

Research Article

Using Vhavenda Traditional Entertainment to Curb HIV Spread in the Rural South African District

**Avhatakali Allga Ndou-Mammbona ¹, Idah Moyo ¹, Livhuwani Tshivhase ² and
Azwihangwisi Helen Mavhandu-Mudzusi ¹**

¹Department of Health Studies, University of South Africa, P.O. Box, 392, UNISA, Pretoria, South Africa

²Department of Nursing Sciences, Sefako Makgatho Health Sciences University, P.O. Box 142 MEDUNSA 0204, Pretoria, South Africa

Correspondence should be addressed to Avhatakali Allga Ndou-Mammbona; ndoumaa@unisa.ac.za

Received 16 March 2023; Revised 27 September 2023; Accepted 16 October 2023; Published 3 November 2023

Academic Editor: Mirko Duradoni

Copyright © 2023 Avhatakali Allga Ndou-Mammbona et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Purpose. This study explored the use of traditional entertainment as a means of curbing human immunodeficiency virus (HIV) spread in the Vhembe district of South Africa. Engaging in cultural dances like *tshikona*, *tshifasi*, *tshigombela*, *malende*, *davha*, and *musangwe* keeps the youth grounded, making it less likely that they will engage in unprotected sexual intercourse. **Methods.** This qualitative study utilized an ethnographic design. The study was conducted in rural villages in Vhembe district, Limpopo province in South Africa. Eighteen participants consisted of Vhavenda traditional leaders and chiefs who met the selection criteria were purposively selected to participate in the study. The sample size was determined by data saturation. Semistructured face-to-face interviews were used to collect data, guided by an interview guide. Four observations were done concurrently with the interviews. Interviews were audio-recorded, and field notes were taken. Ethnographic content analysis was used to analyze the data collected. **Results.** The results indicate that Vhavenda traditional entertainments like *tshigombela* and *tshikona* can be used in reducing and managing the spread of HIV, whereas *malende*, *tshifasi*, *davha*, and *musangwe* have the potential to spread and increase incidences of HIV. **Conclusion.** The traditional entertainment such as *tshigombela* and *tshikona* can be utilized as they instill good morals. *Malende*, *tshifasi*, *davha*, and *musangwe* can be repatterned and modified. Traditional entertainments, if properly utilized, can add to the strategies of reducing the new incidences of HIV.

1. Introduction

Human history has been exposed to various viral diseases from ancient times to the present day and has faced various pandemics [1–4]. These viral diseases, smallpox [5], H1N1 [6], measles [7], and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) [8], have profoundly affected human life and caused changes in the world population [9]. Although the impact of many of these viral diseases has significantly decreased, human immunodeficiency virus (HIV), attacking cells that help the body fight infection, leaving the person vulnerable to other infections [10], is still currently affecting human life, and is increasing specifically in various regions of the world.

Although HIV is a global challenge, sub-Saharan Africa (SSA) is leading the pack—with 68% of people living with

HIV [11]. South Africa carries the largest share of the global HIV burden. The HIV epidemic disproportionately affects women compared to men because of their unequal cultural, social, and economic status in society [12–14]. The regions of East and Southern Africa are the most affected by HIV, with over 700,000 new infections in 2019 [11]. South Africa is the world's worst affected country, where approximately 7.9 million people of all ages were living with HIV in 2018 [15]. HIV prevalence was 20.6% (26.3% among women and 14.8% among men) [15]. For curbing the spread of HIV, strategies need to be sought to protect communities against the HIV scourge.

Entertainment is a phenomenon that has become an important part of people's lives in the last decade and has various forms (dance [16], sport [17], video games [18], music [19],

food [20], social media [21]). At the same time, various forms of entertainment are nowadays part of important intervention programs. According to the UNAIDS [22], entertainment in the form of radio talks improved discussion talks among community members on HIV and acquired immunodeficiency syndrome (AIDS) and that resulted in reducing the infection rate in country such as Uganda.

Traditional entertainment in this study is a form of cultural dance as well as cultural sport.

Cultural dance is a practical form of physical activity in a cultural or ethnic group that stemmed from the purpose of the celebration, whether religious, temporal, or social [23]. Culturally, dance has different forms based on country of origin, varying options in manner as theatrical or dramatical. Participating in traditional dances can benefit the population by preventing excessive weight gain, cardiac risks, reducing stress, and increasing life satisfaction [24]. Furthermore, Olvera [24] regarded the cultural dances as a form of physical activity that promote physical and mental health among populations. In the context of this study, the entertainment with cultural dance is in the form of *malende*, *tshigombela*, *tshifasi*, *davha*, and *tshikona*, while the cultural sport is in the form of *musangwe*. These dances, as well as sport, are described here below.

Malende is a traditional song and dance genre performed primarily by women and girls, typically one singer dances to drummers and improvises lyrics on a well-known melody [25]. *Malende* is usually performed in an informal setting, handclapping, singing, and a drum would often accompany it. In the absence of a designed drum, the dancers could improvise by anything that can produce a sound, e.g., like any empty container that can be used as a drum. Songs sung in this type of dance could be educative, and audience and those partaking in the dance could benefit from the health education given in the songs, as it is usually songs to promote health and well-being among communities [26].

Tshigombela is a dance that involves more members of the community. *Tshigombela* is mainly organized from the community traditional leaders and is there for training and for protection of women through dance. The dance involves singing songs with educational information and dancing that may be during ceremonies. The information shared through the songs could, thus, benefit spectators, as well as those who will form the team of the dancers.

Tshigombela and *malende* are often used by adults for teaching young men and women how to conduct themselves in society, including attitudes toward sex, AIDS, marriage, teenage pregnancy, and the importance of education, as well as behavior and manners relating to respecting adults in the community [27].

Tshifasi is a child's game for boys and girls and there are children's games for boys and for girls [28]. The dance is performed by a boy and a girl. If it is a man to dance, he needs to be dancing with a woman. It is a form of an entertainment when there are ceremonies.

Tshikona is one of several South African pipe dance [29]. The dance takes place under the auspices of traditional leaders and is associated with important social rituals [30].

Music shared here could be used to educate, inspire, and unify one's life with others [25].

Musangwe is a bare-knuckle fist fighting sport among men to men [31]. No women are allowed to even watch the game as the fight becomes intense and those in the sport can be bitten to bleed. The sports keep men who like to watch the fight entertained. The fighters fight with no masks and gloves, and they are prone to body injuries. Although *musangwe* is used for entertainment purposes in the community, it poses a risk to HIV transmission due to injuries sustain during the sport [31].

Davha is the traditional gathering of community members to work together, and members are not paid for such work but are given home brewed beer and food. During the work and as they drink, they dance either *malende* or *tshifasi*. After the work, they could even get drunk. Dancing done here is to entertain members.

The main concern in the Vhembe district of Limpopo province is that no conclusive plans or approaches are in place to eradicate the surge of HIV among our youth. Testimony is the study done by other scholars [12] that unemployment and the lack of strategies to engage youth in more sporting and cultural activities influence the spread of HIV infections, as youths tend to engage more in sexual activities due to boredom.

People shy away from their traditional entertainment, where children are kept busy rather than being found on the street. Due to boredom, children resort to other forms of entertainment—such as engaging in unprotected sex from an early age, which then makes them prone to sexually transmitted infections, including HIV. The same narrative was shared in the study conducted by other scholars [12], which states that lack of entertainment like sporting activities drives youths to engage in drug and alcohol abuse. The abuse of these substances leads youth to be involved in premarital sex, which may lead them to contracting HIV. While cultural dynamics differ across SSA, there are some commonalities that increase the youth's vulnerability to HIV [32]. Poverty and limited access to resources exacerbate the negative experiences of the youth from low- and middle-income countries, as they are exposed to more risk factors of vulnerability than the youth from high-income countries [33]. The youth of today are more concerned about technology, where they see a lot of inappropriate things (related to sexual fantasies), which make them want to try or emulate them while exposing themselves to infections like HIV [34]. The use of technology is taking its toll on the youth as they watch pornography and will in turn practice it. The above sentiment was also shared in a study done in Australia that pornography leads to earlier sexual activity and more lifetime partners. It encourages children to engage in sexual behavior before they are mentally, emotionally, and physically ready—without touching on any information regarding the risks and responsibilities associated with sex, such as pregnancy and sexually transmitted diseases [35]. Apparently, the youth are no longer interested in their cultural activities but rather cling to the television and other social media to learn and see explicit behavior which they end up copying. Sharing the

same narrative is the study conducted in a South African district of Vhembe [36] where youth no longer engaged in traditional activities like traditional initiation schools where they use to get advice on how to behave to avoid engaging in unprotected sexual intercourse which will then predispose them to contract HIV. Although participating in *musangwe* (traditional fist fighting) is believed to put one at risk of contracting HIV, it is also a form of entertainment which may help drive youth from the street and keep them from engaging in sexual activities which can predispose them to contract HIV in the process. Boxing can aid in relinquishing stress and boredom and, because people wear protective clothing, it is a safe spot as chances of contracting HIV are slim. Contrary to the above findings, a study conducted in Nevada (United States) [37] found that all boxers should be tested for HIV, before the fight, even though they fight wearing gloves, as it is believed that it is risky because there is bloodshed and one can contract or spread HIV if one of the fighters is infected.

Based on the emerging evidence [27, 31] showing a positive and the negative influences of traditional entertainment on preventing or spreading HIV through the songs that are sang, the researchers hypothesize that (H1) the Vhavenda traditional entertainment such as *malende*, *tshigombela*, *tshikona*, and *musangwe* can preoccupy people such that they may not have time to engage in sexual activities as the dances and sports keep people entertained. The researcher believes that there is a relationship between the acquiring of HIV infection (engaging in sexual activities) and being occupied or involvement in traditional entertainment. (H2) The researcher believes that entertainment delays sexual debut. Since the songs sang during the dances are sharing information related to health issues such as AIDS and its lifelong treatment. Such information could help spectators and dancers to prevent themselves from acquiring HIV and AIDS. (H3) The researchers also hypothesize that since the dance called *tshifasi* involved a man and woman or a girl and a boy, it can be a way to stimulate sexual feelings and, thus, could lead the partners dancing to pursue the relationship further and may, thus, be prone to acquiring HIV if they indulge in unprotected sex.

Therefore, the aim of the current study was to explore the use of traditional entertainment as a means of curbing HIV spread in the Vhembe district of South Africa. This manuscript presents the use of Vhavenda traditional entertainment in the form of dance, songs, and traditional boxing (*musangwe*) used to curb the spread of HIV in Vhembe district of South Africa.

2. Methods

2.1. Design. An ethnographic design was used. Ethnography is an inductive research method that is used to gather information about the research object [38]. Ethnographic design is the in-depth study of a people's way of life in their culture [39]. The researchers utilized an ethnographic design, as it captures the social meanings and ordinary activities of members of the community in their natural settings or contexts. Ethnographic design was used to explore and determine

whether using Vhavenda traditional entertainment can inhibit the spreading of HIV in Vhembe district of Limpopo province.

2.2. Study Setting. The study was conducted in rural villages of the Vhembe district found in the northwestern tip of South Africa in Limpopo province. The district is surrounded by Zimbabwe to the North, Botswana to the Northwest, and Mozambique on the Eastern side [40]. New HIV incidences in the district are reported to be at 64,372—approximately 11.4% of the total population [39]. That is lower than the HIV incidence in the Capricorn district 70,710 in numbers, approximately 19.4% of the total population [40]. The lower incidence in the Vhembe district may be attributed to their engagement in cultural activities as a form of traditional entertainment.

2.3. Population and Sampling. The population comprised of all the traditional leaders involved in traditional entertainment and who are also knowledgeable regarding the Tshivenda language (including idioms) in Vhembe district. Due to the ethnographic nature of the study, the researchers first approached a traditional leader who is an acknowledged expert (he is frequently interviewed on Phalaphala FM Radio, a radio station which broadcast in Tshivenda) regarding Vhavenda traditional entertainment forms and language used. The researchers were also referred to other individuals who were language experts or deemed experts in traditional dances and songs and who could, therefore, serve as key informants. The demographic data of the 18 key informants involved in the study are shown in Table 1.

Of the nine traditional leaders and four traditional chiefs, three were females and 10 were males. Their ages ranged from 40 to 82 years.

2.4. Data Collection. The researchers developed an interview guide in collecting the data in Tshivenda, as the interviews were conducted using Tshivenda language and were then translated into English language. To guide the observation, the researchers developed an observation tool with questions focusing on the types of traditional entertainment, the processes followed, and how the Vhavenda traditional entertainment can be used to prevent the spreading of HIV/AIDS.

The interview guide and observation tool were initially tested by interviewing and observing a traditional leader while performing a traditional dance called *malende* with school children during school holidays (not part of the key participants). The interview guide and observation tool were revised and retested by interviewing another traditional leader, performing the traditional entertainment called *tshikona* dance [41].

The first author collected data between June and December 2019. Data were collected in the form of individual semi-structured interviews and observation (concurrent, where possible) following ethnographic design principles. All the interviews, except for those with the individual engaging in traditional fistfight (*musangwe*), were conducted where the activities were taking place (*malende*, *tshikona*, *tshifasi*, *davha*, and *tshigombela*). For *musangwe*, the challenge was that, because the researcher was a female, she was barred from attending, as it is a cultural taboo for women to observe

TABLE 1: Demographic data of key informants.

Pseudonym	Age (in years)	Gender	Categories of leaders	Years of engaging in traditional entertainment	Types of traditional entertainment
Zwoanda	82	Male	Traditional leader	48	<i>Tshifasi, malende, tshigombela, tshikona, davha, musangwe</i>
Lwendo	67	Female	Traditional chief	39	<i>Tshifasi, malende, tshigombela, tshikona, davha</i>
Dzulani	57	Male	Traditional leader	25	<i>Tshifasi, malende, tshigombela</i>
Mubva	65	Female	Traditional chief	34	<i>Tshifasi, malende, tshigombela</i>
Muxedzi	59	Female	Traditional leader	27	<i>Tshifasi, malende, tshigombela</i>
Musiki	69	Male	Traditional leader	40	<i>Tshifasi, malende, tshigombela, tshikona, davha</i>
Muteki	71	Male	Traditional leader	31	<i>Tshifasi, malende, tshigombela, tshikona, davha</i>
Thanyani	75	Male	Traditional leader	54	<i>Tshifasi, malende, tshigombela, tshikona, davha, musangwe</i>
Thengwe	54	Male	Traditional leader	42	<i>Tshifasi, malende, tshigombela, tshikona, davha</i>
Tshiongo	80	Male	Traditional leader	49	<i>Tshifasi, malende, tshigombela, tshikona, davha, musangwe</i>
Mulayo	40	Male	Traditional leader	14	<i>Tshifasi, malende, tshigombela, tshikona, davha</i>
Phaswana	70	Male	Traditional chief	41	<i>Tshifasi, malende, tshigombela, tshikona, davha, musangwe</i>
Rolingana	73	Male	Traditional chief	33	<i>Tshifasi, malende, tshigombela, tshikona, davha</i>

TABLE 2: Summary of results.

Superordinate themes	Themes	Subthemes
Traditional entertainment in the form of dance	<i>Traditional dances that promote intimacy</i>	<i>Davha</i>
		<i>Tshifasi</i>
	<i>Traditional dances that discourage early sexual debut</i>	<i>Malende</i>
		<i>Tshigombela</i>
Traditional fight as an entertainment	<i>Musangwe</i>	<i>Tshikona</i>
		<i>The process involved during musangwe</i> <i>Protection used when fighting</i>

men while fighting during *musangwe*. Field notes were also taken to record nonverbal cues and other aspects, which could not be recorded or captured via the observation tools. Probes and prompts were used to elicit more detailed information from the key informants. All interviews were audio-recorded, and each lasted approximately 45–60 min.

The audio-recorded interviews were transcribed verbatim and translated from Tshivenda into English by an expert. Transcripts, observation tools, and field notes were analyzed manually using ethnographic content analysis [38, 42]. That process entailed the researchers and an independent coder individually reading all transcripts. Field notes and observation tools were taken and integrated into the analysis to code and categorize themes. Next, they searched for relationships across developing themes and developed a master table with superordinate themes, subthemes, and quotes from the transcripts before comparing and discussing the data to produce a refined master table. Cocoding occurred independently to ensure conformability and reliability [43].

2.5. Trustworthiness of the Study. To ensure trustworthiness in the study the following criteria: credibility, confirmability, dependability, transferability, and authenticity was adhered to, as articulated by Guba and Lincoln [44]. The criteria for ensuring trustworthiness were credibility, confirmability, dependability, transferability, and authenticity [44]. A complete description of the setting and key informants was provided to ensure transferability. To guarantee authenticity, interviews were audio-recorded and transcribed verbatim to capture each key informant's voice. To ensure dependability, interviews were recorded by using audiotapes to transcribe as verbatim data. All the key informants were given feedback on the emerging interpretations to garner their insights and to ensure credibility. In constructing a single master table, the researchers and the independent coder established the assumption of confirmability without emphasizing their own perspectives or biases.

3. Results

Two superordinate themes emerged from the data analysis, namely traditional entertainment in the form of dance and traditional fight as entertainment that can be used in the management of HIV. Under each superordinate theme, several subthemes emerged (see Table 2).

3.1. Traditional Entertainment in the Form of Dance. Traditional dance was used from way back by the Vhavenda people

as a way of keeping children busy and giving commandments for good behavior, which they need to follow to become responsible adults. Currently, it is also used to warn them about the dangers of engaging in sexual activities before marriage as they could contract HIV/AIDS and die. The above superordinate theme consists of two themes namely, traditional dances that promote intimacy and traditional dances that discourage early sexual debut and five subthemes, which are *davha*, *tshifasi*, *malende*, *tshigombela*, and *tshikona*.

3.2. Traditional Dances That Promote Intimacy

3.2.1. Davha. People asked by someone who may be owning a field who need assistance of people to help him or her plough. It occurs commonly in rural villages. After ploughing, the owner may organize homemade traditional beer and food for the participants. After the person or people's fields is ploughed, the members come back and dance any traditional dance of their choice, while drinking traditional beers brought along by the field owner whom the group ploughed for. The above tradition puts those who don't have sexual partners at risk, as they will engage in unprotected sexual activities.

"We invite voluntary work gathering (davha) where every family who have a working member, they bring dzumbavhulo (gift in the form of money or other form), fruits, homemade beer, or anything harvested. When people are tired, they must wipe away their sweat. They will do 'tshifasi' dance and drink being happy. If you do not have a partner, you get one after showing your expertise of singing and dancing. But you are not supposed to take someone's partner. People also predisposing themselves from contracting HIV, as they will engage in unprotected sexual activities as they will be drunk." (Zwoanda)

3.2.2. Tshifasi. The researcher found that this type of traditional dance can negatively influence the management of HIV, as children end up falling in love with each other and end up engaging in sexual activities. The following are some of the key informants' extracts:

"Dance like tshifasi disturbs in the prevention of HIV; you will find children playing like a husband and wife. Others end up falling in love and end up engaging into sexual activities, which put

them in danger of being infected with HIV.” (Lwendo)

“The dancers are male and female because they dance hugging each other imitating husband and wife. In the process, a person ends up getting a sexual partner. When it comes to influencing HIV treatment, I can say it is disturbing as after dancing, you will see them following each other to the same house. Sometimes, they leave after drinking a bit.” (Dzulani)

The other problem is that these types of dances are sometimes done after becoming drunk from drinking traditional beer. Others will also end up going together to the others' home to spend the night. This traditional dance can influence the spread of HIV. Children dance like a husband and wife. They end up falling in love with each other and end up engaging in sexual activities. The above acts predispose them to contract HIV.

“This dance is not supposed to be dances by children, rather by us as grown up. Children of nowadays will dance and practice what the dance was saying; I mean they will end up sleeping together. But in ancient time, we use to dance like this with no preconceived ideas. We will not engage in sexual intercourse until we get married.” (Musiki)

3.2.3. Malende. The findings of the study reveal that at *malende* dances the best dancer is admired by all the girls present. He will end up having many sexual relationships. This will then make him spread or contract HIV in the process.

“Dance like malende, you find several people engaging in unprotected sexual activities. An expert dancer will end up being loved by all girls or by all boys.” (Muxedzi)

The study found that during *malende* dances, the person who is regarded as the best dancer can end up having many lovers. This means that either a girl or boy can end up risking their life by engaging in sexual activities with many girls or boys because everybody will just love the best dancer without thinking about the risk of contracting HIV in the process.

“We used to go for a smart dancer those who don't how to dance were not even considered. Being picked up by the handsome dancer was regarded as being luck and other girls will admire you. The problem is when they end up sleeping together with no protection. The chance of being infected with HIV was very high.” (Mubva)

3.3. Traditional Dances That Discourage Early Sexual Debut

3.3.1. Tshigombela. Tshigombela is one of the Vhavenda traditional dances that boys and girls can entertain themselves

with and during dancing, songs like “AIDS i a vhulaya, ende ai lafhei” (which literally means “AIDS kills, and it is not curable”) are used to teach children how to behave themselves and to warn them that HIV/AIDS kills. They must take care of themselves until they get married.

“Most of the songs they influence or prevent the spread of HIV and AIDS. If youth are dancing tshigombela, this day, there are songs (AIDS i a vhulaya, ende ai lafhei, which literally mean AIDS kills and it is not curable) that talk about the dangers of being infected with HIV/AIDS, protection, and how a girl must carry herself until marriage, and that a real girl will abstain from sex.” (Thanyani)

The study further reveals that *tshigombela* helps a lot in educating children on how to protect themselves from being infected by HIV. They are also advised through songs that they should abstain from sexual activities until they get married. They are also given advice on how to remain a virgin until marriage and that they will be rewarded for their good behavior. Through songs, girls are also advised to respect their partners. The following key informants' interview extracts attest to the above:

Some songs which are sang at tshigombela are telling children about proper behaviors for females and that a female should have respect for her partner and not be found roaming around the streets with males. Some songs are sung for the virgin, where people even praise the person, and even give the person an award in such a way that others even emulate and imitate the behavior of the award winner.” (Thengwe)

3.3.2. Tshikona. Tshikona is where boys learn how to respect elders and how to behave in an acceptable way. They are also taught about the dangers of engaging in sexual intercourse, as they will end up contracting HIV. They are advised to rather use condoms if they are already sexually active to avoid sexually transmitted infections, including HIV. If already sexually active, they are advised to use condoms and are not allowed to participate. The following is a participant's excerpt:

“Here we teach them how to behave themselves and not to engage in sexual intercourse because they will contract HIV and die being young. They are also advised to use condoms if they are already sexually active to protect themselves. They are also not allowed to participate if they are already sexually active, this on its own deter them to engage in sexual intercourse. We can see that this one is already sexually active, is so they will just be spectators. It is also embarrassing to see other participate when you are not.” (Muteki)

3.4. Traditional Fight as an Entertainment. Vhavenda traditional fight was used back then as a form of entertainment,

and it is still used even now among men to show how strong they are.

3.4.1. Musangwe. The other sport loved by Vhavenda cultural men is *musangwe*. The sport is used as entertainment, and it poses the risk of contracting HIV. It is a bare-knuckle fistfight (*musangwe*) without wearing protection. This theme is divided into two subthemes: protection used when fighting, and the process involved during *musangwe*.

3.4.2. The Process Involved during Musangwe. In *musangwe*, the researcher found that two people are involved in a bare-knuckle fight without wearing any protection like gloves. They can scratch or injure each other or get cut and bleed in the process. In this type of fistfight, the people who are fighting are more prone to HIV infection.

“There is musangwe, which, in my opinion, has a negative influence on the management of HIV. People are involved in bare-knuckle fists without wearing gloves, and there is a spill of blood. Chances of getting infected with HIV are very high.” (Tshiongo)

Apart from the above, key informants believe that they are immune to HIV, as their ancestors protect them. *Musangwe* has a negative influence on the management of HIV. People are involved in bare-knuckle fists without wearing gloves, and there is a spill of blood. Accordingly, the chances of getting infected with HIV are very high. *Musangwe* is a problem because they fight without wearing gloves. It is possible that they can infect each other. They think that they are protected by their ancestors. In contrast, the only protection they have from the traditional healers is to defeat the opponent.

“Musangwe is a problem because they fight without gloves. HIV because they fight without protection and there is spilling of blood. It is possible that they can infect each other. They think that they are protected by their ancestors. What we only do is to give a person treatment to defeat the opponent.” (Mulayo)

3.4.3. Protection Used When Fighting. Traditional fights like *musangwe* negatively influence the management and treatment of HIV. They fight with bare hands without wearing gloves for protection. *Musangwe* is a physical contact sport where people get hurt and the possibility of one unintentionally touching the other person's blood increases the risks of contracting HIV. Fighters believe that they are protected by their ancestors through the traditional healers.

“Things like musangwe will influence management and treatment of HIV. Why I say so is because when people fight, they do not wear the gloves and you know that musangwe is a physical contact sport wherein people can get hurt, and the possibility of one unintentionally touching

one's blood is possible which increase the risks of contracting HIV.” (Phaswana)

Another key informant voiced that the sport encourages the spread of HIV, as it is a physical contact sport and there is a possibility of getting cut and bleeding during the fight.

“That game is wrong. Most people might be getting infected by HIV at traditional boxing. People fight without gloves and there is a possibility of shedding of blood. The government should take this seriously because the key informants do not believe that they could be infected by HIV. One came to me requesting for protection because he is going to fight and I asked how. The person said so that he should not contract HIV and that he should not be defeated by his opponent. I told him that there is no medicine, which can prevent him from being infected with HIV. I gave them only medicines to ensure that their opponent see the darkness during the fight and hit the air, so that he can defeat him.” (Rolingana)

4. Discussion

4.1. Traditional Entertainment in the Form of Dance. This paper presents the traditional entertainment, which encourages intimacy, such as *davha* (which is where people are invited to the gathering by the member of the community to do voluntary work). After finishing the project, people will dance *malende* while indulging in alcohol and the aftermath is that they may end up engaging in unprotected sexual intercourse, especially for those who do not have intimate partners. Other authors are contrary to the above [27] that traditional dance is good for children, as they can learn about their culture and is also informative pertaining problems facing the youth nowadays. The finding is in agreement with the researchers' hypothesis that songs sang in such dances can either delay sexual debut or promote abstinence through the health education provided.

During *malende* dance, the best dancer will end up having all the women for himself and because they will be drunk, he will sleep with them without using protection. The above behavior predisposed one to can contract HIV. Different views were shared by other authors [27] that songs sang during *malende*, dance may also have a positive influence, as it can be used to nurture, teach, motivate, and unify children's lives and that of others.

The other dance, which influences intimacy, is when people dance *tshifasi* because they dance emulating two people who are in love; children and older people misinterpret that and use that to their advantage that they are compatible to each other. During *tshifasi* dancing, the songs sang play an important role in what one might become. Music also has a major influence on the person's behavior and life [25, 27].

The way they dance make them feel each other physically and they end up falling in love. The result will be sleeping together at the spur of the moment, without even using

protection and not thinking about contracting HIV. The finding aligns with the researchers' hypothesis that the *tshifasi* dance can influence intimacy and can, thus, predispose dancers to acquiring HIV through unprotected sex. Other scholars [45] differ with the above narratives that taking part in musicals may help people to relieve stress and may promote social behavior within a group and reduce the chance of engaging in unprotected sexual activities.

Although other dances influence intimacy, there are those that encourage the youth to stay away from engaging in sexual activities until they are married, like the *tshikona* and *tshigombela* dances, where youths and elders are being given rules on how to behave and how to protect women. The youth are also advised regarding the dangers of HIV/AIDS and that to be a man does not mean that you must sleep with each woman you come across, but rather wait until one is married to avoid contracting HIV. Sharing the same sentiment is the study conducted in Venda, South Africa [46], which mentions that *tshikona* has a positive impact on the management of HIV, as children are taught about the dangers of engaging in sexual activities before marriage, that in the process one can contract HIV. *Tshikona* also keeps children grounded, as they will be allowed to participate only if they are not yet sexually active (referring to boys). They are told that if they are already sexually active, they are not supposed to participate, and this causes them to abstain from sexual activities, fearing that it will show as they believe that elders will see that they are already sexually active and cannot participate in *tshikona*, as it is regarded as a taboo. Attesting to that is the study conducted in Venda, South Africa [47] that *tshikona* also keeps young boys busy, as they will have no time to do other things, which will predispose them to engage in sexual activities. It is also a male thing as females are only there to beat the drums and males are the ones who will be dancing. Children no longer have time to engage in drugs or smoking, as they have traditional activities to engage in. The study done by Reily [47] also points out that children are being given lessons during *tshikona* dance concerning HIV/AIDS.

Tshigombela as a traditional entertainment also discourages early sexual debut. Children are taught while dancing *tshigombela* through songs on how to carry themselves until they get married. The songs convey the message that HIV exists, and it kills, like the song which says, "AIDS i a vhulaya, ende ai lafhei," which literally means that AIDS kills and it is not curable. Attesting to the above is the study done in Limpopo, South Africa [22] that during *tshigombela* dance, youths are taught through songs about the dangers of engaging in sexual activities.

Engaging youths in the traditional entertainment such as *malende* and *tshifasi* reinstalled moral values and occupy young people to relieve their boredom and stress (which may cause them to engage in other, unacceptable forms of entertainment, making them prone to contract HIV, as most of them will probably be under the influence of toxic substances). Contrary to the above findings, a study conducted in Malawi [48] found that traditional songs aimed at HIV prevention are misused and used to blame the female body, portraying it as a carrier and transmitter of the HIV and other sexually

transmitted diseases. The female body is implicitly blamed for the spread of HIV and related infections.

4.2. Traditional Fight as a Form of Entertainment. *Musangwe* (where men engage in fistfight without wearing gloves) was used as a traditional form of entertainment for a long time. However, the fighters are not even tested to determine if they are living with HIV. The risk part of it is that it predisposes one to contract HIV in the process. In agreement with the above statement, the study conducted in Venda, South Africa [49], found that traditional boxing impacted negatively on the management of HIV, as there is a high risk of one getting infected with HIV if one of the fighters is already infected. The danger of contracting HIV through *musangwe* was also hypothesized by researchers, as no gloves are worn by the bare-knuckle fist fighters. The findings, therefore, are in line with the researcher's hypothesis and a better way to curb HIV transmission. The people engaging in *musangwe* also believe that they are protected by their ancestors, and that there is no need for them to wear protective clothing, as they have been participating in this sport with no single one ever tested or proven to have contracted HIV. Evidence from a South African study [50] found that fighters rely heavily on protective power herbs and muti against the spread of HIV. In addition the fighters maintain that participation offers them pride in appeasing the ancestors without expecting any monetary, material, or trophy rewards.

With no protective equipment like gloves or pretesting of fighters for HIV, the spread and incidence of HIV in traditional boxing are increased and have a negative impact on its management. In the United States [51], it was found that, even in ancient boxing, the fighters used to wear gloves and thongs to protect themselves from contracting HIV from their opponents. The positive side of *musangwe* is that the men divert their anger to fighting rather than sexually abusing women due to anger or frustrations of life. Other authors [50] share the same sentiment with the above statements that boxing can relieve stress for men and that they divert their anger to sport rather than sexually abusing women.

4.3. Recommendations. The findings add to the body of knowledge, public health, and health in general in relation to HIV management. The findings can also be employed in the form of entertainment in primary schools and in secondary schools in the subject life orientation as a way of combatting HIV. The findings can further be employed in nursing schools, colleges, and universities to encourage students to engage in traditional entertainment as a way of curbing and managing HIV. Last, the results can influence health care practices by managing HIV/AIDS through the provision of the contextualized, culturally relevant information and approach.

5. Conclusion

The Department of Education and Training and the Department of Health may utilize traditional entertainment to reduce HIV and improve prevention and care in the form of guides and manuals. Entertainment such as *malende*,

tshikona, *tshifasi*, *tshigombela*, *davha*, and *musangwe* can be applied in the entire Vhembe district, regardless of racial or ethnic group, to keep young people from engaging in sexual activities while still young due to boredom. The use of traditional entertainment has helped to curb the spread of HIV, as Vhavenda people believe in its traditional attributes. It can also be used in all Southern African countries with similar cultural practices and beliefs about cultural entertainment as a way of teaching their children their morals and ways of life regarding how to behave until they are married and can then engage in sexual activities. The findings can also be of value in sub-Saharan countries by using traditional entertainment as a way of managing HIV/AIDS. In addition, the study can be used in the review and update of HIV/AIDS management manuals and guidelines by teaching children to use all forms of traditional entertainment to minimize the spread and incidence of HIV/AIDS.

Data Availability

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

Additional Points

Limitations. The study was conducted only in one district (Vhembe) of Limpopo province, whereas it has four other districts (Capricorn, Mopani, Waterberg, and Sekhukhune). The study focused only on Vhavenda traditional leaders and chiefs who met the inclusion criteria. The other limitation is that the youth were not targeted in the study, whereas their views were going to add knowledge, needed to provide answer as to why the youth shy against traditional entertainment. The researchers used more interviews and only five observations (*davha*, *malende*, *tshigombela*, *tshifasi*, and *tshikona*) to collect data, which is a limitation as ethnographic studies also depend entirely on the observation. Furthermore, in this research, the observation of different cultural activities was not permitted as the activities done were regarded as sacred for instance, women were not allowed to watch or witness *musangwe* as it is considered sacred. Evidence has demonstrated that lack of entertainment such as sporting activities and boredom are drivers for youths to engage in drug and alcohol abuse [12]. Sub-Saharan African region carries the heaviest burden of HIV [11]; therefore, future research would be necessary to explore the use and impact of traditional entertainment on curbing HIV. This study found that some traditional dances like *tshigombela* discourage early sexual debut among the youth—a situation that reduces contracting HIV. This dance uses songs that emphasize the dangers of being infected with HIV and need to prevent the spread of HIV. Therefore, this study can be replicated in other African countries to explore the effect of traditional dances and practices and the prevention and/or the spread of HIV. Like the Venda culture, many other sub-Saharan African cultures have both positive and negative aspects with regard to lessons on sex and sexuality. Perhaps,

future research could focus on identifying those positive aspects and how they can be used in packaging HIV messages.

Ethical Approval

The study was conducted according to the principles of the Helsinki Declaration. Accordingly, approval was granted by the Ethics Committee of the University of South Africa and the Department of Health Studies, REC-012714-039 (NHERC), Date: 12/02/2019, No.: HSHDC/902/2019. Permission was also obtained from the Department of Co-operative Governance, Human Settlements and Traditional Affairs under the Vhembe House of Traditional Leaders (Vhavenda Kingship Council). Throughout the study, ethical principles were upheld by using pseudonyms to ensure the confidentiality and anonymity of participants. Voluntary informed consent was obtained from all key informants, sacred cultural practices were respected, and the researchers adhered to cultural requirements during data collection, such as dressing in a culturally appropriate manner, paying “door and mouth openers” (monies required when entering the homes of traditional leaders/chiefs to seek their permission to conduct research), and adopting a seated position to show respect (sitting on an animal hide and speaking Tshivenda when conducting interviews). The researchers documented only the information which they were permitted to use, as some details are regarded as sacred (e.g., *musangwe* camps are taboo for females to enter). No videos or photographs were taken while observing the events.

Consent

Consent was obtained to all participants regarding tape recordings, field notes, and observation to be published only for research purpose without their original names but using pseudonyms, etc. can be published. The drafted article was shown to all participants and consent was given for the manuscripts to be published only for its intended purpose of research.

Disclosure

The views and opinions expressed in this article are those of the authors and do not necessarily reflect the official policy or position of the institutions with which the authors are affiliated.

Conflicts of Interest

The authors declare that they have no conflicts of interest.

Authors' Contributions

All authors contributed equally to this work.

Acknowledgments

The authors would like to thank the district under study who granted permission to conduct the study and the key informants who voluntarily participated.

References

- [1] T. M. Mack, "Smallpox in Europe, 1950–1971," *Journal of Infectious Diseases*, vol. 125, no. 2, pp. 161–169, 1972.
- [2] G. Tsoucalas, A. Kousoulis, and M. Sgantzios, "The 1918 Spanish Flu Pandemic, the origins of the H1N1-virus strain, a glance in history," *European Journal of Clinical and Biomedical Sciences*, vol. 2, no. 4, pp. 23–28, 2016.
- [3] M. Duradoni, M. C. Gursesli, L. Materassi, E. Serritella, and A. Guazzini, "The long-COVID experience changed people's vaccine hesitancy but not their vaccination fear," *International Journal of Environmental Research and Public Health*, vol. 19, no. 21, Article ID 14550, 2022.
- [4] J. Zipprich, K. Winter, J. Hacker, D. Xia, J. Watt, and K. Harriman, "Measles outbreak—California, December 2014–February 2015," *Morbidity and Mortality Weekly Report*, vol. 64, no. 6, pp. 153–154, 2015.
- [5] J. G. Breman and D. A. Henderson, "Diagnosis and management of smallpox," *New England Journal of Medicine*, vol. 346, no. 17, pp. 1300–1308, 2002.
- [6] R. Arora, R. Chawla, R. Marwah et al., "Potential of complementary and alternative medicine in preventive management of novel H1N1 flu (Swine Flu) pandemic: thwarting potential disasters in the bud," *Evidence-Based Complementary and Alternative Medicine*, vol. 2011, Article ID 586506, 16 pages, 2011.
- [7] W. A. Orenstein, R. T. Perry, and N. A. Halsey, "The clinical significance of measles: a review," *The Journal of Infectious Diseases*, vol. 189, no. Supplement_1, pp. S4–S16, 2004.
- [8] M. M. Lamers and B. L. Haagmans, "SARS-CoV-2 pathogenesis," *Nature Reviews Microbiology*, vol. 20, no. 5, pp. 270–284, 2022.
- [9] H. Kaur, S. Garg, H. Joshi, S. Ayaz, S. Sharma, and M. Bhandari, "A review: epidemics and pandemics in human history," *International Journal of Pharma Research and Health Sciences*, vol. 8, no. 2, pp. 3139–3142, 2020.
- [10] S. G. Deeks, J. Overbaugh, A. Phillips, and S. Buchbinder, "HIV infection," *Nature Reviews Disease Primers*, vol. 1, no. 1, pp. 1–22, 2015.
- [11] N. Becker, L. S. Cordeiro, K. C. Poudel, T. E. Sibiyi, A. G. Sayer, and L. N. Sibeko, "Individual, household, and community level barriers to ART adherence among women in rural Eswatini," *PLOS ONE*, vol. 15, no. 4, Article ID e0231952, 2020.
- [12] M. T. Josephine, C. T. Andrew, and M. K. Stephen, "Investigation of the socioeconomic factors that influences deviant behaviour among the youth: a case study of Madonsi village, South Africa," *Gender and Behaviour*, vol. 17, no. 1, pp. 12630–12648, 2019.
- [13] M. Mabaso, L. Makola, I. Naidoo, L. L. Mlangeni, S. Jooste, and L. Simbayi, "HIV prevalence in South Africa through gender and racial lenses: results from the 2012 population-based national household survey," *International Journal for Equity in Health*, vol. 18, no. 1, pp. 1–11, 2019.
- [14] C. L. Celum, S. Delany-Moretlwe, J. M. Baeten et al., "HIV pre-exposure prophylaxis for adolescent girls and young women in Africa: from efficacy trials to delivery," *Journal of the International AIDS Society*, vol. 22, Article ID e25298, 2019.
- [15] C. Pretorius, M. Schnure, J. Dent et al., "Modelling impact and cost-effectiveness of oral pre-exposure prophylaxis in 13 low-resource countries," *Journal of the International AIDS Society*, vol. 23, no. 2, Article ID e25451, 2020.
- [16] P. Grainge, "A song and dance: branded entertainment and mobile promotion," *International Journal of Cultural Studies*, vol. 15, no. 2, pp. 165–180, 2012.
- [17] R. Biscaia, "Spectators' experiences at the sport and entertainment facility: the key for increasing attendance over the season," *Sport & Entertainment Review*, vol. 1, no. 2, pp. 57–64, 2015.
- [18] A. Martucci, M. C. Gursesli, M. Duradoni, and A. Guazzini, "Overviewing gaming motivation and its associated psychological and sociodemographic variables: a PRISMA systematic review," *Human Behavior and Emerging Technologies*, vol. 2023, Article ID 5640258, 156 pages, 2023.
- [19] S. Lepa, J. Steffens, M. Herzog, and H. Egermann, "Popular music as entertainment communication: how perceived semantic expression explains liking of previously unknown music," *Media and Communication*, vol. 8, no. 3, pp. 191–204, 2020.
- [20] J. Wei and R. Nakatsu, "Leisure food: derive social and cultural entertainment through physical interaction with food," in *Entertainment Computing-ICEC 2012*, ICEC 2012, vol. 7522 of *Lecture Notes in Computer Science*, pp. 256–269, Springer, Bremen, Germany, Berlin Heidelberg, 2012.
- [21] M. Duradoni, V. Spadoni, M. C. Gursesli, and A. Guazzini, "Development and validation of the need for online social feedback (NfOSF) scale," *Human Behavior and Emerging Technologies*, vol. 2023, Article ID 5581492, 11 pages, 2023.
- [22] World Health Organization and UNAIDS, *Report on the Global AIDS Epidemic*, UNAIDS, 4th global report, table of country-specific HIV. AIDS estimates and data, end end, 2003, 2004.
- [23] S. Jain and D. R. Brown, "Cultural dance: an opportunity to encourage physical activity and health in communities," *American Journal of Health Education*, vol. 32, no. 4, pp. 216–222, 2001.
- [24] A. E. Olvera, "Cultural dance and health," *American Journal of Health Education*, vol. 39, no. 6, pp. 353–359, 2008.
- [25] A. Emberly and L. A. Davhula, "My music, my voice: musicality, culture and childhood in Vhavenda communities," *Childhood*, vol. 23, no. 3, pp. 438–454, 2016.
- [26] E. N. Netshivhambe, *The crafting of Malende rhythmic motifs in indigenous Venda music with specific reference to Tshigombela and Tshikona dance-a fieldwork-based composition research enquiry*, (Doctoral dissertation), Wits University.
- [27] A. Emberly and M. J. Davhula, *Proud of Who I Am: Venda Children's Musical Cultures*, Smithsonian Folkways Magazine, 2015, <http://www.folkways.si.edu/>.
- [28] J. Blacking, "Musical expeditions of the Venda," in *African Music*, pp. 54–78, International Library of African Music, 1962.
- [29] S. Harrop-Allin and D. Salant, "The Venda tshikona reed-pipe dance as community music: mapping the ecology of a South African traditional music," in *Musical Ecologies*, pp. 46–62, Routledge, 2022.
- [30] S. A. Ham, M. M. Yore, J. Kruger, R. Moeti, and G. W. Heath, "physical activity patterns among Latinos in the United States: putting the pieces together," *Preventing Chronic Disease*, vol. 4, no. 4, Article ID A92, 2007.
- [31] M. S. Nemutandani, "A model for collaboration between allopathic and traditional health practitioners in the management of HIV/AIDS and TB patients in Vhembe District," Limpopo Province (Doctoral dissertation), University of Pretoria, 2016.
- [32] T. Rwafa, S. Shamu, and N. Christofides, "Relationship power and HIV sero-status: an analysis of their relationship among low-income urban Zimbabwean postpartum women. BMC Public," *BMC Public Health*, vol. 19, Article ID 792, 2019.
- [33] G. Chowa, R. Masa, M. Manzanaraes, N. Bilotta, and C. Barrington, "A systematic literature review of positive youth development impacts on marginalized and vulnerable youth," Washington, DC: United States Agency for International Development (USAID), 2021.

- [34] S. Keene, "Just fantasy? Online pornography's contribution to experiences of harm," in *The Emerald International Handbook of Technology-Facilitated Violence and Abuse*, pp. 289–308, Emerald Publishing Limited, 2021.
- [35] M. S. C. Lim, P. A. Agius, E. R. Carrotte, A. M. Vella, and M. E. Hellard, "Young Australians' use of pornography and associations with sexual risk behaviours," *Australian and New Zealand Journal of Public Health*, vol. 41, no. 4, pp. 438–443, 2017.
- [36] A. A. Ndou-Mammbona and A. H. Mavhandu-Mudzusi, "Could Vhavenda initiation schools be a panacea for HIV and AIDS management in the Vhembe district of South Africa?" *Curationis*, vol. 45, no. 1, pp. e1–e10, 2022.
- [37] S. Bolinger, *Politics: Last Act of Defiance*, Scott Bolinger, 2021.
- [38] H. Brink, C. Van der Walt, and G. Van Rensburg, *Fundamentals of Research Methodology for Health Care Professionals*, Juta and Company Ltd., Cape Town, 4th edition, 2018.
- [39] P. Vannini, *Doing Public Ethnography*, Routledge, 2019.
- [40] Vhembe District Health Information System (DHIS), Annual report. Government Printers. Pretoria., 2020.
- [41] M. M. Mahwasane, "Tsenguluso ya ndeme ya u thuswa ha nwana nga ndila ya Tshivenda," (Doctoral dissertation), University of Limpopo, 2012.
- [42] A. Bryman, E. Bell, A. Hirschsohn, A. Dos Santos, J. Du Toit, and A. Masenge, *Research Methodology: Business and Management Contexts*, Oxford University Press, Cape Town, 2014.
- [43] D. F. Polit and C. T. Beck, *Nursing Research: Generating and Assessing Evidence for Nursing Practice*, Lippincott Williams & Wilkins, 2017.
- [44] E. G. Guba and Y. S. Lincoln, "Competing paradigms in qualitative research," in *Handbook of Qualitative Research*, pp. 105–117, Sage Publications, Inc., 1994.
- [45] E. Bojner Horwitz, K. Korošec, and T. Theorell, "Can dance and music make the transition to a sustainable society more feasible?" *Behavioral Sciences*, vol. 12, no. 1, Article ID 11, 2022.
- [46] F. G. McNeill and D. James, "Singing songs of AIDS in Venda, South Africa," in *The Culture of AIDS in Africa: Hope and Healing through Music and the Arts*, pp. 193–212, Oxford Academic, 2011.
- [47] S. A. Reily, "The musical structuring of feeling among the Venda 1," in *The Routledge Companion to the Study of Local Musicking*, pp. 183–195, Routledge, 2018.
- [48] A. Emberly, "Sustaining musical traditions in early childhood: a view from the field of ethnomusicology," in *Music in Early Childhood: Multi-Disciplinary Perspectives and Inter-disciplinary Exchanges*, pp. 139–154, Springer, 2019.
- [49] E. Ngwira, "Daughters of Eve": portrayal of the female body in selected HIV/AIDS songs in Malawi," *Journal of Humanities*, vol. 25, no. 1, pp. 94–111, 2017.
- [50] T. J. Daswa, V. O. Netshandama, and P. E. Matshidze, "Moving the traditional games to the fourth industrial revolution: a case of Vhavenda community," *Gender and Behaviour*, vol. 17, no. 1, pp. 12390–12404, 2019.
- [51] G. R. Gems, *Boxing: A Concise History of the Sweet Science*, Rowman & Littlefield, 2014.