

A Psycho-Cybernetic Perspective on the Use of Mpesu in the O.R. Tambo District, Eastern Cape, South Africa



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ABSTRACT

Mpesu is a South African indigenous aphrodisiac medicine that has gained popularity among South African people. Studies that have explored Mpesu have only focused on the perspective of those who sell it and women who have bought it to help their partners perform better in sexual intercourse. However, this study marks its contribution to existing literature by exploring how African knowledge of indigenous medicine blends with psychology. It is against that backdrop that this study adopts a psycho-cybernetic theoretical framework to explore the psychological motivation gained from Mpesu consumption. It is also worth mentioning that psychologists in the South African context are not trusted by men who need tangible help with issues, and it is against that hurdle that this study is beneficial to help those men who want psychologists to have a physical product for tentatively tackling the erectile dysfunction problem. Mpesu for their patients who suffer from erectile dysfunction. In terms of participant sampling, 20 males aged between 30 and 40 years old were purposively sampled for semi-structured interviews which were conducted physically in a one-on-one format. A thematic analysis of data was adopted in this qualitative study which was guided by interpretivist paradigm. The major finding is that Mpesu utility infers the sense of confidence in men who use it, and that psychologically helps in regaining self-worth. Then, recommendations include spreading awareness about African indigenous knowledge of medicine until it reaches the global space/ global pharmacies. Concluding remarks entail that the psych-cybernetic approach to the use of Mpesu is worth inclusion in the Afrocentric identity creation of South African men.

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INTRODUCTION

Many studies that have been done by different scholars in aphrodisiac medicine provide rich knowledge about Western medicine than African indigenous aphrodisiac medicine.¹ According to scholars like Owaba et.al., aphrodisiac medicines are the kind of medicine invented or designed to enhance sexual urge,

¹ Munyadziwa Rosette Nelwamondo, "The Antioxidant, Cytotoxicity and Antimicrobial Activities of Medicinal Plants Used for Male Sexual Healing in Venda, Limpopo Province" (2022); Amaechi Kingsley Ekene et al., "Placing Indigenous Knowledge at the Core of Production and Marketing of Medicinal Plant (Mpesu) in Zimbabwe and South Africa," in *Casebook of Indigenous Business Practices in Africa* (Emerald Publishing Limited, 2023), 167–85, <https://doi.org/10.1108/978-1-80262-251-520231017>.

which is also known as libido.² Although some studies suggest that women also need to enhance their libido at times, men commonly face erectile dysfunction.³ In South Africa, Mpesu has become known as the most used indigenous aphrodisiac for men who suffer from erectile dysfunction.⁴ Studies have explored Mpesu from the perspective of those who sell it and as an African indigenous aphrodisiac medicine.

However, this study argues that there is a psychological aspect in the use of Mpesu that has been explored. According to Sigehara et al., erectile dysfunction is considered a serious problem in African indigenous villages because it threatens the production of offspring who have to carry on the family progeny.⁵ It is from that background that scholars like Herkommer et al., laid the foundations to the argument that men who suffer from erectile dysfunction end up doubting their self-worth, being stressed, losing confidence, and eventually losing their sexual partners/ spouses.⁶ Mpesu, as a personal sexual enhancement for men, has psychological benefits, and that is the reason for this study to explore the psycho-cybernetic perspective in assessing the use of Mpesu in the O.R. Tambo district. According to Manalo et al., men usually do not consult psychologists when they have problems, instead some end up lashing out at their partners and that explains the preponderance of gender-based violence against women.⁷ Therefore, the significance of this study is marked by the argument for the blending of psychology with South African indigenous knowledge of medicine. Researchers may hereby argue that the discussion in this study is of three folds; (a) this study brings forth that men who suffer from erectile dysfunction need psychological help, (b) sexual performance has an inalienable/ necessary connection with men's psychological emotions, and (c) people by nature focus on external causes of stress instead of looking within themselves and find personal/ self-solutions which will help in self-creation/ re-creation.

In other words, this study argues that the psycho-cybernetic approach for psychologists in assessing indigenous aphrodisiac medicine like Mpesu might help to even create a new identity for African men. Brunetti et al., have discussed the side effects which afflict users of the Western aphrodisiac medicine like Viagra, and posit that the narrative gives confidence to South African men who have not experienced any side effects of using Mpesu.⁸ Given that narrative rendered by Brunetti et al., Africans who have encountered the benefits of Mpesu can be proud of the African indigenous knowledge of medicine, which in turn becomes valuable in decolonial debates and Afrocentric discussions.⁹ At the level of African indigenous knowledge, one may read second the views of Bojuwoye and Moletsane-Kekae who argue that Africans had a solid and beneficial identity that entails self-subsistence prior to the disruptions of colonization.¹⁰ It is worth noting that this study seriously commits to decolonizing knowledge of medicine through exposing deeper benefits of Mpesu from the perspective of users. In other words, Mpesu is worth pharmaceutical recognition that will take it to the levels of inclusion in global pharmacies as one of the aspects that mark South African identity in terms of indigenous knowledge of medicine. The use of psycho-cybernetic theory in this study is meant to advance the argument that self-creation, confidence, and self-worth are all building blocks of making someone proud of themselves. This comes in the light of

² Azibanasamesa DC Owaba et al., "Aphrodisiac Agents Used in Traditional Medicine and Their Mechanism of Action - A Review," *Journal of Pharmacognosy and Phytochemistry* 10, no. 3 (May 1, 2021): 126–53, <https://doi.org/10.22271/phyto.2021.v10.i3b.14085>.

³ Nicola Finley, "Lifestyle Choices Can Augment Female Sexual Well-Being," *American Journal of Lifestyle Medicine* 12, no. 1 (January 9, 2018): 38–41, <https://doi.org/10.1177/1559827617740823>; Viorela Dan and Carolin Pauer, "Empowered, Handmaid, or Rejector? The Framing of Low Libido in Women According to Scholarly Investigations of Public Communication," *Health Communication* 38, no. 4 (March 21, 2023): 705–13, <https://doi.org/10.1080/10410236.2021.1971356>.

⁴ Habasisa Molise, Mohammed Ntshangase, and Michael Mbongiseni Buthelezi, "A Critical Exploration of Women's Views about Indigenous Aphrodisiacs: The Case of Mpesu in Venda, South Africa," *E-Journal of Humanities, Arts and Social Sciences*, October 17, 2024, 2163–76, <https://doi.org/10.38159/ejass.202451313>.

⁵ Kazuyoshi Shigehara et al., "Risk Factors Affecting Decreased Libido among Middle-Aged to Elderly Men; Nocturnal Voiding Is an Independent Risk Factor of Decreased Libido," *Sexual Medicine* 9, no. 5 (2021): 1.

⁶ Kathleen Herkommer et al., "Prevalence, Lifestyle, and Risk Factors of Erectile Dysfunction, Premature Ejaculation, and Low Libido in Middle-aged Men: First Results of the Bavarian Men's Health-Study," *Andrology* 12, no. 4 (May 7, 2024): 801–8, <https://doi.org/10.1111/andr.13524>.

⁷ Tad A. Manalo et al., "The Temporal Association of Depression and Anxiety in Young Men with Erectile Dysfunction," *The Journal of Sexual Medicine* 19, no. 2 (February 1, 2022): 201–6, <https://doi.org/10.1016/j.jsxm.2021.11.011>.

⁸ Pietro Brunetti et al., "Pharmacology of Herbal Sexual Enhancers: A Review of Psychiatric and Neurological Adverse Effects," *Pharmaceuticals* 13, no. 10 (October 14, 2020): 309, <https://doi.org/10.3390/ph13100309>.

⁹ Brunetti et al., "Pharmacology of Herbal Sexual Enhancers: A Review of Psychiatric and Neurological Adverse Effects."

¹⁰ Olaniyi Bojuwoye and Mokgadi Moletsane-Kekae, "African Indigenous Knowledge Systems and Healing Traditions," in *Global Psychologies* (London: Palgrave Macmillan UK, 2018), 77–98, https://doi.org/10.1057/978-1-349-95816-0_5.

what Oko and Ogbodo, assert that unless one has to formulate his/ her own identity, he/ she will remain a victim of all kinds of stress and discomfort. In the academic arena, finding an indigenous medicine like Mpesu, which is capable of bringing back lost confidence in men, has to be valued as a piece of knowledge that can be cited in Afrocentric discussions.¹¹

The main aim of this study is to use psycho-cybernetic theory and argue that the use of Mpesu by men in O.R Tambo district, Eastern Cape province of South Africa is not merely a one-time fix medicine, but it has a long-lasting psychological benefit on the user. Therefore, the objectives of this study are (a) to find out if Mpesu as the South African indigenous aphrodisiac really solves the problem of lack of libido/ erectile dysfunction or not, (b) to find out how men feel about themselves after Mpesu has improved their sexual performance if it does, (c) to find out if there is any psychological connection between sexual health and behavioural emotions in men, and (d) to establish whether or not psychologists would be doing justice if they prescribe Mpesu for their patients who suffer from lack of libido/ erectile dysfunction.

The main question of this study using psycho-cybernetic theory is, can Mpesu be defended as anything beyond a mere medicine in the O.R Tambo district, Eastern Cape province of South Africa? The sub-questions which form semi-structured interviews thereof are as follows: (1) Does the use of Mpesu really improve libido or eliminate erectile dysfunction? (2) How do men feel about themselves after their libido/ erectile condition has been improved for better performance by Mpesu? (3) Is there any real psychological connection between sexual health and men's behavioural emotions? (4) Do psychologists need to start prescribing Mpesu to their patients who suffer from erectile dysfunction or sexual underperformance?

LITERATURE REVIEW

The lack of an erection is not a new phenomenon as Leslie and Sooriyamoorthy argue that it has a long history as mankind itself.¹² However, it is commonly known as the problem that affects old men due to some health conditions like hypertension, diabetes, and many more. Nowadays there are many sexually related problems in which case one finds young men (boys) suffering from lack of erection, weak erection, early ejaculation, and so forth.¹³ Some scholars like Herkommer et al., have given narratives which reveal that many traumas cause erectile dysfunction as they range from health conditions to sexual abuse or victimisation in the early ages of men.¹⁴ Psychosexual trauma affects some boys/ young men to such an extent that they lose all sexual feelings and grow to be sexually ill for a longer period of time in their lives.¹⁵ This view greatly suggests that young men/ boys who have been sexually abused are more at risk of having lower self-esteem with regard to sexual activities. A study by Brinkers et al., revealed that erectile dysfunction does induce lack of confidence, stress, anger and violence, anxiety, and depression. Low self-esteem, stress, and anxiety usually get deeper as a man sees his peers in flourishing sexual relationships while he cannot enjoy like them.¹⁶ Various scholars have posited that sexual partners also put pressure on men as they envy their mates who enjoy sexual intercourse with their partners.¹⁷ Western medicines like Viagra have presented dire side-effects like dependency, over-erection, painful penis, and

¹¹ A. E. Oko and C. N. Ogbodo, "Rediscovering and Preserving African Identity in the Globalization Process," *NIU Journal of Humanities* 7, no. 2 (June 30, 2022), <https://doi.org/10.58709/niujuh.v7i2.1466>.

¹² S. W. Leslie and T. Sooriyamoorthy, "Erectile Dysfunction," StatPearls Publishing, 2024, <https://www.ncbi.nlm.nih.gov/books/NBK562253/>.

¹³ Anna Kessler et al., "The Global Prevalence of Erectile Dysfunction: A Review," *BJU International* 124, no. 4 (October 2, 2019): 587–99, <https://doi.org/10.1111/bju.14813>; Christian Uhrskov, "The Ecological Niche in Cybernetic Psychology and Therapy," in *Unconscious Intelligence in Cybernetic Psychology* (Routledge, 2023), 230–45.

¹⁴ Herkommer et al., "Prevalence, Lifestyle, and Risk Factors of Erectile Dysfunction, Premature Ejaculation, and Low Libido in Middle-aged Men: First Results of the Bavarian Men's Health-Study."

¹⁵ Ekene et al., "Placing Indigenous Knowledge at the Core of Production and Marketing of Medicinal Plant (*Mpesu*) in Zimbabwe and South Africa."

¹⁶ Michael Brinkers et al., "Cybernetic Principles in Psychophysiology: Their Significance and Conclusions for Palliative Care," *Healthcare* 12, no. 15 (July 30, 2024): 1510, <https://doi.org/10.3390/healthcare12151510>.

¹⁷ Shigehara et al., "Risk Factors Affecting Decreased Libido among Middle-Aged to Elderly Men; Nocturnal Voiding Is an Independent Risk Factor of Decreased Libido"; Nelwamondo, "The Antioxidant, Cytotoxicity and Antimicrobial Activities of Medicinal Plants Used for Male Sexual Healing in Venda, Limpopo Province"; Milad Roshany et al., "An Overview of the Cybernetic Applications of Different Sciences in the Metaverse," *International Journal of Metaverse & Virtual Transformation* 1, no. 1 (2024): 57–70.

so forth to the users.¹⁸ However, studies from South Africa give a new perspective with Mpesu indigenous aphrodisiac, which is an alternative worth exploring.¹⁹

The study by Molise et al., looked at the perspective of those who sell Mpesu at Thsakuma in Venda (Limpopo province of South Africa), and the exploration was much about the marketing of it. Similar to all other studies on Mpesu, that study by Molise et al., could not go deeper into the psychological aspects of Mpesu. Other studies on Mpesu explored its relevance in the pharmaceutical market and its medicinal benefits from a purely medical perspective.²⁰ The significance of this study is that it explores Mpesu from a psycho-cybernetic perspective, which markedly speaks to self-creation/ re-creation, personal confidence building, and identity of the user. By so doing, this study takes the discussion about Mpesu further into African psychology. One of the limitations of the study by Molise et al., is that their indigenous aphrodisiacs discussion does not touch on contemporary topical discourses like decolonisation, Africanisation, and globalisation.²¹ This study seeks to close that apparent gap in the literature.

THEORETICAL FRAMEWORK

This study is committed to the psycho-cybernetic school of thought. Psycho-cybernetic theory (PT) is actively concerned with the individual wellbeing of a person from a psychological point of view.²² According to Von Glasersfeld, PT is one of the psychological theories that are used to help patients who suffer from challenges that subject them to self-doubt, stress, low self-esteem, peer-pressure, social pressure, and many depressive conditions.²³ Scholars of psycho-cybernetic theory argue that some psychological conditions like self-doubt, stress, peer-pressure, as well as depression are form within the individual himself or herself.²⁴ It is from that perspective that Brinkers et al., argue that rather than focusing on external factors that bring psychological discomfort, there is a need to invert or look within the self.²⁵ Roshany et al., corroborate this view as they argue that by virtue of the human eyes being made to look outside the person, people then suffer from focusing on external factors as the cause of their problems instead of engaging in their personal self-engineering.²⁶ In other words, the psycho-cybernetic school of thought deals with building confidence, self-worth, self-appraisal, and self-development as Uhrskov calls it “a self-recreation theory.”²⁷ Within this study, PT fits best because the issue of using Mpesu speaks to men who have suffered stress, self-doubt, and lack of self-worth due to lack of libido/erectile dysfunction. According to certain scholars, it is shameful for a man to find himself unable to satisfy his wife, girlfriend, or any sexual partner, and it also creates stress as a man fears losing the love of his life.²⁸ Besides other factors that cause stress in intimate relationships, usage of aphrodisiacs like Mpesu can be stressful if one lacks confidence and self-love.²⁹ Hence, psychologists need to apply a psycho-cybernetic approach to help patients with erectile dysfunction.

¹⁸ Uhrskov, “The Ecological Niche in Cybernetic Psychology and Therapy”; Brinkers et al., “Cybernetic Principles in Psychophysiology: Their Significance and Conclusions for Palliative Care.”

¹⁹ Molise, Ntshangase, and Buthelezi, “A Critical Exploration of Women’s Views about Indigenous Aphrodisiacs: The Case of Mpesu in Venda, South Africa.”

²⁰ Molise, Ntshangase, and Buthelezi, “A Critical Exploration of Women’s Views about Indigenous Aphrodisiacs: The Case of Mpesu in Venda, South Africa.”

²¹ Molise, Ntshangase, and Buthelezi, “A Critical Exploration of Women’s Views about Indigenous Aphrodisiacs: The Case of Mpesu in Venda, South Africa.”

²² M. Maltz, “Psycho-Cybernetics: Updated and Expanded,” Penguin, 2015, [https://books.google.co.za/books?hl=en&lr=&id=_-FJBgAAQBAJ&oi=fnd&pg=PR7&dq=psycho+cybernetics+maxwell+maltz&ots=bFUGNE3bDU&sig=1oYGOOnNaoajxP9gmNjOTNdJkoao&redir_esc=y#v=onepage&q=psycho cybernetics maxwell maltz&f=false](https://books.google.co.za/books?hl=en&lr=&id=_-FJBgAAQBAJ&oi=fnd&pg=PR7&dq=psycho+cybernetics+maxwell+maltz&ots=bFUGNE3bDU&sig=1oYGOOnNaoajxP9gmNjOTNdJkoao&redir_esc=y#v=onepage&q=psycho%20cybernetics%20maxwell%20maltz&f=false).

²³ Ernst Von Glasersfeld, “Cybernetics, Experience, and the Concept of Self,” in *A Cybernetic Approach To The Assessment Of Children* (Routledge, 2019), 67–113.

²⁴ Maltz, “Psycho-Cybernetics: Updated and Expanded”; Von Glasersfeld, “Cybernetics, Experience, and the Concept of Self”; Izabela Ziebacz, “Shifting Paradigms Towards Supporting Individuals with Disabilities: A Psycho-Cybernetic Approach to Social Work,” *International Journal of Special Education (IJSE)* 38, no. 3 (December 29, 2023): 70–81, <https://doi.org/10.52291/ijse.2023.38.40>.

²⁵ Brinkers et al., “Cybernetic Principles in Psychophysiology: Their Significance and Conclusions for Palliative Care.”

²⁶ Roshany et al., “An Overview of the Cybernetic Applications of Different Sciences in the Metaverse.”

²⁷ Uhrskov, “The Ecological Niche in Cybernetic Psychology and Therapy.”

²⁸ Gretchen M. Irwin, “Urinary Incontinence,” *Primary Care: Clinics in Office Practice* 46, no. 2 (June 2019): 233–42, <https://doi.org/10.1016/j.pop.2019.02.004>; Kessler et al., “The Global Prevalence of Erectile Dysfunction: A Review”; Leslie and Sooriyamoorthy, “Erectile Dysfunction.”

²⁹ Leslie and Sooriyamoorthy, “Erectile Dysfunction.”

Lack of confidence in men with erectile dysfunction is the main reason why this study argues for a psycho-cybernetic approach to the use of this South African indigenous aphrodisiac known as Mpesu. It is the view of this study that men who have sexual issues should not lose self-love, hope, confidence, and trust, in that with affordable indigenous aphrodisiacs like Mpesu, life would improve for the better. Since psycho-cybernetic theory argues for the motivation of individuals towards self-creation/ re-creation, this study asserts that many psychological patients must believe that they are primarily their own helpers. This view corroborates that of DeYoung and Krueger, who assert that the use of an African proverb which says “one can lead a horse to the river, but cannot make it drink” unless it wants to.³⁰ Within that line of thought, a psycho-cybernetic scholar like Uhrskov argues that a patient must be psychologically determined to find an intrapersonal solution to the erectile dysfunction for him to start using Mpesu.³¹ Within this theory, there is a serious sense of fostering personal identity consciousness, which makes one immune to stressful degradation or demotivation by external forces/ factors,³² and that is why it is best for this kind of study that is concerned with private personal matters. In this case, usage of Mpesu is hereby defended as not merely medicinal, but also an enhancement of men’s self-creation/ re-creation for better sexual functioning with confidence and satisfaction.

METHODOLOGY

This is a qualitative study by design. African indigenous knowledge in the field of medicine becomes more relevant when one talks about decoloniality and African renaissance.³³ It is from this perspective that this qualitative study purposively sampled 20 male participants of ages around 30 to 40 years who are users of Mpesu from O.R Tambo district in Eastern Cape, South Africa for semi-structured interviews and focus group interviews which would be made of 2 to 3 participants at once. This sampling is purposive in the sense that researchers of this study had to wait for the participants in places where Mpesu is being sold and have conversations with them about it. The conversations would necessarily include sharing contact details that will be used to keep in touch till the participant is ready to share his experience with the use of Mpesu.

In terms of ethical considerations, an ethical clearance with reference 2024/09/07/31362338/13/AM was acquired from the institution in the year 2024 after the proposal with the abstract of this study was submitted to the Research Ethics Committee and served in the university board meeting. In line with the regulations granted by the particular university’s ethics committee, researchers had to seek consent, whether verbal or written, from both the sellers of Mpesu and their customers. Since the study has no bearing on the literacy of participants, there was no pressure on them to hand in written consent. Hence, all participants opted for verbal consent. However, researchers had to explain the study to all participants before engaging with them in anything concerning this study. Therefore, participants were assured of anonymity and that the data collected from them would solely be used for this study.

To ensure confidentiality during the writing of this study, researchers used an anonymity technique. According to Hoft, the anonymity technique is whereby participating people are only referred to as participants with a complete concealment of their personal details in the study.³⁴ With respect to POPI Act 4 of 2013, it was easier and respectful to refer to Mpesu users as participants in this study because the aim is to acquire knowledge while not revealing any information that participants would not feel comfortable sharing.³⁵ The study is reliable and trustworthy because the research locale is a real place in South Africa, and all participants are real people who were even allowed to use their language

³⁰ Colin G DeYoung and Robert F Krueger, “A Cybernetic Theory of Psychopathology,” *Psychological Inquiry* 29, no. 3 (2018): 117–38.

³¹ Uhrskov, “The Ecological Niche in Cybernetic Psychology and Therapy.”

³² Brinkers et al., “Cybernetic Principles in Psychophysiology: Their Significance and Conclusions for Palliative Care.”

³³ William Jethro Mpofo, “Thabo Mbeki’s Decolonial Idea of an African in the African Renaissance,” *The Thinker* 93, no. 4 (November 25, 2022): 36–44, https://doi.org/10.36615/the_thinker.v93i4.2204; Juliet Munyaradzi, “A Historical Review of African Scholarship and the Decolonial Discourse: Challenges and Prospects,” *The Thinker* 99, no. 2 (May 30, 2024): 13–23, <https://doi.org/10.36615/a375s667>.

³⁴ Joseph Hoft, “Anonymity and Confidentiality,” in *The Encyclopedia of Research Methods in Criminology and Criminal Justice* (Wiley, 2021), 223–27, <https://doi.org/10.1002/9781119111931.ch41>.

³⁵ Ciara Staunton, Kathrina Tschigg, and Gayle Sherman, “Data Protection, Data Management, and Data Sharing: Stakeholder Perspectives on the Protection of Personal Health Information in South Africa,” *PLOS ONE* 16, no. 12 (December 20, 2021): e0260341, <https://doi.org/10.1371/journal.pone.0260341>.

(IsiXhosa) during interviews. Furthermore, researchers gave a reasonable time of not less than two weeks for all participants to use Mpesu and see results before coming to share their experience in semi-structured interviews. To further enforce the trustworthiness of this study, researchers kept an audio record of interviews, which were later translated into English and then read to the participants in order to validate the authenticity of the recorded information. This study was also presented in the University of Limpopo Spring Lectures in September 2024 in order to receive scholarly critiques from the university academics, with the aim of improving it in terms of approach, methods, and presentation. All those were efforts to build the trustworthiness of this study.

The data collected from participants was thematically analysed and subjected to a double interpretation approach, which entails contextual interpretation and substantive interpretation. According to Molise et al., contextual interpretation focuses on the context in which a particular problem or situation arises, while the substantive interpretation approach focuses on how the gravity of the solution or exploration thereof relates to the academic discourse of the era.³⁶

PRESENTATION OF FINDINGS

These findings represent participants as P1, P2, P3 and so on, and the table below simply presents their ages. The most important part is their reports/ comments about Mpesu after having used it for some time.

Table 1: Participants profile

Participant number (P)	Participant’s age	Participant’s sex/ gender	Period of using & knowing Mpesu	Participants location/ village
P1	30	Male	1 Year	KwaNyezi
P2	33	Male	7 Months	Khobonqaba
P3	36	Male	8 Months	Qaqu
P4	37	Male	4 weeks	Tholeni
P5	38	Male	8 Months	Khobonqaba
P6	38	Male	3 Years	Marubeni
P7	34	Male	2 Years	Bityi
P8	35	Male	1 Year	Qaqu
P9	36	Male	1,5 Years	Tholeni
P10	40	Male	9 Months	Qaqu
P11	39	Male	8 Moths	KwaNyezi
P12	38	Male	5 Months	Bityi
P13	33	Male	3 Months	Tholeni
P14	36	Male	2 Months	Bityi
P15	31	Male	3,5 Months	Qaqu
P16	32	Male	5 Weeks	Khobonqaba
P17	37	Male	7 weeks	Marubeni
P18	39	Male	2 Months	Tholeni
P19	40	Male	3 Weeks	KwaNyezi
P20	38	Male	10 Months	Marubeni

Their views about the use of Mpesu are hereby presented briefly in response to the questions, and where there are repetitions, the view will be presented as (P1 and P2 or P1, P2 & P3) in order to avoid repetition in the presentation of this study. In addition, since this study is in English, all the comments/ findings from participants are hereby presented as translated into English and italicised within double quotation marks.

³⁶ Molise, Ntshangase, and Buthlezi, “A Critical Exploration of Women’s Views about Indigenous Aphrodisiacs: The Case of Mpesu in Venda, South Africa.”

P1: *“Mpesu does improve libido/ sexual performance because before I used it, I used to suffer non erection. I would suffer as we try everything with my partner, and the penis does not erect at all, and that used to create a serious discomfort for me, as I think that my wife may start cheating on me. After using Mpesu, I feel very much like I have gained my manhood back, and I am proud of myself. There is a real psychological connection between my sexual health and emotional behaviour because after trying and failing to perform during intercourse, I used to be very angry, doubt that I am a man like my peers, and that my wife will leave me, but after using Mpesu, I am a happy man at home after enjoying sexual intercourse with my wife. I think psychologists must have pharmacies near them so that they do not only prescribe, but also refer people to the pharmacy to get Mpesu as quickly as possible.”*

P2, P4, 5: *“Yes, Mpesu works in improving libido for men. After improvement, we feel quite well mentally and physically, as we have moved from the situation of self-doubt, stress, and anxiety about what will happen in our relationships. There is a serious psychological connection between our sexual health and emotions. When we cannot perform sexually, we get easily irritated and even the food tastes bad, besides the nagging of children, neighbours, dogs, and all things, at work, colleagues become more annoying. Psychologists really need to prescribe Mpesu because they have a confidentiality code which makes it easier to confide our problems to them.”*

P3: *“Mpesu worked for me and saved my relationship with my wife, who was no longer happy at home. After using Mpesu, once my situation changed, and I feel great because now I am confident in bed. I even feel secure from having a cheating wife due to sexual dissatisfaction. There is a real connection between my sexual health and emotions because I used to be very insecure when my wife went out of the home. The thought that my erectile illness might lead her to cheat was very discomforting. At times, I would fail to control myself and end up telling her to stay at home, but now I feel happier and safer. For sure, every psychologist dealing with sexual health and mental health must have a hand sachet of Mpesu to give to people who suffer from what I was suffering from.”*

P6, P8: *“Yes, in our case, Mpesu really saved us from shame, and that is why we even talk about it. We used to suffer and feel pressure from our wives as they would wonder why our penises do not erect, and when they do erect, it is short-lived. After using Mpesu just once, we felt reborn, and even our wives started to feel that they now have sexual partners, not failures. So, using Mpesu is like designing the new self that has higher sexual performance and satisfaction, as well as confidence. There is a psychological connection between sexual health and emotions because failure in sex leaves one doubting whether their sexual relationship is safe or not. In places where we come from, women talk about these things, and if they get to the level of quitting the marriage because of sexual dysfunction, people will know. That is why some of us/ men end up being violent and getting drunk every day. The shame of failing in bed is unbearable, and it deposits mixed emotions when it is time to engage in sex. Although we never went to any psychologist, it would be a good thing to have a men’s specialist prescribing Mpesu for all men who suffer from erectile dysfunction.”*

P9: *“I may not know about other men, but for me, Mpesu was a big save from self-doubt, sexual underperformance, stress, anxiety, and nearly depression due to poor performance in sexual intercourse. Just after using Mpesu for the first day, I felt that I had been re-created/ reborn for better performance in sex, and my wife even thanked me in surprise. If sexual health is poor, there is nothing to be happy about. Everything around me used to nag me after failing to satisfy my wife, as I was in the olden days. Feeling like a failed man creates anger, stress, and all kinds of thinkable destruction as the family wants you to produce children, which will continue the legacy. Yes, psychologists must prescribe Mpesu because it is originally African, cheap, and on my side, I have not gotten any side effects from it.”*

P10, 12: *“Without thinking much, the answer is yes, Mpesu saved us from the sexual illness of non-erecting. Even our homes are now peaceful because wives are commonly happy with us. As you know, hunger causes anger. When we were not satisfying them, all our provisions were sometimes pronounced worthless. We feel great after using Mpesu because there is love, confidence, comfort and pleasure in sex.”*

Sexual health is always connected to emotions because we are witnesses to the fact that all married men need to perform well in sex and impregnate their wives. Otherwise, there is no other way to produce children if sex does not happen. Although we know nothing about psychologists, anyone who wants to help someone who suffers from erectile dysfunction must give/ talk about Mpesu, which is our traditional medicine.”

P11, P13: *“Yes, Mpesu improves sexual pleasure as the erection becomes powerful than before. The other nice thing about it is that it needs a little consumption, and that makes it easy to just drink with juice a few hours before sex begins. The feeling is great after using Mpesu because now we have regained our sexual potency, and our partners also feel proud of us. We feel that our marriages are safe from falling apart due to the noise of unsatisfied wives and frustration from our side due to sexual failures. Poor performance in sex always leads to stress, lack of confidence, low self-esteem, doubt, anxiety, and many other discomforts. We used to sneak home, being very drunk in the later hours of the evening in order to avoid being asked to engage in intercourse because it was like a mountain to push, so stressful. For psychologists, we have heard that they believe in healing through talking. We do not believe erectile dysfunction can be healed like that, Mpesu must be prescribed everywhere where men suffer from erectile dysfunction.”*

P14, P16: *“Yes, Mpesu improves libido/ erection. After using Mpesu, the feeling is great because now it is no longer a struggle to satisfy ourselves and our wives pleasurably, without any struggle. A psychological connection exists between sexual health and emotions because, without an erection, there is no sex and that leads to stress, low self-esteem, as well as rage. Many men who abuse women suffer from sexual illnesses/ erectile dysfunction and they explode on those women who bother them about sex at home. Mpesu saved us from that. Psychologists must create a men’s clinic and men’s forum to talk about/ prescribe Mpesu because it is our indigenous medicine that gives new identity to men who might have been insulted, divorced, and discouraged in life.”*

P17, P19: *“We would not have come to talk if it did not work, so Mpesu works wonders in improving libido/ erection. We feel great after using Mpesu because we reclaimed our confidence and love of sex with our wives. A sexually frustrated man is an angry man, which is why sometimes we cannot control our anger after failing to give our wives the best sex. Psychologists must prescribe Mpesu because it works, and it is found at a cheaper price than any other solution we know of.”*

P18, P20: *“Mpesu worked for us, our erectile problem is now history. We feel honourable every time when our wives are happy because everyone gets happy at home. We have even reduced drinking and lying about work instead of satisfying our wives with the best sex, so we feel excited. We already said it, when sex is good, love and happiness increase within, and at home. Psychologists must prescribe Mpesu because it is actually a better solution to erectile dysfunction which shames us to our wives or sexual partners.”*

DISCUSSION

Theme 1: Mpesu improves men’s libido, and they get to feel reborn for satisfactory sexual performance after using it

As Kessler et al., have argued, erectile dysfunction causes stress on men who traditionally have a burden to produce offspring who continue the family legacy/ progeny, in this study, men actually bear witness to that.³⁷ Mpesu is agreed upon by all participants that it actually improves libido/ erection, and thus relieves them of erectile or sexual stress. This view attested to by participants here, corroborates the views of Molise et al., that Mpesu is a South African indigenous aphrodisiac which is easily accessible because it is affordable and available from people who even educate about it.³⁸ According to Leslie and

³⁷ Kessler et al., “The Global Prevalence of Erectile Dysfunction: A Review.”

³⁸ Molise, Ntshangase, and Buthelezi, “A Critical Exploration of Women’s Views about Indigenous Aphrodisiacs: The Case of Mpesu in Venda, South Africa.”

Sooriyamoorthy, the lack of sexual satisfaction is one of causes of divorces and relationships breaking up in the world.³⁹ These men who used Mpesu also attest to this view as they report that some of their worries included insecurity, lack of trust, stress, lying, and many other unhealthy things that could lead to dissolution of their sexual relationships. The participants' narratives in this study relate to the psycho-cybernetic theoretical perspective presented by Uhrskov, because they talk about the feeling of self-worth and self-praise after good performance in sexual intercourse with their wives.⁴⁰ Roshany et al., who discussed self-creation/ re-creation would actually say that Mpesu users feel self-created/ re-created after the best sex, which comes after Mpesu consumption, hence the use of the word “reborn” by some participants.⁴¹ It is worth noting that participants talk about the satisfaction of their spouses as well after the use of Mpesu, and that means they also feel good about the praises they get after spreading the satisfaction to their wives. Perhaps another study should be conducted on the exploration of women's views whom their sexual partners have used Mpesu because they might have good narratives of how nice it is now that their husbands are able to give the best sex.

Theme 2: For men, there is a psychological connection between sexual health and behavioural emotions

This study paved way for the participants to talk about some causes of gender-based violence against women in South Africa because, without being directly asked, some participants kept on mentioning that they get angry when they suffer erectile dysfunction. According to Brinkers et al., the desire to be fully functional in all parts of the body is crucial to everyone. Hence, one becomes unwell if a body part fails to function as supposed to.⁴² The men in this study revealed that sexual health is one of the things that highly affects their emotional wellbeing to the extent of being easily irritable, violent, becoming drunkards, and becoming liars to their wives. This narrative resonates with that of Manalo et al., who argue that a sexually unhealthy man ends up trying to shift the blame to his spouse as he wants to feel better about the whole situation.⁴³ The truth of this narrative also corroborates the views of psycho-cybernetic theory scholars like Roshany et al., who argue that people like to look outside and point the problem there instead of focusing on themselves and re-create.⁴⁴ Findings in this study inadvertently demonstrate that with the use of Mpesu, men who have decided to re-create themselves gain happiness, confidence, high self-esteem, and self-worth. According to Herkommer et al., regaining such qualities as confidence, self-worth, and self-appraisal makes one have a new identity and feel important even among others.⁴⁵ In the case of relationships like marriage, a lack of libido/ erectile dysfunction might break the bond that the partners had before. Hence, it is important to consider Mpesu as a fuel to rekindle the fire of love in a sexual relationship. This whole theme points towards the recognition of the fact that there is a deeper psychological connection between men's sexual health and emotional behaviour as men narrate about some unhealthy behaviours that arose with their erectile dysfunction.

Theme 3: Psychologists must prescribe Mpesu to their patients who suffer from a lack of libido or erectile dysfunction

All participants approve the prescription of Mpesu by psychologists to patients who suffer from erectile dysfunction, and that means men agree with the psycho-cybernetic approach to the use of Mpesu. According to Manalo et al., men are commonly not free to go and talk about their erectile problems with psychologists until problems have worsened.⁴⁶ However, with a psycho-cybernetic approach to the use of Mpesu, psychologists will have a tentative solution to the problem. This view requires that psychologists create some community groups like men's forums where men will come and talk about their erectile problems. Brunetti et al., argue that psychological help must not be excluded when needed in

³⁹ Leslie and Sooriyamoorthy, “Erectile Dysfunction.”

⁴⁰ Uhrskov, “The Ecological Niche in Cybernetic Psychology and Therapy.”

⁴¹ Roshany et al., “An Overview of the Cybernetic Applications of Different Sciences in the Metaverse.”

⁴² Brinkers et al., “Cybernetic Principles in Psychophysiology: Their Significance and Conclusions for Palliative Care.”

⁴³ Manalo et al., “The Temporal Association of Depression and Anxiety in Young Men with Erectile Dysfunction.”

⁴⁴ Roshany et al., “An Overview of the Cybernetic Applications of Different Sciences in the Metaverse.”

⁴⁵ Herkommer et al., “Prevalence, Lifestyle, and Risk Factors of Erectile Dysfunction, Premature Ejaculation, and Low Libido in Middle-aged Men: First Results of the Bavarian Men's Health-Study.”

⁴⁶ Manalo et al., “The Temporal Association of Depression and Anxiety in Young Men with Erectile Dysfunction.”

communities.⁴⁷ The fact that all participants agree that Mpesu should be prescribed by psychologists makes it the case that, besides counselling and leaving the erectile problem unsolved, psychologists must really make their presence known with Mpesu in communities. Shigehara et al., further argue that erectile dysfunction has a psychological perspective to it, and this study highly agrees with that view.⁴⁸

Theme 4: Inclusion of African indigenous medicine like Mpesu in decoloniality and globalisation debates would enhance awareness about Afrocentricity

According to Owaba et al., African indigenous knowledge must not be viewed as not worth sharing and boasting about in the global debates. If one were to ask for the beneficial knowledge that Africa brings to the table during discussions about decolonisation and Africanisation, Mpesu seems to be one of the relevant examples.⁴⁹ Scholars like Ekene et al., argue that Afrocentricity might not be reached if Africans have nothing to show as their own indigenous ways of improving life.⁵⁰ Within this study, findings show that Mpesu brings confidence and value to the South African men who want to secure their legacy through producing offspring that will continue their progeny. That means they have a dream for a future built on high self-esteem, confidence, and identity of self-creation/ re-creation during times of affliction, which psycho-cybernetic theory proposes. Different reports from participants show that Mpesu works, and they were relieved from a lack of libido, which was already threatening their relationships. Most of them heard about Mpesu from their friends, family members/ relatives, as well as their spouses, and that means that they had to be courageous enough to go and get it for themselves. This study argues that going to buy and starting to use Mpesu demanded some self-motivation towards self-help, and that is what psychologists must adopt psycho-cybernetic theory to instil in their patients. Although this study might sound like an advertisement for South African indigenous medicine, it however, seeks to argue that African indigenous understanding of medicine needs to be acknowledged for blending well with psychology, at least in matters like the use of Mpesu in the O.Tambo district of Eastern Cape, South Africa. Similar to that of Molise et al.,⁵¹ this study advances the argument that knowledge and usage of this African indigenous aphrodisiac goes beyond a mere one-time fix, but it creates long-lasting confidence and good sexual performance in men.

RECOMMENDATIONS

After considering all discussions from the submissions of participants during semi-structured interviews, this study deems it fit to level a few recommendations that are in line with the idea of spreading knowledge about blending psychology with African indigenous knowledge of medicine. Recommendations by this study are as follows; (a) scholars must extend the decoloniality discourse to spreading African indigenous knowledge in different academic disciplines like humanities, medicine, and psychology, (b) African people must not shy away from using African indigenous medicine because that reaffirms their African identity, and (c) scholars must teach and conduct research about African indigenous medicine like Mpesu until it gains inclusion in the global pharmaceutical market.

CONCLUSION

This study has reviewed literature on African indigenous aphrodisiac medicines and their utility. The main purpose of this study was to argue that there is a psycho-cybernetic impact created by Mpesu usage on the users. It is due to that purpose that this study made its primary objectives to; (a) argue that Mpesu usage recreates the user in terms of him reclaiming his sexual confidence, self-praise, self-love, and belief in his sexual satisfaction of his partner, (b) defend the view that African indigenous aphrodisiacs like Mpesu are worth more recognition as they build personal value and rebuild sexual relationships between partners, and (c) establish that the support in terms of advice or knowledge sharing by those who sell Mpesu is quite

⁴⁷ Brunetti et al., "Pharmacology of Herbal Sexual Enhancers: A Review of Psychiatric and Neurological Adverse Effects."

⁴⁸ Shigehara et al., "Risk Factors Affecting Decreased Libido among Middle-Aged to Elderly Men; Nocturnal Voiding Is an Independent Risk Factor of Decreased Libido."

⁴⁹ Owaba et al., "Aphrodisiac Agents Used in Traditional Medicine and Their Mechanism of Action - A Review."

⁵⁰ Ekene et al., "Placing Indigenous Knowledge at the Core of Production and Marketing of Medicinal Plant (*Mpesu*) in Zimbabwe and South Africa."

⁵¹ Molise, Ntshangase, and Buthelezi, "A Critical Exploration of Women's Views about Indigenous Aphrodisiacs: The Case of Mpesu in Venda, South Africa."

useful to the users of Mpesu. Since this study succeeded in achieving these objectives, thus fulfilling its purpose, the following areas remain to be explored in further studies; (a) what would need to be done for Mpesu to get well advertised in global pharmacies, (b) are academics willing to conduct such research that will lead to obtaining patents and trademarks which will globally market African aphrodisiacs like Mpesu, and (c) what may compel African scholars to seriously engage in exploring African indigenous knowledge and its benefits to African people. However, this study has established that Mpesu users have confidence in effect and efficiency of Mpesu in O.R Tambo, Eastern Cape province of South Africa.

LIMITATIONS OF THIS STUDY

The limitations to this study are; (a) this study is only a qualitative enquiry in approach, (b) all participants in this study are males who have used Mpesu, (c) the study only sampled participants from O.R Tambo district in Eastern Cape province of South Africa, (d) the discussion in this study might be limited to the fields of study like African indigenous studies and psychology, and (e) this study might be accusable of bias towards pushing the Afrocentric agenda to the global world or academia.

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