-apartheid South Africa." In *Global Lockdown*, pp. 255-270. Routledge, 2014.

[26] Zamberia, Agostino M. "Sexual activity and condom use among people living with HIV in Swaziland." *African Journal of AIDS Research* 8, no. 1 (2009): 69-81.

[27] Zamberia, Agostino M. "HIV-related stigma and access to health care among people living with HIV in Swaziland." *Development Southern Africa* 28, no. 5 (2011): 669-680.

[28] Gerard Duveen. "The Development of Social Representations of Gender." *Papers on social representations* 2 (1993): 171-177.

[29] Agustina M. Vinagre-González, Esteban Puente-López, Marta M. Aguilar-Cárceles, Marta E. Aparicio-García, and Ismael Loinaz. "Differences Between Men and Women in the Acceptance of Gender Roles and Stereotypes in Intimate Partner Violence." *Revista iberoamericana de psicologia y salud.* 14, no. 2 (2023): 75-82.

[30] In December 2001 the Swazi government set up The National Emergency Response Council on HIV and AIDS (NERCHA) and placed it the Office of the Prime Minister. The establishment of NERCHA was in line with the international principles of the "Three Ones": one Coordinating Body, one Strategic Plan and one Monitoring and Evaluation framework. It was believed that alignment to these principles would galvanise stronger partnerships in the response to HIV/AIDS in Swaziland.

[31] (*cf.* Gambe 2015).

[32] Whiteside, Alan, Alison Hickey, Nkosinathi Ngcobo, and Jane Tomlinson. *What is driving the HIV/AIDS epidemic in Swaziland, and what more can we do about it?*. NERCHA, 2003.

[33] *Times of Swaziland*, 'Killer Sex –Moves Taken against Aids', 14 May, 1986.

[34] The Deputy Director General of United Nations Food and Agriculture Organisation wrote in 1987 explaining that the United Nations could only concern itself with medical aspects of HIV/AIDS and, that "until there was credible medical data on the present and projected incidence of AIDS it is virtually impossible for an intergovernmental organisation like Food and Agriculture Organisation to make a serious assessment of the implications for development" (*The Swazi Observer* , "Is Swaziland free from the disease", 21 September,1986; *The Times of Swaziland, "*Sex disease rampant",*18 September* ,1986).

[35] *The Times of Swaziland* November, December 1986, *Times of Swaziland* April to December 1987, *The Swazi Observe*, November and December 1987, *The Swazi Observer* January –May 1990).

[36] *Times of Swaziland*, 4 November ,1986.

[37] *The Swazi Observer*, "Is Swaziland free from the disease", 21 September, 1986.

[38] *The Times of Swaziland,* "Mysterious Johannesburg man", 7January, 1991.
[39] *The Times of Swaziland, "*Mysterious Johannesburg man", 7January, 1991.
[40] Whiteside, Alan, Alison Hickey, Nkosinathi Ngcobo, and Jane Tomlinson. *What is driving the HIV/AIDS epidemic in Swaziland, and what more can we do about it?* NERCHA, 2003.

[41] The Kingdom of Swaziland, The National Multisectoral HIV and AIDS Policy, June 2006; Ministry of Health and Social Welfare: 10th Round of National HIV Sero Surveillance in Women Attending Antenatal Care. Mdabane: Government of Swaziland; 2006.
[42] The Kingdom of Swaziland, Swaziland Government Deputy Prime Minister's Office "Swaziland National Strategic Plan for HIV/AIDS 2000-2005", September 2000).
[43] Whiteside, Alan, and Fiona E. Henry. "The impact of HIV and AIDS research: a case study from Swaziland." *Health Research Policy and Systems* 9 (2011): 1-10.
[44] United Nations Development Programme Swaziland, 23 February 2009.
[45] The Government of the Kingdom of Eswatini (2018) 'The National Multisectoral HIV and AIDS Strategic Framework (NSF) 2018-2023: 9; Dlamini, Bongekile T., and Mduduzi Colani Shongwe. "Barriers to Female Condom Use among Undergraduate Health Science Students." *Africa Journal of Nursing & Midwifery* 22, no. 1 (2020).
[46] Buseh, Aaron G., Laurie K. Glass, and Beverly J. McElmurry. "Cultural and gender issues related to HIV/AIDS prevention in rural Swaziland: a focus group analysis." *Health care for women international* 23, no. 2 (2002): 173-184. Zamberia, A. M. HIV/AIDS in Sub-Saharan Africa a Social Problem" UNISWA Research Journal no.18, (2004) 21-36; Reis, Ria. "Inventing a generation: The revitalisation of Umcwasho in Swaziland in response to the HIV/AIDS crisis." (2008).
[47] Dlamini, S. R. "Swazi Women and the Human Immuno Virus: To Preserve Swazi Culture or the Nation?" *Asian Women*, (2005): Vol. 21.
[48]Dlamini, N. "Searching Traditional Roots for Answers to HIV/AIDS Crisis", *AIDS Supplement to the Nation,* December (2001).
[49] Interview, FGD
[50] There are usually between 70, 000 to 100,000 maiden that attend the reed dance. In 2015 *The Times of Swaziland* reported a record attendance of 100,000 maidens to the August reed dance.
[51] Dlamini, M. Gender and Rituals: With Special Reference to the Social Role of Royal Mothers in the Royal Family of Eswatini (Swaziland), Doctoral dissertation, Teachers College, Columbia University, (2019); Dlamini, N. "Searching Traditional Roots for Answers to HIV/AIDS Crisis", *AIDS Supplement to the Nation,* December 2001.

[52] For more on female dances and sexuality see Tamale, Sylvia. "Exploring the contours of African sexualities: Religion, law and power." *African Human Rights Law Journal* 14, no. 1 (2014): 150-177; Bonfante, Larissa. "Nudity as a costume in classical art." *American Journal of Archaeology* 93, no. 4 (1989): 543-570.
[53]Interview, FGD.
[54] FGD; The organisers of the reed ceremony have occasionally enforced strict rules on photographers, as some of them have been accused of publishing nudity pictures of the dance on pornographic websites (see Reed Dance South Africa, Eswatini, Nudity controversy, The ...www.mobilewiki.org/en/Reed_Dance-8020808048, accessed on 18 January 2021).
[55] See Tamale, Sylvia. "Exploring the contours of African sexualities: Religion, law and power." *African Human Rights Law Journal* 14, no. 1 (2014): 150-177..

Hanna, Judith Lynne. "Dance and sexuality: Many moves." *Journal of sex research* 47, no. 2-3 (2010): 212-241.

[56] See Reed Dance South Africa, Eswatini, Nudity controversy. (The ...www.mobilewiki.org/en/Reed_Dance-8020808048, accessed on 18 January 2021).
[57] Interview, FGD
[58] Interviews, FGD.
[59] FGD
[60] Interview, FGD, also see Kanduza, Ackson M. "Tackling HIV/AIDS and related stigma in Swaziland through education." *Eastern Africa Social Science Research Review* 19, no. 2 (2003): 75-87.

[61] FGD
[62] Reis, Ria. "Inventing a generation: The revitalisation of Umcwasho in Swaziland in response to the HIV/AIDS crisis." (2008).

[63] Ibid
[64] Ndwandwe-Dlamini, S. From Compulsion to Voluntary Responsible Living: Umcwasho and HIV/AIDS in Swaziland, UNISWA (k) Special Collection, (2003)..
[65] Ibid
[66] Reis, Ria. "Inventing a generation: The revitalisation of Umcwasho in Swaziland in response to the HIV/AIDS crisis." (2008).
[67] Ndwandwe-Dlamini, S. From Compulsion to Voluntary Responsible Living: Umcwasho and HIV/AIDS in Swaziland, (2003).
[68] Ibid
[69] Reis, Ria. "Inventing a generation: The revitalisation of Umcwasho in Swaziland in response to the HIV/AIDS crisis." (2008).
[70] " National HIV/AIDS Monitoring and Evaluation, Annual Report 2008, NERCHA; also see, "The impact of Socialization on Multiple Concurrent Partnerships in Swaziland", Summary Report of the Formative Research on the Impact of Socialisation and Multiple Concurrent Partnerships in Swaziland, April 2010, Lusweti, Institute for Health Development Communication; National HIV/AIDS Monitoring and Evaluation, Annual Report 2008, NERCHA).
[71] Mwiturubani, Donald Anthony. *Youth, HIV/AIDS and social transformations in Africa*. African Books Collective, (2009).
[72] National HIV/AIDS Monitoring and Evaluation, Annual Report 2008 ,NERCHA, National HIV/AIDS Monitoring and Evaluation, Annual Report 2008, NERCHA).
[73] AEGiS- AP "Swaziland abandons ancient chastity rite", 22nd August, 2005. Associated Press Service http://www.avert.org/aids-swaziland.htm

References

AEGiS- AP "Swaziland abandons ancient chastity rite", 22nd August, 2005, Associated Press Service http://www.avert.org/aids-swaziland.htm (retrieved on 4 January 2016).

Alvidrez, Jennifer, Gregory L. Greenwood, Tamara Lewis Johnson, and Karen L. Parker. "Intersectionality in public health research: A view from the National Institutes of Health." *American journal of public health* 111, no. 1 (2021): 95-97.

Bärnighausen, Kate E., Sindy Matse, Caitlin E. Kennedy, Charlotte L. Lejeune, Allison B. Hughey, Anita Hettema, Till W. Bärnighausen, and Shannon A. McMahon. "'This is mine, this is for me': preexposure prophylaxis as a source of resilience among women in Eswatini." *Aids* 33 (2019): S45-S52.

Becker, Nozipho, Lorraine S. Cordeiro, Krishna C. Poudel, Thokozile E. Sibiya, Aline G. Sayer, and Lindiwe N. Sibeko. "Individual, household, and community level barriers to ART adherence among women in rural Eswatini." *PloS one* 15, no. 4 (2020): e0231952.

Bonfante, Larissa. "Nudity as a costume in classical art." *American Journal of Archaeology* 93, no. 4 (1989): 543-570.

Buseh, Aaron G., Laurie K. Glass, and Beverly J. McElmurry. "Cultural and gender issues related to HIV/AIDS prevention in rural Swaziland: a focus group analysis." *Health care for women international* 23, no. 2 (2002): 173-184.

Buseh, Aaron G., Laurie K. Glass, Beverly J. McElmurry, Mildred Mkhabela, and Nonhlanhla A. Sukati. "Primary and preferred sources for HIV/AIDS and sexual risk behavior information among adolescents in Swaziland, Southern Africa." *International Journal of Nursing Studies* 39, no. 5 (2002): 525-538.

Bowleg, Lisa. "Evolving intersectionality within public health: from analysis to action." *American Journal of Public Health*111, no. 1 (2021): 88-90.

Campbell, Jacquelyn C., M. L. Baty, Reem M. Ghandour, Jamila K. Stockman, Leilani Francisco, and Jennifer Wagman. "The intersection of intimate partner violence against women and HIV/AIDS: a review." *International journal of injury control and safety promotion* 15, no. 4 (2008): 221-231..

Cho, Sumi, Kimberlé Williams Crenshaw, and Leslie McCall. "Toward a field of intersectionality studies: Theory, applications, and praxis." *Signs: Journal of women in culture and society* 38, no. 4 (2013): 785-810.

Dlamini, N. "Searching Traditional Roots for Answers to HIV/AIDS Crisis", *AIDS Supplement to the Nation*, December (2001)

Dlamini, Shokahle R. "Swazi women and the human immuno virus: To preserve Swazi culture or the nation." *Asian Women* 21 (2005): 65-82.

Dlamini, M. Gender and Rituals: With Special Reference to the Social Role of Royal Mothers in the Royal Family of Eswatini (Swaziland) (Doctoral dissertation, Teachers College, Columbia University, (2019).

Dlamini, Bongekile T., and Mduduzi Colani Shongwe. "Barriers to Female Condom Use among Undergraduate Health Science Students." *Africa Journal of Nursing & Midwifery* 22, no. 1 (2020).

Fielding-Miller, Rebecca, Kristin L. Dunkle, Nwabisa Jama-Shai, Michael Windle, Craig Hadley, and Hannah LF Cooper. "The feminine ideal and transactional sex: Navigating respectability and risk in Swaziland." *Social Science & Medicine* 158 (2016): 24-33.

Gillespie, Stuart, Suneetha Kadiyala, and Robert Greener. "Is poverty or wealth driving HIV transmission?." *Aids* 21 (2007): S5-S16.

Golomski, Casey. "Interrogating traditionalism: gender and Swazi Culture in HIV/AIDS policy." *Journal of Contemporary African Studies* (2019): 1-16.

Hanna, Judith Lynne. "Dance and sexuality: Many moves." *Journal of sex research* 47, no. 2-3 (2010): 212-241..

Horter, Shona, Sarah Bernays, Zanele Thabede, Velibanti Dlamini, Bernhard Kerschberger, Munyaradzi Pasipamire, Barbara Rusch, and Alison Wringe. "'"I don't want them to know": how stigma creates dilemmas for engagement with treat-all HIV care for people living with HIV in Eswatini." *African journal of AIDS research* 18, no. 1 (2019): 27-37.

Kanduza, Ackson M. "Tackling HIV/AIDS and related stigma in Swaziland through education." *Eastern Africa Social Science Research Review* 19, no. 2 (2003): 75-87.

Kitchen, Philip J., Kate Bärnighausen, Lenhle Dube, Zandi Mnisi, Sithembile Dlamini-Nqeketo, Cheryl C. Johnson, Till Bärnighausen, Jan Walter De Neve, and Shannon A. McMahon. "Expansion of HIV testing in Eswatini: stakeholder perspectives on reaching the first 90." *African Journal of AIDS Research* 19, no. 3 (2020): 186-197..

Lusweti, Institute for Health Development Communication; National HIV/AIDS Monitoring and Evaluation, Annual Report 2008, NERCHA

Masanjala, Winford. "The poverty-HIV/AIDS nexus in Africa: a livelihood approach." *Social science & medicine* 64, no. 5 (2007): 1032-1041.

Mathunjwa, Tengetile R., and Faye A. Gary. "Women and HIV/AIDS in the kingdom of Swaziland: culture and risks." *Journal of National Black Nurses' Association: JNBNA* 17, no. 2 (2006): 39-46.

Mbirimtengerenji, Noel Dzimnenani. "Is HIV/AIDS epidemic outcome of poverty in sub-saharan Africa?." *Croatian medical journal* 48, no. 5 (2007): 605.

McSharry, Patrick E., Charles Mutai, Innocent Ngaruye, and Edouard Musabanganji. "Use of Machine Learning Techniques to Identify HIV Predictors for Screening." (2020).

Ministry of Health and Social Welfare: 10th Round of National HIV Sero Surveillance in Women Attending Antenatal Care. Mdabane: Government of Swaziland; 2006.

Mwiturubani, Donald Anthony. *Youth, HIV/AIDS and social transformations in Africa*. African Books Collective, 2009.

National HIV/AIDS Monitoring and Evaluation, Annual Report 2008, NERCHA

Dlamini, Shokahle R. "Swazi women and the human immuno virus: To preserve Swazi culture or the nation." *Asian Women* 21 (2005): 65-82.

Owen, Branwen N., Mathieu M-Giroux, Sindy Matse, Zandile Mnisi, Stefan Baral, Sosthenes C. Ketende, Rebecca F. Baggaley, and Marie-Claude Boily. "Prevalence and correlates of anal intercourse among female sex workers in eSwatini." *Plos one* 15, no. 2 (2020): e0228849.

Parkinson, John. *Democracy and public space: The physical sites of democratic performance*. Oxford University Press, 2012.

Poku, Nana K. "Poverty, debt and Africa's HIV/AIDS crisis." *International Affairs* 78, no. 3 (2002): 531-546.

Poteat, Tonia. "Navigating the storm: how to apply intersectionality to public health in times of crisis." *American journal of public health* 111, no. 1 (2021): 91-92.

Reis, Ria. "Inventing a generation: The revitalisation of Umcwasho in Swaziland in response to the HIV/AIDS crisis." (2008). Strategic Plan for Swaziland 2000-2005

Syed, Moin. "Disciplinarity and methodology in intersectionality theory and research." (2010): 61.

Tamale, Sylvia. "Exploring the contours of African sexualities: Religion, law and power." *African Human Rights Law Journal* 14, no. 1 (2014): 150-177.

The Government of the Kingdom of Eswatini (2018) 'The National Multisectoral HIV and AIDS Strategic Framework (NSF) 2018 –2023'.

The Kingdom of Swaziland, Swaziland Government Deputy Prime Minister's Office "Swaziland National Strategic Plan for HIV/AIDS 2000-2005", September 2000

The Kingdom of Swaziland, The National Multisectoral HIV and AIDS Policy, June 2006

The Swazi Observer, "Is Swaziland free from the disease", 21 September, 1986

The Swazi Observer, "Is Swaziland free from the disease", 21 September, 1986

"The impact of Socialization on Multiple Concurrent Partnerships in Swaziland", Summary Report of the Formative Research on the Impact of Socialisation and Multiple Concurrent Partnerships in Swaziland, April 2010

The Times of Swaziland, "Mysterious Johannesburg man", 7January, 1991

The Times of Swaziland, 'Killer Sex –Moves Taken against Aids', 14 May, 1986

The Times of Swaziland, "Sex disease rampant", 18 September, 1986

Tobias, B. Q. (2001). A descriptive study of the cultural mores and beliefs toward HIV/AIDS in Swaziland, Southern Africa. *International Journal for the Advancement of Counselling*, *23*(2), 99-113.

UNAIDS. UNAIDS data 2015. 2015; Geneva: UNAIDS, http://www.unaids.org/en/regionscountries/countries/

swaziland United Nations Development Programme Swaziland, 23 February 2009

Vetten, Lisa. "Violence, vengeance and gender: A preliminary investigation into the links between violence against women and HIV/AIDS in South Africa." (2001).

Whiteside, Alan. "Poverty and HIV/AIDS in Africa." *Third world quarterly* 23, no. 2 (2002): 313-332..

Whiteside, Alan, Alison Hickey, Nkosinathi Ngcobo, and Jane Tomlinson. *What is driving the HIV/AIDS epidemic in Swaziland, and what more can we do about it?*. NERCHA, 2003.

Whiteside, Alan. *HIV & AIDS: A very short introduction*. Oxford University Press, 2016.

Whiteside, Alan, Alison Hickey, Nkosinathi Ngcobo, and Jane Tomlinson. *What is driving the HIV/AIDS epidemic in Swaziland, and what more can we do about it?*. NERCHA, 2003.

Whiteside, Alan, and Fiona E. Henry. "The impact of HIV and AIDS research: a case study from Swaziland." *Health Research Policy and Systems* 9 (2011): 1-10.

Zamberia, A. M. HIV/AIDS in Sub-Saharan Africa a Social Problem" UNISWA Research Journal no.18, (2004) 21-36.

Zamberia, A. M. (2009). Sexual activity and condom use among people living with HIV in Swaziland. *African Journal of AIDS Research*, *8*(1), 69-81.

Zamberia, Agostino M. "HIV-related stigma and access to health care among people living with HIV in Swaziland." *Development Southern Africa* 28, no. 5 (2011): 669-680.