

CEO's Speech at the AIDS Foundation of South Africa (AFSA)

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Programme Director,
Distinguished Guests,
Ladies and Gentleman

ALL PROTOCOL OBSERVED

It is fitting that 35 days before the whole world marks and commemorates the World Aids Day on 01 December 2010, the Aids Foundation South Africa (AFSA) is hosting this very important 5th Learning and Sharing Conference under the theme: Culture and Health in the context of HIV/AIDS.

Leaving in this knowledge and information based era, one can only commend the organisers of the conference for their efforts aimed at bringing different stakeholders like the National Heritage Council (NHC) which I represent and representatives of many different civil society formations and individuals. Our resolve must indeed be to reflect and, if needs be, confront the status quo in our quest to seek fundamental paradigm shifts in dealing with HIV/AIDS from a cultural perspective. This, I view as immensely compelling and instructive if we were to be serious about upping our game to fight the HIV/AIDS pandemic that is condemning us in South Africa, the SADC region and continentally.

As the NHC it has become our motto we live by that “**we are in this together**” with you. More so, given our mandate as a public entity under the National Department of Arts and Culture charged with, amongst others, the functions pertinent to this conference outlined in our Constitutive Act including, but not limited to, the following:

- a. Protect, preserve and promote heritage for present and future generations;
- b. Protect, preserve and promote research on Indigenous Knowledge Systems (IKS) including, but not limited to, enterprise, industry, social upliftment and liberatory processes;
- c. Develop and promote heritage awareness and education.

I thought it prudent that I contextualise my address today by focusing on the theme that I have chosen: “**Quest for African Solutions to Africa's Problems**”. It is common cause, I want to believe, that South Africa is still considered to be one of the countries in the whole world worst affected by the HIV/AIDS pandemic. Previously, cultural and traditional beliefs had not been foregrounded as possible contributors to the increase in HIV/AIDS pandemic. Now, therefore, it behoves us to look beyond traditional platforms where ignorance of the other contributors outside the mainstream found high expression.

The dynamism of African cultural and traditional beliefs enjoins us to reflect on some of the complex socio-cultural factors that have been identified as responsible for the rapid spread of HIV/AIDS particularly in South Africa. Needless to say, culture is dynamic and as South Africans we need to assess the relevance of some of our cultural practices and traditions to see if they find resonance with the many initiatives that together with government we are collectively seeking to employ to deal with this pandemic.

I dare suggest that, there has to be a limit in terms of the extent to which we could use yesteryear's spectacles to deal with the challenges of today. The converse equally holds in that we cannot just relegate some of the cultural and traditional practices that we could borrow from yesteryears to inform our discourse to champion future interventions on HIV/AIDS from an African perspective.

Of late, more and more people are beginning to distance themselves from negative aspects of their cultural and traditional practices, whether African or Western, and only extract positive aspects from both and develop a new culture that they deem relevant for their survival. By way of example, it is no longer deemed contradictory and uncommon for South Africans these days, for example, to embrace Christianity and still observe let alone perform their cultural rituals or practices on a Saturday or Sunday within hours of each other.

In the recent past, media coverage around certain cultural practices evoked intense debates around the relevance and safety of **rites of passage**, virginity testing and circumcision of males conducted outside modern health facilities. One of the topical issues that is still widely debated is the relevance of these cultural practices and the challenges some of these present to individual health. I will reflect on these briefly to illustrate how some of the identified challenges manifest in relation to **rites of passage**. The following are worth mentioning:

a. Male Circumcision

This is one area where a lot has been said about the risk of transmission of HIV to the initiates. On the one hand, male circumcision is said to be most preferable when it comes to the possible reduction or minimisation of exposure to transmission of HIV and other Sexually Transmitted Diseases. On the other, however, belief in circumcision as a health imperative as opposed to cultural or religious practice is said to promote recklessness and ignorance of preventative measures to curb the scourge of HIV/AIDS.

b. Domba Rituals and other Female related rites of passage

It has been argued that young females who go through "**Domba**" and "**Vhusha**" among the Vhavenda people and other South African Indigenous groups promote good behaviour amongst young females and inculcate in them good moral values in their youth. Arguably, those who do not go through the same ritual are assumed to be the lost generation who are more prone to engaging in sexual activity in their youth before they are thoroughly prepared for it.

c. Virginity Testing

It has been argued that this practice mostly amongst the Zulus tend to stigmatise the young maidens who participate in it especially where they fail the test owing to other non-sexual causes. Furthermore, the risk of possible transmission of or exposure to health risks has been proffered as good reasons why this practice should be discarded.

Furthermore, from a human rights paradigm it has been argued that this constitutes an unjustifiable intrusion into the right to privacy. By contrast with boys, this has been attached as discriminatory and affecting the right to equality in that, only young girls are subjected to it.

Until recently, one of the most neglected areas through which lasting solutions could be found or even possible discovery for a cure for HIV/AIDS is **Indigenous Knowledge Systems (IKS)**. It is important that we recognise the role IKS could play in finding lasting solutions to arrest the scourge of the HIV/AIDS pandemic. Likewise, this requires of us to accord enough recognition to our heritage icons, that is our IKS practitioners that we rightfully call "Barefoot Professors" mostly located within the rural communities who are the embodiments of and carriers of valuable knowledge that we so much need.

More often than not, our heritage icons who for many years, have always used that kind of heritage embedded in IKS for example in areas of food production, traditional healing processes using indigenous medicinal plants, are yet to be accorded recognition worthy of their contribution and stature. Sadly, many of them are passing on without transferring and imparting their knowledge to the current and younger generation for continuity of application beyond their time on earth.

Many of them, rightfully so, are hesitant to transfer such rich knowledge for fear of exploitation. It is common knowledge that many of our IKS practitioners have not had exposure to formal education and many a researcher, especially from Europe and even within our borders who direct the foreign nationals to these icons, would volunteer their knowledge without pre-counselling on Intellectual Property Rights (IPR), profit sharing schemes let alone acknowledgment for their intellectual capital.

I am aware and, in fact, would like to commend the national Department of Science and Technology (DST) in establishing a division to promote and research on IKS which saw the development of a national policy on IKS. It is gratifying that the National Research Foundation (NRF) which is a public entity under the DST mainstreams and promotes research on IKS though focused funding. Likewise, its sister entity, the Centre for Scientific and Industrial Research (CSIR) has for sometime also been involved in IKS research which is equally worth extolling.

In line with our mandate and informed by the importance thereof, the NHC has struck a partnership with **iARI** on IKS research especially into medicinal plants. **iARI** in partnership with the CSIR is busy researching on Impepho and the latter has already made available to the latter an essential oil from the first research thereof for it to test the oil for toxins. **iARI** will then take the distilled product for further research that the medical value of the plant is accurately recorded and that the public is educated about the value on domestic usage. The next phase of the project will be to experiment with different non-medicinal products and later test oil for its medicinal value.

Currently, hydroponics is mainly being used for high yield vegetables like tomatoes, spinach, lettuce, peppers and herbs which could assist with dietary needs because of their nutritional value. **iARI** intends using this project as an example of how we can be sustainable in the production of vegetables by preserving water, energy (using solar energy) and soil. However, further research especially on the technical aspect of the projects is still required.

The other initiative that **iARI** is involved in is hydroponics research which is aimed at studying hydroponics systems and methods for use with indigenous plants and also doing research into the benefits of indigenous plants that are grown by means of hydroponics. The Agricultural Research Council (ARC) is currently conducting research for one indigenous crop using hydroponics **Film Gravel Technique System**. This research is scheduled to take 18 months and started in November 2009 and the report from it is expected to be released in April 2011. We look forward to receiving this report as it may enhance many other research initiatives towards finding the cure for HIV/AIDS and many other chronic diseases.

It, therefore, becomes even more compelling for us to ensure that while recognising IKS icons and practitioners, we promote epistemology around it to ensure transfer of knowledge to the present generation especially the youth so that their contribution to heritage becomes living testimonies that are recorded and well documented to be shared by many generations to come.

The **development** and promotion of research on IKS, therefore, speaks to partnerships that may need to be struck amongst research institutions and relevant departments to mainstream it. The AIDS Foundation South Africa could as well contribute in the efforts of the DST, **iARI**, NHC, CSIR, and many others to also support research on IKS.

The NHC, therefore, supports intensive research on traditional medicinal plants that could be used to cure different ailments that our forebears used in the past. By funding **iARI**'s research initiative, we are driven by the desire to encourage researchers to go deeper and tap into this indigenous knowledge and discover more species and traditional methods of treatment using these plants. Who knows, maybe the cure for HIV and/or AIDS and other chronic diseases lies in IKS and traditional medicinal plants. However, we always caution that protection of Intellectual Property Rights must not be overlooked.

Over the past Five years, the NHC has been pursuing a very important programme of Ubuntu for nation building which seeks to bring back some of the key values that have been eroded over the past decades mainly through modernity. Our approach and belief has been that Ubuntu as part of **intangible heritage** which we seek to promote can be used as a potent tool for nation building and promotion of social cohesion. In this conference, we want to foreground and proffer Ubuntu within the context of solidarity with the weak particularly, the child-headed families who lost their parents or guardians owing to HIV/AIDS.

Just recently, on the 31st August 2010, together with our partners, the Moral Regeneration Movement and the Commission for Religious, Cultural and Traditional Affairs (CRATA) included, we hosted a very successful conference at Gallagher Estates on the values of a caring and just society.

The positive outcomes of this conference are that it culminated in the adoption of new values that should underpin individual behaviour both in public and private spaces and key resolutions to take the Ubuntu programme forward were also passed. Amongst the key resolutions adopted is the proposed **Ubuntu day** to be included as one of the important days in our calendar as South Africa. The other one is that public service practices should be underpinned by Ubuntu. We call upon the AIDS Foundation South Africa together with all AIDS activists to join hands with us and many other civil society formations and ordinary South Africans irrespective of whether or not they are affected or infected to demonstrate the culture of a caring society.

As the national body coordinating heritage we are, therefore, suggesting that all of you are important stakeholders who can contribute meaningfully to the work of the relevant national departments within the social cluster, by embracing Ubuntu to promote a caring nation premised on Ubuntu for nation building. You need, therefore, to see how you can make your contributions in your own areas of responsibility by disseminating relevant messages to deal

with some of the myths around certain cultural practices which inhibit total flow of information to deepen understanding of the reasons for the spread of HIV/AIDS in our communities.

I am mindful that there may be contestations in your endeavour to locate heritage and cultural practices within many of your pro-health initiatives. However, through open dialogue and stakeholder engagement a balance could be struck to avoid unnecessary contestations in search of a common vision to fight the HIV/AIDS pandemic.

One way of the kind of support you could give is to promote heritage excellence and integration of Ubuntu into every aspect of people's lives and thereby enhance the importance of fostering identity, national pride, cultural consciousness in nation building, and promoting a caring and just society. This could assist in removing some of the stereotypes that undermine efforts to curb the spread of HIV/AIDS. However, we would like to extend our call to corporate South Africa and even Multinationals elsewhere in the world to contribute generously and even double their efforts in pursuit of this noble cause to fight the scourge of HIV and AIDS.

As I conclude, I want to challenge all of us to also invest in education of communities out there, particularly the youth to create more awareness to demystify some of the articulations that seek to undermine the importance of cultural values that promote good health without subjecting those involved in cultural practices to discriminatory and subjugation tendencies in the name of culture. The foundation, however, may need to be laid at basic level where the education department would need to broaden the scope of the curricula in primary and secondary schools to accommodate heritage studies where issues of tensions between culture and health could be mediated through classroom dialogue amongst learners. This could empower them in terms of enhancing their knowledge on HIV/AIDS. Let us equally promote IKS research in the institutions of higher learning.

I thank you.