

# THE IMPACT OF NEGATIVE CULTURAL PRACTICES ON THE SPREAD OF HIV/AIDS IN ZAMBIA

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## INTRODUCTION

Some call it the silent epidemic. Others describe it as a plague. All the descriptions, including the local nicknames, carry the same message: HIV/AIDS presents itself as the fastest growing, most notorious and multi-faceted disaster known to mankind. Though generally a global problem, the statistics presented during the past 18 years tends to suggest that Africa in general, and sub-Saharan Africa in particular, is at the epicentre of the disease. Within the African continent, twelve countries in the East, Central and Southern African region account for 30% to 40% of HIV/AIDS cases.

In the case of Zambia, the 1997 statistics of the Ministry of Health (MOH) projected that 1.2 million of the population of 9.8 million were carrying HIV and at least 200,000 were reported to have died of AIDS-related complexes as at that date. Sadly, all the data reveal that the youth (i.e. 15 to 40 years of age) are the most affected, a situation which is described as a catastrophe for the country's socio-economic development.

Attempts to explain the uniquely high cases of AIDS/HIV in Africa in general, and Zambia in particular, have pointed to a range of socio-economic factors which include the worsening economic conditions and the general breakdown in the social and health care systems. As many groups have pointed out, there is no doubt about economic shortcomings as determinants of the high rate at which this deadly disease spreads. However, there is also evidence that some negative cultural beliefs, traditions and practices, which are deep rooted in the social and sexual

lives of most African ethnic groups, have also contributed to the transmission of the disease.

In the case of Zambia, our investigations bring out three categories of culturally-defined and instigated sexual patterns and social relations which can be associated with HIV transmission and the spread of AIDS.

The first category consists of social conduct resulting from the belief in the powers of an external force, usually in the form of a spirit which can befall a person if some prescribed traditional rituals are not carried out. Ritual cleansing, the process of "cleansing" the surviving partner of the spirit of the deceased spouse, is found in this category.

The second category consists of a set of social or sexual traditions and practices which are an outgrowth of beliefs related to a perceived role or roles and/or responsibilities of an individual in a social relationship, such as a marriage union. In this classification are found puberty rites (initiation ceremonies); "dry sex" and the general use of herbs to boost sexual performance, polygamy, and circumcision rituals.

The last category consists of social relations based on tradition which dictates that something has to be done in a particular way simply because it has been done like that for years. These include property and wife inheritance which embraces the habit of having a sexual relationship with a young sister of the wife (known as *Mpokeleshi* among the Bemba-speaking groups) as a way of "anchoring" the old relationship.

Though steps have been taken to eradicate these cultural practices from modern Zambian social life, especially in the light of the AIDS

pandemic, there are traces suggesting that such habits are still a part of Zambian life, albeit in varying degrees.

## RITUAL CLEANSING

This custom is documented as one of the most deep-rooted and widespread among Zambia's 73 ethnic groups. Though some tribes use other means to "cleanse" the surviving partner of the spirit of the dead spouse, sexual cleansing (or a relative of the deceased having sexual intercourse with the surviving partner in a ceremony closely monitored by other relatives) is the known and acceptable way among most of Zambia's big ethnic groups. These include the Tonga and allied groups of the Southern and Central Provinces, the Bembas and some allied ethnic groups of the Northern, Luapula, Central and Copperbelt provinces, the Lunda-Luvale of Northwestern Province and some tribes found in the Eastern Province.

The AIDS organizations in the country, including the Ministry of Health, are concerned that, in spite of their concerted efforts to eradicate sexual cleansing, the habit is not dying out as fast as expected. John Kansenzi, Director of the AIDS Programme at Harvest Help (a grass-roots nongovernmental organization based in the Southern Province), confirmed that the practice is still rampant, especially in isolated rural areas.

Mr. Kansenzi said that the belief in sexual intercourse as a way of cleansing is so strong among the village communities that they can not even accept the use of a condom as they believe that the condom would not permit the "blood to meet" and, therefore, the ritual would have been incomplete.

Recent studies also attest to the prevalence of sexual cleansing. A 1995 study by the Nursing Council of Zambia, for instance, observes that 72% of Zambia's population still adhered to 'the traditional practice of the surviving partner sleeping with a deceased spouse to "prevent the haunting of the surviving by the ghost of the dead". A more recent (1997) study by Winda Nasilele in the Maamba district of the Southern Province showed that 94% of the respondents

were aware that cleansing was rife in their communities, with 80% indicating that sexual cleansing was the most common.

We interviewed 15 widows and widowers who were cleansed in the last eight years and found that at least half were sexually cleansed, some even twice or three times. This was the case with Mollie Chikasha, 51, a Lenje by tribe now living with some of her children and mother in Shandyongo village, about 54 kilometres west of the Zambian capital, Lusaka. Mollie said that she had been sexually cleansed twice after losing two different husbands in a period of nine years. In 1985, Mollie was sexually cleansed by Chishimba, the younger brother to her first husband, Mwila. Nine years later, in 1994, Mollie was sexually cleansed again by a relative of her second husband, Amon Chikasha. Since then she has not married again and she did not show any signs of resisting a third cleansing.

Our investigations found that in some cases sexual cleansing took place even when the person chosen to cleanse may have been aware of the dangers of such sexual interaction. This happens due to fear of sanctions resulting from non-compliance.

"When my brother died I was under intense pressure to have sex with the widow. They (the two families) even offered me money so that I could do it. In the end I accepted," confessed Mwilu Kasiketi, a Kaonde of Solwezi town in the Northwestern Province.

In some cases, sexual cleansing occurred even when the widow did not even know who was going to carry out the ritual. This happened in the case of Judith Nasho, now a retired nurse and a coordinator of a home-based care branch in Lusaka, who ended up contracting syphilis from her cleanser. Judith narrated her ordeal:

"They put me in a small hut at night. I did not even know what was happening. They had wrapped me in one of my husband's garments. In the night somebody I did not even recognise came and cleansed me in their way (sexually). It was so painful. Later I went through a thorough medical check-up during which it was discovered that I had contracted PRP (syphilis). I got treated for it but up to now it still hurts me."

Like most other widows, Judith and her five children also lost most of their property to relatives of her late husband.

We also learnt that the pressure for ritual sexual cleansing sometimes comes from the family of the surviving partner, due to fear of something happening to the surviving spouse. This happened in the case of Theresa, who was co-married to Godfrey with Lenshina for about 10 years after Godfrey's death in 1991. Realizing that Godfrey had died of symptoms related to AIDS, Godfrey's parents objected to sexual cleansing, although Morgan, Godfrey's cousin, was chosen as Godfrey's successor.

The alternative form of cleansing – grazing of the groins over the body of the surviving spouse from chest to knee (known as *kuchutu* among the Tonga-speaking people) – did not please Theresa's relatives who felt that she had not been properly cleansed. Also worried that something bad may occur to her, Theresa started having affairs with Godfrey's relatives in the hope that that could serve as some form of sexual cleansing. Although without confirmation of the cause of her death, Theresa died in 1997.

There has been no study to directly link ritual sexual cleansing to the HIV/AIDS prevalence in Zambia, but there is evidence of significant sexual interaction resulting from this tradition.

#### SPOUSE INHERITANCE

A related cultural practice, which also promotes the exchange of sexual partners after death in a family, is wife or husband inheritance (also referred to as levirate unions). In its formal sense this involves marrying off the surviving partner to a relative of the deceased which, as T. Richards (1969) says about the Bemba, was traditionally meant to ensure that there is continuity of the family, its reproductive role and to ensure proper care of the minor children of the deceased. Among the Tonga-speaking people of the Southern Province, for instance, a younger brother or cousin of the deceased would take over the widow and most of the property of the deceased soon after burial. The practice was also observed among other major tribes such as

the Bembas, Lozis and Ngonis. Sexual cleansing and levirate marriage are related in the sense that the person who takes part in the sexual cleansing ritual more or less automatically marries the spouse of the deceased.

Our investigations showed that, as with sexual cleansing, levirate sexual relations, whether as full-fledged marriage or an ordinary relation between the surviving partner and a relative of the deceased, take place even in instances where there are misgivings about the cause of death.

Also, as in sexual cleansing, levirate marriages sometimes occur due to pressure from relatives and the rest of the community. This was evident in a case involving Anne Chola, a widow in one of the Zambian villages, as she narrated to a team from the Law and Women in Africa:

“They appointed somebody in the family to replace my deceased husband, but I refused because I was upset about their accusations that I had killed my own husband with whom I had been married for many years. They would not take no for an answer. They threatened me saying, ‘If you refuse to be married in the family it means you know why’, meaning that it would be an indication that I killed my husband. There was so much pressure – in-laws, my own relatives and other members of the village – that I reluctantly agreed and even got a son after some months. After that he started beating me badly and ill-treated my children. Then he chased me, physically taking me to my father. He took away all the property.”

This case also illustrates that, apart from pressure from relatives and society at large, levirate relationships can result from the desire to take over the widow and property of the deceased. Sadly, apart from increasing chances of HIV contraction due to exchange of sexual partners, such relationships often fail to be consolidated and end up breaking; thus leaving the widow and children in a more desperate and vulnerable situation. Given the fact that most cases of HIV transmission are reported to have occurred heterosexually and that AIDS as the cause of death is usually not disclosed to the relatives, inheritance of spouses poses high risks of exchanging

the HIV virus and, therefore, is significant in understanding the HIV/AIDS prevalence in Zambia.

The closeness of spouse inheritance to HIV transmission can be pictured from the case of Belita Chinyanta (not real name), 35, of Chitentabunga village in Chongwe district, about 60 kilometres east of Lusaka. Belita lost her husband, a soldier in Kabwe, in 1996. Within the same year she was "inherited" by a relative of the soldier in Chitentabunga Village. Two years later, in 1998, the second husband also died of AIDS-related complexes after which Belita was sexually cleansed and "inherited" by another man. In April 1999, both Belita and her third husband were sick and Belita is one of the 500 people under the care of Ntumeni home-based care in Chongwe. Although not tested for HIV, the local and home care-givers are convinced that this is one of the cases of full-blown AIDS.

## POLYGAMY

Another old pattern of sexual relationships, common in Zambia and some other African countries, is polygamy. It is related to sexual cleansing and wife inheritance in the sense that some polygamous marriages are a result of taking over the wife of a deceased. This is the case with headman Peter Nanguma, 54, of Simaamba village in Siavonga district who is married to two women and has fifteen children. Mr. Nanguma told the investigating team that he inherited the second wife from a cousin who died in 1974.

Polygamy, in many cases in the Zambian society, ranges from two to ten wives. In isolated cases, though, it can mean more than 10 as was the case with 65-year-old religious leader Isaac Matongo, who stunned the country in 1994 when the press revealed that he had 55 wives, the youngest of whom was only 16 years old at the time.

Although traditionally only a few ethnic groups, particularly in the Eastern and Southern provinces, were believed to be polygamous, recent studies suggest that marrying more than one wife is now a nationwide practice. In our

investigations, we found a marked increase in polygamy in Mweemba and Shandyongo villages of the Lusaka rural area between 1994 and 1998.

In the case of Mweemba village, from a cohort of 37 marriages, polygamous ones had gone up from 30% in 1994 to 43% in 1998. In Shandyongo village, out of the investigated 21 marriages, polygamous ones had increased from 38% to also 43% during the same period. Both cases confirm the continued prevalence of polygamy in some sections of the Zambian society, in spite of the efforts aimed at reducing the number of sexual partners exposed to a particular individual in the advent of HIV/AIDS.

In spite of the dangers it poses, polygamy is widespread and affects every level of the Zambian society. As indicated by Elizabeth Mataka, Director of Family Health Trust, a local NGO involved with AIDS programmes, in some cases the risks associated with polygamous unions are often due to lack of happiness and satisfaction either as a result of economic hardships or other frustrations. In other cases, it is the desire to have children, especially in the event that the first wife is barren. This was the case with Regis Nyerera, also of Mweemba village, who was offered his wife's younger sister because his older wife could not produce children.

Among some ethnic groups, such as the Bemba-speaking people, a man has an uncodified right to have a sexual relationship with his wife's younger sister (known as *mpokeleshi* in Bemba). This is looked at as a way of rejuvenating the marriage as it is assumed that at some point a man gets sexually fed up with his wife.

Given the evidence that having many sexual partners increases one's chances of being exposed to HIV, polygamy and extramarital relationships, both of which are culturally tolerated, play a part in trying to understand the HIV/AIDS prevalence in Zambia. The dangers of polygamy in relation to HIV contraction can be illustrated by the case of Cholwe Muleya (not real name), 39, of Misisi compound in Lusaka. Although not told about her HIV status, Cholwe has suffered various complications which are associated with AIDS, including genital infec-

tions which she says she got from her polygamous husband of five years.

Cholwe, now under the care of the Catholic Church-supported Home Care Programme, narrated to this writer that she married her husband as the third wife in 1994, after divorcing her first husband of 15 years and with whom she had five children. In 1997, she got pregnant and gave birth to a baby girl in March 1998. It is from then that her health problems began to manifest themselves.

“At the time of marrying my husband I was just okay. However, since then, especially after giving birth, my health has deteriorated. I first developed rashes all over my body, then my body began to swell. Later I could feel very hot at night with persistent chest pains. I was diagnosed as having tuberculosis and put on treatment. In the process I had genital sores. When I told one of the wives about the sores, she told me that even our husband has similar sores.”

While Cholwe was going through all this, her child was not spared as she showed signs of lifelessness from the beginning until tuberculosis claimed her in March 1999. Fed up with nursing a sick wife, Cholwe's husband abandoned her. The case was taken to the court, which ruled that the husband should pay Cholwe K2,000,000 (equivalent to US\$ 900) for her medical costs.

### INITIATION CEREMONIES

Another practice related to culture is the initiation ceremony or puberty rite which is only indirectly related to HIV transmission because it does not directly involve sexual interaction as is the case with some of the other practices already discussed in this chapter. The process of initiating a girl is significant to the understanding of HIV/AIDS in Zambia as it plays a crucial role in shaping a girl's perception of sex and sexuality. This process, which many a Zambian woman undergoes, can be illustrated by the personal experience of Millie Chileshe Kashina, a former initiatee living in Lusaka.

Now separated from her husband of five years, Millie began to go through the process of

initiation soon after her husband officially indicated his desire to marry her to her parents, then living in Kitwe, one of the four major cities of Zambia. Having missed the ritual at the puberty stage, Millie's initiation was centred on marriage which included looking after herself, her husband, relatives and general domestic affairs.

Since Millie and her parents lived in town, there was no immediately available grandmother or an old aunt to conduct the initiation ritual. In Zambian families it is a taboo for parents to discuss matters relating to sex and sexuality with their children as only grandparents are supposed to do so. In the absence of grandparents, Millie's parents hired old women (commonly known as *banachimbusa*) who are renowned for the initiation of girls and women preparing for marriage. The fee for the whole exercise was K120,000 (equivalent to US\$ 50).

From about a year before the day of the marriage, the initiation process began, which included lessons in some secluded places. Depending on the subject, demonstrations would have to be carried out. This particularly happened during lessons on love-making during which an old woman would lay on top of her for therapeutic demonstrations. The next stage of initiation involved the kitchen party, one month before marriage, during which other women would join in advising her on more or less the same subjects of looking after a marriage. The process ended only on the eve of the wedding with a ritual which involved a hide-and-seek game between her and her husband in the sense that her initiators hid her in some dark place almost naked, and asked her fiancé to find her.

“During all this time the emphasis was on how to please your husband in bed and being submissive to him at all times including making love to him whenever he demands,” Millie narrated.

This is the kind of ritual which most Zambian women have either gone through or are yet to go through and which has come to be accepted as a necessary process in the Zambian society. Among the Tongas, Bembas, Lozis, Ngonis and Nsengas, a girl underwent initiation soon after her first menstruation, though the period ranged from

one month, as among the Tongas, to as many as between six and 12 months. Among other ethnic groups, such as the Lambas and Ndambos of Northwestern province, a girl was initiated before the onset of the first menstruation to give her some preparation.

Concerns have been raised by AIDS information organizations about the values inculcated into a woman with regard to sex and sexuality during this ritual. Many representatives of these organizations believe the emphasis on submissiveness of woman to man and sexual satisfaction partly accounts for the disempowerment of the woman to negotiate for safe sex and also forces her to resort to “dry sex”, all in order to please her husband. Traditionally, initiation rituals had some positive values aimed at strengthening marriages. However, the HIV/AIDS reality poses a strong challenge to this cultural practice.

Felicia Sakala of the Young Women's Christian Association (YWCA), also observed that: “Even if a woman is aware of the risks involved in unprotected sex, she may find it difficult to insist on safe sex. For a woman, insisting that her husband use a condom could result in her being battered, divorced or abandoned for a girlfriend” (1995). It is against this background that initiation ceremonies need to be examined in attempts to explain the high incidences of HIV/AIDS in Zambia.

#### “DRY SEX” PRACTICE

Related to, and usually resulting from, the initiation ritual is the “dry sex” practice, which is reported as another widespread culturally inspired sexual habit in Zambia. “Dry sex” is described as sexual intercourse with a woman who has a very tight vagina, achieved through the repeated use of local substances and herbs. Like the other culturally-related practices, dry sex is also traceable to the traditional society. The practice has seeped through into modern Zambia and, like initiation ceremonies, recent studies suggest that it is one of the most widespread practices and cuts across all social strata and ethnic groups.

In her 1991 study, Nyirenda found that as high as 86% of the respondents practiced dry sex

resulting from the use of one type of herb or another. One investigation showed that the continuance of the practice is mainly due to the fact that the perceived benefits or reasons for its practice tended to outweigh its inherent dangers, especially in the light of HIV transmission. The generally highly positive perceptions about the practice of dry sex helped to maintain a market for both male and female traditional medicines to satisfy it. A traditional herbalist, “Doctor” Nawa of Matero township, for instance, regularly advertises himself in the *Zambia Daily Mail* as the “famous bedroom doctor” and “Lusaka's top class herbalist”. “Dr” Nawa sells both male and female sexual medicines which are taken in various forms and cost as much as K250,000 (or US\$100).

As with the initiation ritual, the practice of dry sex is meant to consolidate relationships. However, with the advent of HIV/AIDS, concerns have been raised linking it to HIV transmission due to genital ulceration of both male and female organs during sexual intercourse, which in turn facilitates the exchange of blood agents, including HIV.

The cases of cultural practices discussed in this chapter suggest that, though a lot of effort has gone into eradicating some of the negative practices, there are strong indications that these practices are still going on among some communities and families. In some cases the practices go on even where people are aware of their dangers in the light of HIV/AIDS and other STDs (sexually transmitted diseases). In other cases, especially in the remote areas, it would appear that these traditions are carried out either from lack of accurate information about the relationship of each or one of them to HIV transmission or simply due to lack of information altogether.

#### THE WAY FORWARD

Given the complexity of some of the highlighted cultural practices, many individuals and groups we interviewed suggested a combination of strategies, ranging from increased information to legislation, in attempt to root out these practices. As a cross-cutting intervention, more

information will be required, using a combination of both interpersonal and mass media forms of communication, with messages specifically highlighting the relationship between each of the traditions discussed and HIV transmission.

More information is recommended because, as many people interviewed suggested, the perpetuation of some of the practices is based on lack of information relating these practices to the prevalence of HIV/AIDS. In some cases, their perpetuation is due to myths and misconceptions about the disease. This particularly applies to communities in rural areas and high-density areas of cities. Increased information should constitute the thrust of any future attempts to eradicate the beliefs which buttress some of the highlighted cultural practices. In line with this strategy, co-opting families and influential local personalities such as headmen, politicians and church elders among the communities was also suggested. This could have some considerable impact in the struggle to eradicate ritual sexual cleansing in the Southern Province of Zambia. Also, given that most of the mass media sources of information hardly reach the rural population, the use of local media such as theatre, puppetry, drama and open meetings was suggested, particularly by rural-based home-care givers.

The information intervention is particularly required in practices that directly involve the exchange of blood agents. These include sexual cleansing, partner inheritance, polygamy, dry sex and circumcision practices. In cases of the initiation ritual, it was strongly suggested that the initiators should be sensitized about HIV/AIDS so that ultimately the content of the initiation would be altered to include, and put emphasis on, HIV/AIDS awareness and general reproductive health and empowerment of the woman as a substitute for submissiveness and sexual satisfaction. The sensitization of the traditional institutions is already being successfully undertaken among traditional healers in Zambia.

Another suggested change in the initiation ritual is increasing the age at which the initia-

tion is conducted from about 14 years, as among some tribes, to the period shortly before marriage. This suggestion is based on the expressed concerns about the strong urge for a girl to try out the sex skills taught during initiation, which puts her at risk of engaging in pre-marital sex in the event of delayed marriages.

It must be noted that the suggestions for changes in, rather than complete abandonment of, the initiation rituals is based on the observations by most people interviewed and other studies of communication sources which suggest that for now this is a critical source of information and counselling, especially on marriage. The relevance of these rituals is also based on the generally low parent-to-child communication because of taboos about sex.

On parents not discussing HIV/AIDS matters with their children, it was suggested that such taboos could be discouraged through increased information which focuses on encouraging and highlighting the beauty of parent-child dialogue. This strategy would also have to involve working closely with the families to strengthen the family ties.

Apart from the information interventions, there were also some suggestions for either the alteration or total abolition of some of the cultural practices by using the judicial system. To this effect, there were specific suggestions that the relevant sections of the law should be amended so that people who engage in some of these practices can be prosecuted. This would particularly apply to property grabbing and sexual cleansing.

On polygamy, property grabbing, cleansing and wife inheritance, there were suggestions for interventions that would empower the woman to be able to stand on her own and be able to take steps for redress in cases where she feels unjustly treated. This recommendation is based on the realization that in most cases some of these practices have been carried out against the woman's will but that the woman may be in such a weak position that she cannot easily take such a step. A combination of these suggested interventions, carried out systematically and with the involvement of the concerned commu-

nities, should provide some starting point in altering some of these negative cultural practices in light of HIV/AIDS.

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