



## CHAPTER 1

### A BIG BLACK LEAKING POT

#### 1.1 INTRODUCTION

##### 1.1.2 MY MOTIVATION FACTOR FOR DOING THIS RESEARCH

You arrive home where your small child or brother of two years old is playing on the floor. Suddenly you see a large snake slithering towards the boy. What are you going to do? Are you going to ask what kind of snake is it a cobra or mole snake? Where did it come from? Who left the door open? At that moment those questions are irrelevant. The first thing you would do is to catch or kill the snake or snatch the child away. Christo Gleyling (2000:1) once said that, it does not help us to waste time on the question. "Does HIV CAUSE AIDS?" Who caused HIV and AIDS? Where did HIV and AIDS come from? People are dying in Africa in millions. HIV infection and the AIDS epidemic is now a universal problem throughout the world.

The Hagar story triggered my memory on what most women face in this world and that nobody cares about or will listen to them. They are always looked at as people who don't think about their future. This time of HIV the stories of people should be taken seriously, because that is a way of exposing their problem of seeking other people to help.

##### 1.1.2.1 The Hagar of Present Era

One of the women in Jack compound, Lusaka tells her story at one of our women's meeting:

*"I am the Hagar of this modern era (Genesis 16:1-16). My cousin Marige stayed four years in marriage but had no child. She was blamed for being barren.*

*Therefore my family was asked to provide a shanzi (a young cousin to Marige who can bear children for her).*

*“There were marriage arrangements between my family and my cousin’s family, and they wanted me to go and become the second wife for the sake of children. I did not dispute the family arrangements. I agreed because my cousin was looking clean and beautiful and, the husband was a good caring man. I bore four children for my cousin but I did not experience any love from both the husband and the wife. I was a child producer; the man came to me only when he wanted a child. My cousin did not love me at all, and she made sure that our husband does not make love with me any time; he did not love me either. I was young I wished I had my own man. Now even if I divorce who would marry me with four children? If I leave my children with my cousin, is she going to manage to care for them as I do? Are they not going to be slaves as I am to her? If I go with them to my parents, will my parents help me to provide all their needs? Will my parents not see me as a failure that has brought shame to the family? What should I do? I am young but sexually starved. Should I go for another secret man? But if he is HIV positive am I not going to die and leave my children? I see the world to be cruel. Where will my help come from?”*

Genesis 16:1-16, Is this not a similar story in which Hagar found herself with her mistress Sarah? While trying to please Abraham by having an offspring through Hagar, every member of the family suffered Hagar, Abraham, Ishmael, Isaac, and Sarah herself. Like Hagar most women and men find themselves to be victims of our cultural practices which we have taken as a norm. Now in this time of HIV and AIDS pandemic, if the Abraham of this era is infected with HIV and AIDS, then Sara and Hagar will be infected too or if Sarah was infected then Hagar and Abraham would be infected. If Hagar was infected then she would infect her baby Ishmael, Abraham, Sarah and even baby Isaac. For Hagar to receive comfort, her temporary solution was to run away and to share her story with someone like an Angel who felt sorry for her and the baby. Then her immediate need could be met. There are so many women today who have found themselves in a dilemma because of cultural practices which they cannot reject. They are sometimes blamed by society as snatchers of husbands without it being known what really transpired. The church e. g. the Reformed Church in Zambia which is a road of hope, cannot accept such women, since only senior wives in polygamous marriages are accepted as members of the church. The Hagar type of women suffer the consequences at the mercy of helping the Sarah's of this modern world who don't even appreciate what they are doing.

One morning aunt Tilape who was seven months pregnant, went to the field with her husband's uncle Bundu. Despite being pregnant she worked hard in the field. She did not have time to rest. When she reached home she had to continue doing the house chores. She was tired. She wanted to rest a bit before taking a two kilometer walk to fetch some water. Her husband was sitting under the tree while waiting for food. When uncle Bundu saw my Aunt drinking water while sitting, he rose as if he saw a snake rushing towards her and snatched her cup and threw it away. She was pulled into the house while he was insulting her, "You lazy dog, your fellow women are very strong." She was beaten badly and that same night, she went into labour and lost her baby.

This was the third time she miscarried. I was shocked and I shouted, "It has happened again!" I saw some women of the village, including my mother coming back from the graveyard where they had gone to bury a pre-mature baby. All the women had their hands at their backs to show that death had visited a member of the family. Premature babies are buried by women alone in most African cultures. This was now the third time I had seen these women entering aunt Tilape's house. I asked my mother immediately when she entered our house, "Why has it happened again?" She was not in a position to answer the question but she knew I was hurt. To my surprise, nobody blamed uncle for beating a pregnant woman; instead they blamed aunt for the miscarriages and for being lazy and not preparing food for my uncle on time. Both men and women were not gender sensitive enough to sit the couple down and solve the family problems, why had three consecutive miscarriages occurred in the same family. My uncle was even blaming the wife for the miscarriages and laziness. He even wanted to divorce my aunt and marry another woman who could produce live children and prepare food for him on time.

My aunt needed support from the other women who saw how she suffered in her marriage. She lost all her three babies and nobody sat the couple down to find out why there were premature deaths in the family. But to all these things she was portrayed as a lazy woman who could not bear live children. My aunt's hope was shattered completely. She suffered humiliation from members of the community. I see there are many women who have stories

to tell seeking help from members of the public and the church but they are put off because of how we handle issues in such a biased way. HIV is now eating our women and we are just watching and seeing them die, as they blame themselves.

Being brought up in a rural area of Zambia and growing up among the Ngoni people of Eastern Province, at an early age of my life I envied the position of men in society where they were most favored. The society was working on the issue of sexuality and gender which took place within a socio-economic structure that granted certain rewards for being of a particular sex usually male and often penalties for being another sex usually women (Gerkin 1997:189). Male figures are usually highly favored by society, for example the support they get from society, the kind of food they eat, the kind of work they do, the kind of dances they do and the kind of marriages they enter into, monogamous or polygamous. "In traditional African societies, men have usually married more than one woman in order to have more hands to help them work on their farms" Dolphyne (1991: 15). Among the Batswana culture it is acceptable that men can have more than one partner, as they say 'men are like bulls or they are like an axe and can chop many trees' (Tabane 2004:4). Aren't such cultural practices putting women into the mouth of HIV and AIDS? This demonstrates the injustice which the majority of women face.

Such tragedies which women and children face for sometime occupied my thoughts as to what are some of the cultural practices which cause women to experience a tough life which they cannot decide to run away or try to seek help from. I will share my trip as a woman, wife, mother, a teacher, pastor's wife, counselor, facilitator and a member of the Reformed Church in Zambia. I love to share my discoveries with others. My passion for the Christian faith and culture has energized me to invite others to explore, explain, deconstruct and reconstruct a new road which is without pot-holes but will provide new stories, happiness and security for every person who passes through it.

After knowing my Lord Jesus Christ as my personal savior at the age of 16 years old, I became a people's person in my community. I involved myself in teaching and evangelistic

work. These two characteristics enabled me to be sensitive with my surroundings. Teaching school kids and evangelism were the reasons why I wanted to play an important role in this trip to move together with our communities. In 2003, when I was asked by Justo Mwale Theological College Institution to be a member of the HIV Committee I thought this was a good opportunity for me to travel together with people from different communities as we find out challenges which people particularly encounter in their communities.

This has helped me to rediscover and reclaim my place in the church and in society. As a teacher and a pastor's wife I would like to bring awareness of the cultural practices which influences the spread of HIV and AIDS epidemic in Zambian society. To explain these cultural practices I will use a metaphor of a big black leaking pot. Its name 'a big black leaking pot' means this pot has served generations and generations while in good condition, but now it cannot serve its purpose properly because it is leaking. The same as with these cultural practices that have been used by members of our society for generations and generations. The continuation of the leaking water from the leaking pot will make the fire go out. The coming of HIV is a blow for the continuation of some of our cultural practices. Society has tried some alternatives to get the leaking pot going, e.g. sealing it temporarily by putting a piece of grass in the hole or sealing it with meal-meal to settle on the hole. The leaking reaches a time when it can be of no use or it can be mended by removing the old leaking part and using new iron metal to make it new and much stronger. Always good alternative stories will save the purpose of the day (Morgan, 2000:5).

## **1.2 THE PRESENT SCENARIO OF HIV AND AIDS**

Day by day, the HIV and AIDS scenario is unfolding so rapidly that it is difficult to keep up with developments and statistics. The reports are so alarming that we sit with one choice, to stop being spectators and get involved in the battle. According to the United Nations, AIDS estimates for 2001, 36.1 million HIV cases were estimated to be living with HIV and AIDS. Of these, 34.7 million are adults: 16.4 million are women, and 1.4 million are children under 15 years. During 2000, AIDS caused the deaths of an estimated 3 million people, including 1.3

million women and 500,000 children under 15. The overwhelming majority of people with HIV and AIDS, approximately 95% of the global totals, now live in the developing world. Sub-Saharan is the most hit part of the world (Centre for Disease Control & Prevention, 2001:1).

According to Mwaba (2001:3), Zambia is one of hardest hit countries in Sub-Saharan Africa. Statistics taken in 2001 by Society for Family Health were as follows:

Number of new cases	93,000
Total Aids Death	650,000
Annual AIDS death	99,000
Number of people living with AIDS	1,009,000

The percentage of the adult population who are HIV infected is markedly different from country to country. According to UNAIDS (1999) the basic statistics have been recorded for the following Zambian neighboring countries to name a few:

Angola: Percentage of adult population HIV-infected: 2.78%.

Women who are living with HIV are 82,000.

Men who are living with HIV are 68,000.

Children who are living with HIV are 7,900.

Estimated number of adults and children who died of Aids is 15,000.

Botswana: Percentage of adult population HIV infected is 35.80%

Women who are living with HIV are 150, 000.

Men who are living with HIV are 130,000.

Children who are living with HIV are 10,000.

Estimated number of adults and children who have died are 24,000.

Malawi: Percentage of adult population is 15.96%

Women who are living with HIV are 420,000.

Men who are living with HIV are 340,000.

Children who are living with HIV are 40,000.

Estimated number of adults and children who have died are 24,000.

Mozambique: percentage of adult population is 13.22%.

Women who are living with HIV are 630,000.

Men who are living with HIV are 470,000.

Children who are living with HIV are 52,000.

Estimated number of adults and children who have died are 98,000.

### **1.3 MODES OF TRANSMISSION**

Unprotected Sexual intercourse is (90%) Van Dyk (2001a) stated that unprotected sex between men and women accounts for most of the new HIV infections among adults in Africa. This is by exchange of sexual fluids, semen and vaginal fluids, by female to male, male to female, and male to male or female to female which is not very common in Africa especially in Zambia, because it is a big taboo, society does not tolerate homosexuality and also the Zambian government arrests people indulging in homosexual relations. The presence of other sexually transmitted infections, (STIs), especially those causing genital ulcers, increases the high risk of HIV transmission because the more the mucous membrane is exposed to the virus the more one is exposed to HIV.

Mother to child transmission (MTCT) is 9% during pregnancy, 21% during delivery, 65% during Breastfeeding is 14%, and 30% to 40% of babies of HIV positive mothers are infected. Mother to child transmission of HIV (MTCT) is the major cause of HIV infection in children. There are more than 2 million pregnancies in HIV positive women each year, and more than 1800 infected children are born daily worldwide. The overwhelming majority of these births are in the developing world, especially in sub-Saharan Africa. More than 30% of

women attending antenatal clinics are HIV positive (Wilson, 2002:358) blood transfusions before 1998 was 1%, sharing infected needles and contaminated razor blades was 1%.

## **1.4 RISK FACTORS REGARDING HIV TRANSMISSIONS**

Different people respond differently to HIV infections. Some people remain healthy and active for as long as 10 to 20 years with little or no signs of Immune Depression, while others deteriorate rapidly and develop full blown AIDS within five years, or even sooner (Van Dyk, 2001:16).

### **1.4.1 BIOLOGICAL AND SEXUAL RISK FACTORS**

Ward mentioned the presence of either acute HIV infection or advanced HIV disease (AIDS) in the infected partner increases the risk of sexual transmission. People recently infected temporarily have very high levels of the virus in their blood, body fluid and secretions. Advanced disease in people, makes them relatively more infectious to their partners. According to Ward, the presence of genital tract infections in either partner also increases the risk (1999:38-40).

Intercourse during menstruation also increases the risk of sexual transmission. The greater the number of exposures to infected semen or vaginal secretions, the higher the risk of HIV transmission (Ward, 1999: 40). Some strains of HIV appear to be more infectious than others.

It is more likely that one exposure can lead to infection and each repeated exposure carries the same risk. In general, the more viruses per exposure and the more times a person exposed, the more likely it is that infection will occur. Multiple exposures increase the risk of re-infection through continuing exposure after infection also occurs and may contribute to disease progression (Berer & Ray, 1993:44-45).

Infection of a woman by a man is biologically more likely than infection of a man by a woman, that is per exposure and if other risk factors are equal. If men generally have more sexual partners than women, then infected men will expose more women to HIV than vice versa.

Women are becoming HIV infected at a younger age than men all over the world, in line with socio-sexual norms (REC Focus, 2002, vol. 2 – No 1:11). This fact is easily overlooked if gender and social factors are not taken into account. Women also tend to have sexual relationships with men a few years older than themselves, whether inside or outside of marriage (Wills 2002:55). In some cultures, men marry women up to ten years younger than themselves for childbearing and other patriarchal reasons (Poku, 2001:197). Women seem to be the group highest at risk of HIV infection because of their biological makeup and their traditional status in society and also because they become sexually active at a young age (Wills 2002:55).

#### **1.4.2 SOCIO-ECONOMIC RISK FACTORS**

Popenoe (1986:205) states that poverty is a condition of scarcity or deprivation of material desirable in a condition characterized by a lack of adequate consumption of the necessities of life. It is also viewed as a stigmatized position of social inferiority. The physical appearance of poor people often makes their stigma highly visible, e.g. their deteriorated housing, ragged clothing and emaciated faces (Jackson 2002:84). Popenoe also states that, “historically, the poor have been people without homes, who wander from community to community in search of work and sustenance” (1986:252). Poverty contributes to the spread of HIV because of social and economic factors. Parry pointed out that poverty with its accompanying side effects such as prostitution (the need to sell sex for survival); poor living conditions, poor education, and poor health care are major contributing factors to the current spread of HIV and AIDS (2008:25).

#### **1.5 THE OPPRESSION OF WOMEN**

The subordination of women has been identified as a key social factor in the continued spread of the Aids epidemic. In recent years, the highest proportional increase in HIV and

AIDS diagnoses all over the world was found among women. Records show that two-thirds of all newly infected people are young women (Patterson, 1996:40). This situation has arisen because of the triple oppression of race, sex and class of African women (UNAIDS & UNDP, 1998:88). Saayman (1999:211) explains that the exclusively hierarchical and patriarchal structures governing African society place women in an inferior position and make them vulnerable to exploitation by men. These structures diminish women's rights and their ability to insist on the use of condoms during sex, or to say no to some injustice they experience. Pienaar has pointed out the triple oppression of women by highlighting the following:

(1) the social engineering policies which marginalized women economically and socially; (2) patriarchal system also embedded in cultural, traditional, gender and religious discourses has rendered women voiceless and powerless and (3) HIV and AIDS is targeting the most vulnerable women and children. Women are not only carrying the brunt of HIV infections, but they carry the extra burden of caring for the sick and the dying (2003:9).

From such experiences it seems that women are very vulnerable to contracting HIV and AIDS virus. Women and the girl-child are the marginalized and neglected as the unheard voice of our society. The importance of the culture of the people to whom the gospel is to be preached cannot be under-estimated. For this reason, the problem is accessed in the light of the general African understanding of morality and values that surrounds Zambian women. Women for sometime have been taught to be submissive to their husbands or to a male dominated society. As a result, they become the first innocent victims of the HIV and AIDS pandemic (Parry 2008:27).

Africa has the highest number of HIV and AIDS infection in the world. According to 2002 statistics, Sub-Saharan Africa is estimated 29.4 million people to be living with HIV and AIDS, more than in other continents. Zambia is one of the hardest hit countries in Southern Africa, about 1009,000 people are living with AIDS, Mwaba said, that sexual intercourse has been singled out to be the most common means of transmission of the HIV and AIDS virus and Zambian women and girls have been the largest number of people infected with the

virus

(2001:3).

## 1.6 THE RESEACH TOPIC

Does this then imply that Africa is much more promiscuous than Europe? Is it not perhaps possible that there may be other ways through which HIV and AIDS is spreading in Africa? Is it perhaps not possible that some salient cultural practices which are involved with rites of passage in Africa provide some fertile grounds through which the HIV and AIDS virus is spreading? For example at death, when a person dies, the living spouse is supposed to be “cleansed” by having sexual intercourse with the brother or cousin of the dead man. Is this not a sure way of getting the HIV and AIDS virus? Is it not possible that there are many other aspects of cultural practices which may surely be acting as channels through which the HIV and AIDS virus is spreading? For this reason I would like to do research on the influence of cultural practices on the HIV and AIDS epidemic in Zambia.

There is an urgent need to establish the causes of HIV infection so that appropriate strategies to combat the infection can be put in place. There is also a need to understand whether the cultural practices of Zambians have an influence in the spread of HIV and AIDS. There is need to conduct further investigation in order to find out what causes the HIV infection in especially high HIV and AIDS prevalent areas. My experience has influenced me to take another serious look at the salient cultural practices which puts the girl child and a woman at very serious risk when there is nowhere to share the pain of being treated like property in her home. Seeing also how some of our good cultural values, can help in the fight against HIV and AIDS, society should see the need to promote good cultural practices and discourage bad ones. There have been many women who are infected with the HIV and AIDS virus in Zambia and Africa as a whole. The UNICEF (1994:4) report says that women are more vulnerable to AIDS than men in the world for a number of reasons such as the collapse of support systems, and therefore there is a need to intensify our efforts to promote effective joint involvement into finding the solution to this problem.

Gender, race, religion, culture, are social groups which frequently are discriminated against. The minorities whose narratives express their unheard stories, for example women's issues and girls' unheard stories, therefore it is important to go through the related literature so that we can assess what others have done in their research.

## 1.7 RESEARCH ALREADY DONE

Related Literature or Literature Review is a process obtained mainly by reading whatever has been published that appears relevant to the research topic. Bless & Smith (1994:23) suggested the following purpose of the review which should be kept in mind: a) To sharpen and deepen the theoretical framework of the research, that is to study the different theories related to the topic taking an interdisciplinary perspective where possible; b) To familiarize the researcher with the latest developments in the area of research as well as in related areas; c) To identify gaps in knowledge as well as weaknesses in previous studies; d) To discover the advantages and disadvantages of the research methods used by others in order to improve one's own research.

I am aware of the fact that a number of studies relating to HIV and AIDS have been carried out looking at the issue of the virus from the various angles, but to the best of my knowledge none has addressed the issue of the influence of Cultural Practices on the HIV and AIDS epidemic in Zambia. The cultural practices in question are those associated with rites of passage: birth, puberty, marriage and death. Here is a list of some of the related literature which I have so far come across. Some are books while some are articles which were presented during HIV and AIDS conferences. These articles dealt with different topics but discussing the theme of sex and sexuality and how HIV and AIDS affects women in Zambia.

***I. Augustus Kapungwe (1997:77)*** wrote an article on Traditional Channels of Sex Information Communication and the Fight against HIV and AIDS: The case of Puberty Rites. This article is a report of a study whose main objective was to explore the role that the traditional channel of sex information communication could play in disseminating information

to combat HIV and AIDS. The focus of the study was on female initiation ceremonies because they have been found to be quite widespread, both in rural and urban areas, and involve young women who are the most vulnerable group in as far as HIV and AIDS is concerned. It is obvious that the syllabus of initiation ceremonies is lacking in content as far as prevention of HIV and AIDS is concerned. It seems not much is being covered in these initiation ceremonies. The syllabus does not show much of what they are teaching as their table of content shows. Therefore there is a need to make some additions to the already existing institution, especially on cultural practices and the spread of HIV and AIDS virus.

***II Nkandu Luo (1996:5):*** the Challenges, Hopes and Responsibilities Facing Women in the HIV and AIDS Pandemic. This paper examines the impact of AIDS on women, highlights the vulnerability of women to HIV infection at biological, individual and societal level, the attitudes of women to HIV, how this has contributed to their vulnerability to HIV and AIDS and how this is being compounded by poverty. The objective of this publication is to highlight the problems that women face in society as a result of HIV and AIDS and the poor social-economic circumstances that they find themselves in. It also emphasizes the fact that, since women have a vital role to play in society, they need to respond to the HIV epidemic in order to save future generations. This paper has concentrated much on poverty which has forced women into risky behavior, like prostitution and indulging in unfaithful, miserable, unstable marriages. Many cultural elements are not being discussed openly or at length; as a result women cannot have a free mind when doing something.

***III. R. Kathuria and D. Wilson, (1995:24)*** Community Peer Education to Prevent STD/HIV and AIDS among Women in Zambia and Zimbabwe. The paper describes community peer education projects in Zambia and Zimbabwe. An intervention strategy was devised to target primarily HIV-vulnerable communities of single women in low-income areas and men whose sexual behavior contributes to rapid HIV transmission. The objectives of the project included: providing STD/HIV and AIDS education and condoms to the most HIV-vulnerable men and women in the wider community; mitigating the impact of HIV among the most HIV-vulnerable groups of women. This paper is an example of how one can reach the people with the

message of both the physical and spiritual salvation of the human race of Zambia and Africa as a whole.

**VI. Kiremere M. Kambamu (1993:6):** Tasintha Program: Assessing Issues of Women, Vulnerability, Prostitution, STDs and HIV and AIDS. This is a report on the program, which started with the aim of behavior transformation for positive life styles of sex workers. The objective was to achieve a transformation by identifying the causes that force women, young and old, to enter the sex work/trade and to endeavor to eliminate those causes by creating alternative modes of fulfilling the identified needs.

**V. Sara Longwe, Hlupekile and Roy Clarke (1993:6)** wrote an article on The Need for None Governmental Organizations to Address Gender Issues in Aids Prevention and Control in Vena Journal Women and AIDS, vol. 5 No. 1. This paper looks at one particular aspect of the inadequacy of this underlying rationale which is its capacity to overlook gender issues, which influence and determine sexual behavior. The sexual subordination of women is reflected in the structure of gender inequality which pervades the institutional infrastructure of the wider society, including even the health and education systems which are supposed to be in the forefront of the national AIDS campaign. Their main argument is that the male dominance in society with its inequality later throws women into the vicious cycle of poverty.

**VI. Macwan'gi Mubiana (1994: 60),** in her research paper, Women and AIDS In Zambia: Situation Analysis and Options for HIV and AIDS Survival Assistance. The objective of the publication is to explore how HIV and AIDS affects women, to examine women's vulnerability to HIV and AIDS, to explore perceived risk of HIV infection among women, to examine the role of women as care providers for people living with HIV and AIDS and to identify actual and potential sources of support for HIV and AIDS affected people and providers.

**VII. Ruth Meena (1992)** wrote a book titled Gender in Southern Africa. This book, which includes articles written by six feminist scholars, examines liberal and conservative theories underlying explanations of feminism and women's oppression. It provides an overview of

gender studies and the research in Southern Africa. It also tackles the issues of sex and sexuality and the problem of Aids. This will make a contribution to my research, although it does not concentrate much on culture.

**VIII. Francis I. Frellick (1971)** wrote a book in pastoral counseling titled, *Helping Youth in Conflict*. The author presents every aspect of child development – the body growth, the physical changes, mental attitudes about life, and the primary sexual developments. This book helps young people to understand themselves physically as they pass through the rite of passage of puberty. Although it says nothing concerning culture, it will contribute some very important issues, which we intend to use in our studies.

**IX. Robert A. Bles and Staff of the First Community Church (1971)** wrote a book on *Counseling with the Teenager*. This book is helping the teenager to understand his world and to deal creatively with his problems, the relationships between teenagers and parents, and the techniques of group counseling. The major emphasis is placed on the various levels of opportunity in church activities where practical counseling techniques can be used effectively to help the teenager find a more satisfactory way of living and growing. This book is an effort to develop Christian morals, which will maintain the life of our teenagers. The techniques will help to build a good culture, which has been lost.

**X. Catastrophes I. & Carl J Scherzer (1968)** wrote a book titled *Ministering to the Dying*. The authors draw upon their long experience as hospital chaplains to help pastors minister better in cases of suicide, prolonged illness like Aids, sudden death, and others. Rite of passage through death is the most difficult and hurting. Therefore the author puts forward a number of stimulating questions, which reflect social concern and involvement in the problems concerning death, which may be shared with the African context. African pastors need to understand the culture and the belief of the people in order to do proper counseling. That is why there is need for us to address some of these issues, which have brought death in nearly every family in Zambia.

The research gap is that no one has researched cultural practices following the whole rites of passage in relationships with the spread of HIV and AIDS and also heard the stories of the people who have been the victims of the cultural practices. Others have used different methods of collection of data, for example the qualitative and quantitative method. I have used a Reformed Church in Zambia Bible Study Method (RCZBSM) which is sub-groups discussions (described in chapter two). I used this method because it involves each participant in the contributions of answers and ideas. It also prompts the participants to share their own experiences within the group or after the group discussion, especially since most African rites of passage in most cases involves a person's sexuality. Most people don't find it common to have open discussions with mixed sexes. Nevertheless, seeing how society has lost many members through death, nearly everyone saw the need to being open and break the silence and calling a spade a spade.

## **1.8 GUIDING RESEARCH QUESTION**

What is the relationship between Cultural practices surrounding rites of passage and the spread of HIV and AIDS among the people of Zambia especially the women?

## **1.9 RESEARCH AIMS AND OBJECTIVES**

The main aim of this research is to reach a holistic understanding of women's untold stories about the salient cultural practices of Zambian rites of passage, which promote and hinder the spread of the HIV and AIDS virus.

### ***Objectives***

- To explore and describe through an empirical study the nature of cultural practices which are in relation to the spread of HIV and AIDS among Zambian women.
- To interpret the women's told stories of how cultural practices relate to the spread or the hindrance of HIV and AIDS.
- To deconstruct discourses laid in patriarchy, gender and culture in order to empower women to say no to all bad cultural influences which promote the spread of the Aids virus.

- To look at rites of passage as a theological reflection.

## **1.10 RESEARCH PARADIGM**

### **1.10.1 NARRATIVE RESEARCH MODEL**

This research study will help to identify the cultural practices during rite of passage which promotes and hinders the spread of HIV/AIDS. The research trip was to be conducted as a narrative research model. The narrative is present at all times in all places in all societies. The history of narratives begins with the history of mankind; it does not exist and never has existed without meaningful stories from people. Most societies in Africa value the stories of people and communities, they also try to understand how people constructed, deconstructed, and reconstructed their stories in the social-cultural milieu in which they live (Gergen, 1985:40:266-277). Narrative theory is another aspect of constructivism and it holds considerable promise for enlarging our understanding of individuals as meaning makers in a social context. (Bruner 1991, 18:1-21) posits two thoughts of modes through which reality is constructed and organized: the paradigmatic mode and narrative mode. The paradigmatic mode is defined in terms of logic and science; it seeks truth in the form of empirical verification. The narrative mode is less abstract; it emphasizes the construction of good stories played out temporally in particular context. A good story seeks to offer coherence, to be compelling, to impart meaning, and to move the listener (Rosen & Kuehlwein 1996:22).

The power of metaphor has been gaining recognition in the field of psychotherapy. In keeping to the trend, narrative has been singled out as a root metaphor for psychology to adopt because it is "a fruitful metaphor for examining and interpreting human action." It provides an equally fruitful means for understanding and for imparting meaning and coherence to human feelings, intentions, and aspirations. When we are born we are born with stories, the stories of our parents, our families and our culture. These make meanings. The personal narrative that we develop overtime incorporates much that is derived from the cultural stories and myths we are born into (Howard 1991, 46:187-197).

Everyone has a story to tell. Most stories are a mixture of pain, suffering, frustration, and shame on the one hand and pleasure, joy, satisfaction, and pride on the other hand. Many stories contain secrets that people seek to conceal for fear of rejection or humiliation or both. Most women who risk revealing their stories to others find relief and sometimes even release. Therefore the voice of injustice is heard when women tell their stories. Pierner (2003:2) stated that even when women speak for themselves they can perpetuate systems of injustice through the discourse they use to interpret their stories. Through stories, Morgan states, "Narrative is like a thread that weaves the thread together, forming a story and the broader stories of the culture in which we influence the ways used in the understanding of our lives (2000:5-9) " While Polkinghorne (1988:13) defines narrative as follows "Narrative can refer to the process of making a story, to the cognitive scheme of the story or to the results of the process so called stories, tales, or histories."

There is a need to empower women, those who are sick and wounded to find healing through breaking the silence which may bring an alternative story in their lives. This narrative approach would help to share some stories of the women who need help. The woman needs to break the silence through interaction with other women. We will travel together through stories of experiences, and they will be able to analyze the problems facing most women in society as they find possible alternatives. Muller, Van Deventer & Human (2001:78) reveals the essence of this narrative approach to research. "In Africa we do things together through stories. Through telling the stories from the participants then the social realities will be found."

Lieblich, Mashiach & Zilber (1998:7) explains that people are story tellers by nature. Stories provide coherence and continuity to one's experience and have a central role in our communication with others. My theoretical position in the mission of Practical Theology is to explore and understand the inner world of the individual through verbal accounts and stories presented by individual narrators about their lives and their experienced reality. In other words narratives provide us with access to people's identity and personality. According to this approach stories imitate life and present an inner reality to the outside world while at the

same time they shape and construct the narrator's personality and reality. We know and discover ourselves and reveal ourselves to others by the stories we tell. The life story constructs and transmits individual and cultural meanings. The constructionist approach as advocated by Gergen (1991) claims that individuals construct their self image within an interaction, according to specific interpersonal context.

In Africa, the narrative approach is a very effective way of teaching morals to society. One woman narrated what used to happen in the evenings in her village. "During our time, the drums would sound for us to approach our grandparents to tell us stories every night before we went to sleep. These stories had moral teachings for us to follow". As Rubin & Rubin (1995:25) stated that, "A story communicates a moral, a broad message, or a set of core beliefs". Most participants value stories because most of the time they contain some points which they feel very awkward to share directly, but they will feel free to tell in a story. Freedman and Combs (1996:17) said that cultural stories influence the way they interpret their daily experiences and that their daily actions influence the stories that circulate in society.

Following a narrative approach, the women will be invited to tell their stories in their own way and speak their own experiences. I believe that society must be viewed in a holistic way together with cultural practices which seem to be overlooked at times. Polkinghorne defines narrative as "a form of hermeneutic expression in which human action is understood and made meaningful; action itself is the living narrative expression of a personal and social life." A story needs to be interpreted in order to get its meaning. Most stories in African society were a form of metaphors where meanings had to be taught for the children to understand the meaning. According to Muller (2001:1), narrative approach has made the discovery that people do not tell stories only for interest's sake or for entertainment, in that life's gain is exposed through these stories, but we use the narrative approach in order to be truthful in doing research (2001:77). I need not manipulate the stories of the participants in order to suit what I want to achieve. The role of narrative in constructing human experience and giving

the importance of events in our lives has now focused its attention on existence as it lives, experiences and is interpreted by human persons (Polkinghorne 1988:125).

Polkinghorne shows us two kinds of narratives, descriptive and explanatory. Descriptive aims at rendering the narrative accounts already in place and are used by individuals or groups as their means for entering and making temporal events meaningful. Explanatory aims at constructing a narrative account that explains why a situation or event involving human actions has happened (1988:161). The purpose of descriptive narrative research is to produce an accurate description of the interpretive narrative accounts that individuals or groups use to make logical sense of events in their lives meaningful. Therefore in this research I will use the descriptive method as way to explore merely reports of the already existing cultural practices. Freedman & Comb (1996:113) came up with the questioning techniques of deconstruction questions. The questions help people to offload their life stories which make them behave in such a way. They are now able to see their lives with a different perception.

Through deconstruction, questions, problematic beliefs, cultural practices, feelings and attitudes are revealed along with cultural influences in the context in which a person has been brought up. Once the person's mind set perceives things differently, he/she now reaches a position to construct his/her life differently with a unique outcome in mind where room for alternative stories will develop (Morgan 2000:5). Therefore a narrative approach with the subjective integrity in mind strives for participatory interaction between the researcher and participants (Muller et al 2002:85). In this way the participants need to be treated with dignity and honor. In the field of Practical Theology, Sociology and Anthropology, narratives are flourishing as a means of understanding personal identity. Narratives with post-modern social constructionist ideas will make this research re-discover its roots through alternative stories.

### **1.10.2 POST- MODERN**

By doing narrative research I will try to understand how people construct, deconstruct and reconstruct their life stories in the socio-cultural milieu in which they live. People tell stories

to help organize and make sense of their lives. I consider this research trip to be within a post-modern, which Dockery (1995b:13) describes as to 'time' rather than to distinct ideology. The post-modernists look to the past and future equally dynamic and position themselves in the present, seeing time as a broken continuum in need of acknowledgement (Jencks 1992:6). This is the time period of modernity to post-modernity. There have been a lot of debates going on for more than a couple of decades, arguments have risen among the philosophers discussing what post-modern really means, some talk of ideologies which rose at certain periods of time, some talk of the industrialization period, some talk of the enlightenment period, some talk of the period from 1960's happenings to the present time happenings (Charles Jencks 1992: 7)

According to Muller et al (2002:2), "The post-modern paradigm is also sometimes referred to as the social constructionist paradigm." It offers useful ideas about how power, knowledge and truth are negotiated in families and larger cultural aggregation (Freedman & Combs 1996:22). I agree with Freedman & Combs (1996:28) who focus on how the language they use constitutes their world and beliefs. Language creates the nature we know around us, thus we see how language has developed in different areas in post-modern discourses such as constructivism, post-constructivism, social construction, and deconstruction (Anderson & Goolishian: 1988:378). Since post-modern discourse opens up discussions that question constructs such as gender, culture and patriarchal discourses which allow the hierarchy of the man world, through the empowerment of women with new knowledge of expression, alternatives will be promoted. Most post-modern thinkers are very concerned with the mode of communication in language which makes an individual understand their world and constructs to communicate with others. Language has been a mode of communication from generation to generation. Morgan (2000:9) pointed out that the way in which we understand our lives is influenced by the broader stories of the culture in which we follow. According to the post-modern view stated by Freedman & Combs (1996:23) people can construct their realities as they live, especially the women and girls who have been the victims of some cultural practices.

Rossouw (1998:908) explained how post modern theologies are concerned with the daily life of an individual. Post-modern theologies deconstruct discourses embedded in patriarchy, gender, femininity and culture because of their relational power and ethical consideration of doing what is right. Fox (1995:6-9) describes postmodernism as a philosophical position which rejects modernist efforts to discover knowledge about the world, and replaces this with a focus upon the strategies by which such modernist knowledge-claims are made.

### **1.10.3 SOCIAL CONSTRUCTIONISM**

Kenneth Gergen (1985:266) describes the social constructionist discourse as “the processes by which people come to describe, explain or account for the world in which they live.” Here knowledge is seen as something socially constructed into the language which makes people communicate. Gergen further states that “knowledge is not something people possess somewhere in their heads but rather something people do together. Language is essentially a shared activity” (Gergen, 1985:270). A social construction of knowledge emphasizes the importance of language as a social phenomenon through which individual relational is being a live (Kotze & Kotze 1999:30). Gergen emphasizes that the generation of knowledge and our concepts of reality are sparked by a social process, with the use of language being critical to the process. He further stated that "Words are not mirror like reflections of reality, but expressions of group convention. Social Constructionist is based on community philosophy. Various social groups possesses preferred vocabularies, or ways of putting things, and these vocabularies reflect or defend their values, politics, and ways of life" (1991:199).

Some narrative inquirers for example, have brought theory to bear in such a way as to disclose the unconscious, the suppressed, the marginalized, and the unnamable, releasing specificity and authenticity instead of totalizing them. Human lives are believed to be a woven of stories. Individuals construct their identities through their own and others' stories. They experience daily encounters and interactions as stories (Clandinin & Connelly, 2000:211). People exist in language, because meaning and understanding come about in language. It is through language that meaning is created (Anderson & Goolishian,

1988:377). Salient cultural practices are usually a problem to be discussed openly among most African societies. Language has to be put into consideration without offending anyone. In social constructionist, we learn that every person's social and inter-personal reality has been constructed through interaction with other human beings and human institutions; no man is an island. It also shifts from focusing on the process by which an individual person constructs a model of reality from his or her individual experience towards a focus on the way in which people interact with one another. Society can construct, modify, and maintain what their society holds to be true, real and meaningful (Freedman & Comb 1996:27).

In the social constructionist view, the meanings of words are social constructions, meaning that words are not derived from private ideas in the mind but social practice (Polkinghorne 1988:26). Truth does not exist beyond community and what is true or rational outgrows communal relations (Gergen 1999:180). In social constructionist reason has a different interpretation; reason is lodged within a particular culture and is committed to particular values and ways of life (Gergen 1999:229). Most of the time things of culture are difficult to understand because their interpretation does not go with reason but with mystery; For example, if a drunkard has been hit by a car the reason will not be that he was hit because he was drunk, but because he has been bewitched by someone who hated him. Truth exists in the interaction between persons rather than inside them... Truth is discovered in the dialogue persons have with one another, and that change comes through group action rather than individual insight (Molony 1983:189). Mbiti says "the African view of human life is not an individual in isolation from other human beings. I am because we are and since I am therefore we are" (1988:145) this is community centered. Constructionism is also centrally concerned not with individuals but with relational networks which invites the kind of critical self-reflection that might open the future to alternative forms of understanding (Mc Namee & Gergen 1992:5).

The current position leans heavily on the view that human action takes place in the reality of understanding that is created through social construction and dialogue (Anderson & Goolishian 1985). From this people live and understand their living, through socially

constructed narrative realities that give meaning and organization to their experience. It is a world of human language and discourse (Mc Namee et a., 1992:22).

#### **1.10.4. DECONSTRUCTIONIST AND CULTURAL PRACTICES**

Jacques Derrida, a French philosopher, used this term as to both disordering or disarrangement, and also re-arranging (cited in Collins & Mayblin 1996:91). Freedman & Comb explained that deconstructive listening does mean that we are more alert to events that could be storied as "struggles against injustice" than we are to those that could be storied as a person as victim. In so doing, we help ourselves and the people we work with the roles in deconstructing anthologizing stories (1996:46). Anderson & Goolishian pointed out that deconstruction developed mostly under the influence of Derrida and Gadamer (1988:380). Derrida's efforts wanted to deconstruct western metaphysics. His word to "deconstruct" means to undo but not to destroy. Derrida uses the concepts that he wants to undo to explain what he means. Sampson wanted to demonstrate how Derrida, in his deconstruction wanted to undo the tradition, that dominated western thought and formed the roots of understanding by demonstrating the tradition while at the same time using the tools of the tradition (1989:7). According to Freedman & Comb (1996:46), Derrida and other deconstructionists believe that it is fruitless to search for the one "real" or "true" meaning of any text, as all narratives are full of gaps and ambiguities.

Deconstructionist scholars focus on these gaps and ambiguities to show that the officially sanctioned or generally accepted meaning of a given text is but one of a great number of possible meanings. Chang & Phillip (1993:100) quotes the Anderson and Goolishian definition: "Deconstruction is to take apart the interpretive assumption of a system of meaning that you are examining ...so that you reveal the assumption on which the model is based. These are revealed, and you open space for alternative understanding." Martin Payne (2000:14) stated that through a 'deconstructive' process a person gains a wider perspective on her/his experience, writes a richer story and evolves unanticipated bases for preferred change.

Wigley (1983: 115) explains the term deconstruction as architecture of disruption, dislocation, deflection, deviation and distortion, rather than of demolition, dismantling, decay, decomposition or disintegration. It displays the structure instead of destroying. Benard Tshumi thinks that deconstruction is not only the analysis of concepts in their most rigorous and internalized manner, but also their analysis from without to question what these concepts and their history hide as repression or dissimulation." Deconstruction, can help us unmask the "so called truths" that "hide their biases and prejudices" behind the "disembodied ways of speaking" that give an air of legitimacy to restrictive and subjugating dominant stories (Freedman & Comb 1996:57). People should be aware of the dominant stories which surround them and be able to examine the effects of those stories on their lives.

The patriarchal system has promoted the existence of gender, cultural and patriarchal discourses which put most women at a disadvantaged side since they have no power. The people with power are the ones with ability to participate in the various discourses that shape society to be what it is. The dominant knowledge of certain powerful groups determines what society takes to be true. Freedman & Comb talk on how the language that we use constitutes our world and beliefs. It is in language that society can construct their views of reality (1996:28). Language is an instrument of power.

The patriarchal system does not accept that women voice anything during meetings (indabas). The construction of reality in language is considered for those with power. Hare-Mustin & Maracek pointed out that "Deconstruction focuses attention on hidden meanings in culturally embedded metaphors" (1988:468). The true nature of dominant discourses in our societies should be exposed to allow re-authorised stories to come up.

#### **1.10.5. PRACTICAL THEOLOGY**

Van Niekerk quoting Heyns (1990:6) expresses that Practical Theology is "that part of theology that concerns itself with this event - the encounter between God and humanity - and particularly with the role of human beings in this encounter." Fiset describes Practical

Theology as a study that seeks to help humans to encounter God and live in fellowship with God and other people. It is concerned with those religious actions that communicate with others so as to make room for God in this world (1974:14). Living among people in society, practical theology becomes a way of life among the people you live with. I therefore needed to join them in their daily challenges of life, such as birth in the family, initiation, weddings, and funerals, ceremonies. Preaching at these events was a challenge to find a sermon to suit the occasion. I needed wisdom to discover the challenges facing many women allowing them to tell their stories freely as they have lived them. I sat down with many who needed my help concerning the Word of God as a comfort for their broken hearts. Discovering what society felt was a norm of life in their culture later becomes a danger to one's life. I understood theology as a model of praxis-theory-praxis.

Practical Theology meant a lot to me personally because I was very much involved with the community, where sometimes I did not have time for my family and myself. Sometimes I felt very guilty when I had to miss some community activities. This meant for me to be part of a community, and not just a researcher doing practical theology. Thinking about the meaning of Christian faith can and does take place anywhere. It goes on while conversing, worshipping, weathering a life crisis, keeping up with the latest news, working, taking some time out for recreation. Theological reflection is not only personal but also an interactive, and even dialogical and community-related process (Stone & Duke 1996:4). Christian Theology was distinguished from the outset from both mythical-cultic 'theology' (tales and testimonies of the gods) and philosophical 'theology' (doctrine of God), and began in the New Testament itself with Paul and John. For theology, in addition to the original apostolic witnesses, certain great teachers, classical writers remain supremely important (Kung & Tracy 1989:11).

Gillian Paterson (2009:83) pointed out how the church can contribute to the process of HIV prevention as a value-based institution and how it can sensitize people to the existence of HIV and the risks it presents, and it can share with them its educational messages. Most important, it can give people that most empowering of gifts, namely accurate, scientific, correct information. It can do this through pulpit ministries and preaching, through music,

dance and drama, and through songs and testimonies. It can encourage people to talk openly about sex without which effective HIV education is impossible. It can use Bible study materials that are currently available. It can and must involve people who are themselves living with or affected by HIV or AIDS. It can make it clear that saying 'no' to AIDS is a lifelong commitment. 'HIV prevention is for life.' It must say prevention is to do with the values people hold, and the effectiveness with which these are handed on to young people. Celibacy and abstinence outside marriage and mutual faithfulness in marriage are the most reliable forms of HIV prevention. The church is God's instrument to proclaim and promote life.

This is doing Practical Theology. Christians believe it is their duty to bring the gospel to people living with HIV. Theology of the cross brings hope to the dying (Paterson, 2009:131).

## **1.11 RESEARCH DESIGN**

Fouche and De Vos (1998:123) describe a research design as, "a blue print or detailed plan for how a research study is to be conducted." Bloom and Fischer (1982:10) say that "a research design is the planning of any scientific research from the first to the last step. It is more like a program to guide the researcher in collecting cultural practices and people's narratives surrounding the interpreting in order to find meaning.

The exploratory design will be used in this study. The purpose of exploratory research is to gain insight into a situation, phenomenon, community, or person (Bless & Smith, 1995:42). This research focuses on the influence of cultural practices in the spread of HIV and AIDS among Zambian society. The main area of concentration is whether some cultural practices have influence on the spread of HIV and AIDS among women or that there are some good cultural practices which hinder the spread of AIDS in Zambian society. By tracking all the taboos that exist and exhausting all other possibilities, I believe there is no need for African taboos to fall inside the scope of this study. This is work for another study. Our concentration

is on the salient cultural practices which influence the rapid spread of HIV and to listen to different stories of women who have been the victims of these cultural practices. First, I will try to explore the existing cultural practices among Zambian society through two focus group discussions and through semi-structured and unstructured interviews with the seven women who shared their stories.

The primary source of information will need interpretation for the leaders to understand. As Zambia is claimed to be a Christian Nation, we should see where God is in our cultural values. Many African pastors and Christians in many denominations in Zambia and elsewhere in Africa face similar problems in relating to culture and rites of passage. This involves especially the youth who are suspicious about anything that has to do with African culture. They feel it is evil and backward. This is why a social construction approach emphasizes the importance of language (Kotze & Kotze 1997:30). The youth should not be left behind in the re-construction of new techniques to reach most of them so that they should not be surprised with information. That is why Kotze & Kotze says that, people exist in language, because meaning and understanding come about in language (1997:30).

The creativity of women in the use of language in our society to teach young girls during initiation ceremonies will make girls appreciate God's love for human beings. Girls and women are to be empowered through the reconstructive use of language and not to be merely submissive to cultural practices such as what Breugal pointed out that, "among the Chewa people, a female cousin is chosen to have intercourse with the boy during three consecutive nights as the finishing of the initiation ritual for boyhood who has reached puberty" (2001:199). Such dominant culture of the patriarchal discourse can be deconstructed within the post-modern social construction view. The voice of the marginalized women is never heard or reviewed.

In many things, the girl child and women have been marginalized since birth. Immediately after the baby is born, gender roles will be introduced, for example the piercing of ears, wearing of beads around the waist, plaiting of hair for baby girls, color of dresses, boys' blue,

girls' pink. Toys for boys are cars, while dolls are for girls. Girls do the cleaning of plates while boys do the gardening. At school, girls take subjects like home economics, Religious Education, etc and boys take up technical drawing, chemistry and physics. Jobs for women are nursing, typing, teaching, etc while boys go for challenging and well paid jobs like engineering, accounting, computer engineering. "The girl-child has the same educational aspirations of finishing school as the boy-child, although she has limited aspirations; such as becoming a teacher, doctor, nurse, and police officer" (Radlke & Stam, 1995:91).

Taking advantage of being a pastor's wife, a chairperson of the Women's League in one of the congregations and a patron of Scripture Union of basic primary schools in the area, I will be privileged to share the outcome of my research to many of the women and men in the church, teachers and pupils in schools. This will enable the church to do pastoral care holistically, so that we should save many souls saved from this deadly disease and spiritual death in the name of Jesus Christ. As Willows & Swinton (2000: 15) aptly puts it, "critics at prophetic voices within practical theology have for many years consistently taught to challenge such individualistic tendencies and remind us of the need for greater involvement in and reflection on, the wider social and political aspect of the pastoral task."

The results of this study will be shared in the church, the Reformed Church in Zambia, and in some other member churches of the council of churches in Zambia. The church has helped me in several ways, for example: (a) by inviting me to attend its HIV and AIDS meetings where I would be given the chance to seek knowledge concerning my thesis. (b) It provided capable participants for me to engage in HIV and AIDS and cultural discussions. The church in Zambia feels this will help the members to fight against HIV and AIDS, and it is presently encouraging many to come up with means and ways to encourage good values and promote biblical morals which will make the world a better place to live in. The results will also be shared in some inter-denominational churches, such as the Pentecostal churches, through the pastor's wives fellowship, anti-AIDS groups, women's lobby groups, NGO'S, Ministry of Education, Ministry of Health, and many other groups.

Being a member of one of the patrilineal tribes, the Ngoni, I have gone through some of these rites of passage and have participated and observed others at a distance. I have also carried out some dialogue and debates with some actors of these rites of passage. After becoming a Christian I became a concerned observer; I have a critical concern with some of the cultural practices in rites of passage which might be at variance with the Christian faith. I have always kept a safe distance from advocates or actors of these rites of passage. Despite being brought up in a Christian family, I have, however, never ceased to be part of them or even have participated in some of them with caution.

## **1.12 METHODOLOGY**

This research was based on a number of pertinent methods, which was literature review, participant observation, and conversation. The main source of data was the Reformed Church in Zambia Bible Study Group discussion method, which was named sub-focus-group discussion. The first Focus group consisted of 20 participants, eight learned men and twelve women who divided themselves into four sub-focus-group discussions, each sub-group had 5 participants. The participants were randomly selected by their congregation leaders; these were pastors, laymen, laywomen and the youth, who met at Justo Mwale Theological College Booth Center on 25th and 27th May 2005. The participants first explored and described Zambian cultural practices which take place during rites of passage. As the participants felt free to describe and explain the cultural practices in their sub-focus-group discussions, they prepared the ground for many women and men to share their personal stories with me; some shared the stories of their relatives who have been the victims of a cultural practice. Sub-focus-group discussion helped to probe many women to release themselves by sharing what they had kept within themselves for some time. These were women from different backgrounds who shared their stories narrating how they became victims of some cultural practices as expressed in chapter two. Some of them are HIV positive, some have gone for VCT but were not strong enough to hear their results. Some are not ready yet to go for VCT.

Most of these women came out in the open after sub-focus-group discussions. Some could share their stories during the discussion. For example, one woman shared her story openly to everyone, she told the group that she needed no confidentiality since she has already gone public on Television and radio that she is HIV positive and she is now on ARV's. In order to maintain confidentiality I reminded the participants and assured them that their real names would not be disclosed in anyway.

The participants provided the names which they wanted me to use in this thesis. Although many stories were collected I only selected seven stories which I have shared with the readers in chapter two. The criteria I used to choose these stories was taking stories which happened recently this time of HIV and AIDS. Otherwise my thesis would be full of stories without real meaning. I have chosen one story for each cultural practice because there were several stories. Since the narrative approach focuses on the personal meanings that people assign to specific events in their lives and how they tell the story of these meanings, reality is furthermore defined by the stories people live by and therefore tell one another (Mills et al, 1995:373). I saw that a workable understanding of describing knowledge will be constructed after the interpretation of each story to have a clear meaning. Muller pointed out that, "The bold move should be taken to allow all the different stories of the research to develop into a new story of understanding that which points beyond the local community not in an effort to generalize, but to deconstruct negative discourses" (2004:304).

The third focus group was of eight old women whose age was around seventy years upwards who were the *alangizi* (church counselors) who counsel girls and women during puberty, during wedding and also during the death of a child or of a husband. They were from Bauleni RCZ and had their unstructured group discussions on 4th August 2005. The members of this group were recommended by the pastor and the church leaders of the congregation who knew these women through their experience in the congregation and were known in the community of residence. These focus group discussions lasted for one hour and the discussions were held in Chewa. The first focus group discussion used English while Chewa was used on the rest of groups and also with individuals, although the questions

were written in English. The focus group members and I had no problems with the questions asked and the responses given which reflected that the focus group guide was reliable and valid and that no changes were necessary ( Appendix 3 focus Group Guide). One woman shared with me her own story and then she guided me to some two other women who also shared with me their own stories.

During my daily conversation with other women, I discovered how many women could open up and tell their stories without shame. One eighty-nine year old woman could tell about her polygamous marriage during her life. The five wives could sleep on one mat and the husband in the middle using one blanket for cover. There was no privacy in their sexual life. The man felt that this was a way to achieve oneness and unity among the wives. She recommended this behavior because she felt all the wives were treated equally. She said women could not contract HIV because they were all faithful to their husband. The women in such a family saw that it was a big favour to be married to such a man who was strong and rich, forgetting that the man was rich at the expense of the wives who worked tirelessly as labourers. Some women could even share how they hated their husbands taking other wives and what evil things they did to end the relationships of the other women.

I received so much assistance from so many people. A research assistant is a person who helps the researcher to gather the needed information for the research, who can communicate with the local people easily, who lives with them and who can speak the local language. I trained one research assistant from Misisi Compound in Lusaka, Mrs. Agnes Banda, who was very much interested in this research and therefore volunteered to become a co-researcher. She had experience in the arrangement of venues for research discussions, as well as assisting in operating the tape recorder. She is the vice chairperson for Lusaka district women in the Zambian Council of Churches and is also a member of the Reformed Church in Zambia. Despite Zambia having many languages, English and Chewa were the two languages used in this research. These are widely spoken in the eastern and central parts of Zambia. Chewa is found especially in Eastern Province of Zambia and Lusaka Province. There was no language problem because both the interviewers and the

interviewees and people who were interviewed spoke the same language. I conducted all the Focus groups. The focus group interviews were tape-recorded and notes were taken during the sessions in case of technological failure with the appliances.

My choice for the Bauren group of women was that it had won credibility from the whole area, even from members of different denominations and the non-believers. This group was more knowledgeable concerning cultural practices. Also many women, couples, and people with different problems go to members of this group. When I asked them for their contribution to my research they were more than willing to contribute. I asked each member's consent after reading the required information. They gave oral consent because they did not know how to write but I got written consent from their pastor. I just had one session with this group. From these focus groups I asked them for transparency and accountability to allow the research subject or participant to become co-researchers, establishing equality between the researcher and paving the way for the co-researcher's voice to be heard as Pienaar 2003:93 puts it.

To find the now of the stories, according to Muller, et al (2001) I must learn to stay in the now and this now. In some occasions I was a participatory observer, such as in some funeral arrangements I paid much interest on the treatment given to the widows and widowers according to different tribes which was quite an experience. One time I was invited to attend a girl's initiation ceremony at Misisi Compound in Lusaka. It was an experience to see how the women prepare girls for marriage. According to Muller and Wilhelm (2001:81), "the action research consists of an interaction with the people and their action." For the people to open up, I needed to be part of them by doing some of their activities. Through the conversation and discussion some women opened up and talked about their salient cultural practices. They asked so many questions to the leaders who were the speakers or the facilitators of the conference. It is ideal for a narrative approach within a social construction paradigm, to interpret the data which is not straight-forward into the use of language for better understanding. The narrative approach will reveal the knowledge, attitudes, beliefs, values, social behavior and sexual practices of the Zambian women. Many different stories

and narrations from people's experiences clarified good or bad cultural practices as Rubin & Rubin 1995:28 puts it.

Qualitative Purposive sampling, according to Strydom and Venter (2002:207), is based entirely on my judgment in that the sample is composed of elements, which contain the common interest in HIV and AIDS programs. In this study the focus group participants had to be over 18 years and definitely included males, although females outnumbered men. Strydom and De Vos (1998:198) said, participants in availability sampling are usually those who are nearest and most easily available. I simply reached out and took the people that were at hand, continuing the process until the sample reached a designated size. The members were selected through their congregation leaders from different parts of Lusaka, to attend an HIV and AIDS conference at Justo Mwale Theological Collage. I approached the members to seek for their permission to be included in my research.

### **1.13 THE LIMITATION**

The limitation and boarder line will be Zambian women who have been the victims of cultural practices and also some people who have some knowledge about their culture and HIV and AIDS victims. Other African cultures will see themselves surely identify with Zambia especially if they are Patrilineal and Matrilineal. More contribution came from men and women from the Lusaka urban areas, especially the HIV and AIDS groups from the Reformed Church in Zambia (RCZ), The Church of Central African Presbyterian (CCAP) and the Uniting Presbyterian Church of Southern Africa (UPCSA), who contributed in the first focus group, Baulen Women's League counselors, Misisi Women's League and some RCZ women who gave their opinion. Some of the Non-Governmental Organizations were also used, for example the Young Women's Christian Association, who opened up many support projects for women, widows and orphans. The Health Sector was able to assist me with the present statistics and present developments concerning HIV and AIDS. The discipline of Theology provided me with Christian information of hope to the dying, the caregivers, the orphans and to the widows. The discipline of Anthropology assisted me with cultural background of the people of Zambia and Africa at large.

Since culture plays a major role in people's lives in Zambia and Africa as a whole, that is why there is a need to take Zambian or African culture seriously in order for this research to fit perfectly in the post-modern paradigm where truth is floating and the researcher is part of the research of meaning and is on a journey of discovery, together with others. Another aspect of postmodernism that I found useful is the focus on context and local knowledge (Geertz, 1983). My research started with personal experience and is suited in a specific social-historical context. It seems unwise to make grand generalizations based on the specific local issues from which this research was born. However, my limited, local understandings will have a general application as soon as the thesis is recreated in the presence of my readers who meet different situations. As Lyall (1989:53) puts it, "Situations occur within systems. We need to identify the place of situation within the total systems." For example, the family system is dying due to the AIDS pandemic.

This study is not meant to give clear cut directives on how women in Zambia and Africa should perform their rites of passage, but rather to elicit individual decisions on whether to follow certain cultural practices because cultures say so, or disobey them in order to save the life which HIV and AIDS pandemic has come to destroy. Deconstructive analyses looks for what is de emphasized, overlooked or suppressed in a particular way of thinking or in a particular set of legal doctrines. Sometimes they explore how suppressed or marginalized principles return in a new version as Paterson 2009:46 Puts it, for example the patriarchal dominancy.

Most women follow the demands of women's cultural beliefs which cause many women to be silent even when things are not in order in their families. They also live in fear that if they don't follow these cultural beliefs, they believe they might be divorced or something unusual might happen to them. The dominant story of social economic realities which binds a majority of women to the predicament of depending on men for economic security, and social status has taught women to sweat blood so as to keep their marriages by doing unhealthy things. Therefore women need to realize that mutual love and sexual pleasure

should be enjoyed by both women and men. This mutuality would help women affirm the fact that they are not sexual objects at the mercy of men's sexual prowess, but they are companions and partners in this sex life which is a gift of God. Women's empowerment will help them enhance mutual love and thus contribute to the bringing of mutual sexual fulfillment which is hoped to bring out mutual faithfulness and healing from male dominance.

### **1.14 WOMEN'S MIND SET**

The principle of silence has badly encouraged the prevalence and spread of HIV. For example, in cases where a husband/wife has died with AIDS related diseases and traditional practices such as levirate, polygamy and sororate call for action, many innocent uninfected victims end up getting infected because of the 'ignorance' and 'silence' syndromes. Hence it becomes difficult to stop the spread of HIV because of people's silence and ignorance in dealing with the causes of the disease. Some cultural practices otherwise wholesome and praiseworthy can result in sexual aberrations, making it impossible to stop the spread of Aids.

Silenced by the patriarchal dictates and economic powerlessness of women, makes some African women fatalistically accept HIV and AIDS, although many have been quite resourceful in negotiating its threat and effects. Marriage offers no respite, as most married women have been infected by their husbands. Women's generally low levels of education and dependence on men suggest that programs have to become more gender sensitive. They have limited control to negotiate or enforce strategies to reduce their infection, they also have fewer means to prevent infection or slow down the development of AIDS (Woundenberg 1998:9).

Women are being socialized to be submissive in sexual matters; men are being socialized to be daring. This has implications for adopting safer sexual practices like using condoms. The

dominant masculinities need to be deconstructed in the light of HIV and AIDS. Some men insist on "flesh to flesh" sex as they believe that the exchange of bodily fluids ensures their health. Others believe that abstinence is unnatural and unhealthy for men.

Moral and social education is a lifelong process which aims at assisting persons and encouraging them to practice social and moral values and cultivate dispositions or values which manifest some transformation. Perception of the nature of morality as an institution of society, whose role is to enhance human well-being, should be aroused and maintained. If African traditional morality is integrated into the teaching of HIV and AIDS, it may be a necessary institution for harmonious social existence as far as sexuality is concerned.

In the light of traditional practices that expose both men and women to the dangers of HIV, there is a need to design a course that examines African sexual practices that have a bearing on the spread of AIDS. This is because some traditional beliefs and practices, which were once socially accepted and reinforced must be interrogated in the time of HIV. Therefore there is a need for creativity as some traditional beliefs and practices have both positive and negative dimensions.

## **1.15 THE TRADITIONAL AFRICAN WORLD VIEW**

Death is always associated with witchcraft or the living dead are not happy about something which was not done accordingly. Many Africans live in two worlds: a traditional African world in which traditional beliefs and values play an important role, but also in a world where western norms and values determine their lives. There is always a cause and effect (Hammond-Tooke 1989:32). The difference between western and African thought is that African thought is characterized by a holistic approach. According to Van Dyk, (2001a:227) "the traditional African approach is truly holistic in its integration of the biological, psychological, and transpersonal aspects of illness." The traditional African worldview is based on a holistic and anthropocentric ontology. Human beings are an inseparable whole

with the cosmos, and everything, including nature, spirits, and God, seen in its relationship to humans who are in the center of the universe (Hammond-Tooke 1989:122).

According to (Sow 1980), an anthropologist, he pointed out three cosmic orders which are distinguished within the cosmic whole: the higher cosmic order, middle cosmic order, and lower cosmic order, this is where cultural practices can be well understood in the eyes of the people who do them. The African world view can be well understood as follows:

### **1.15.1. THE HIGHER COSMIC ORDER**

The daily functioning of traditional Africans is fundamentally a religious functioning. Religion influences all levels of their lives. Mbiti continued describing that “wherever the African is, there is religion: he carries it to the fields where he is sowing seeds or harvesting a new crop.” (Mbiti: 1989:2) Wherever he is, he takes religion with him. In traditional religious systems God is seen as a Supreme Being or creator (*Nyamalenga*) who lives far away from humans. Therefore the living spirits of the deceased ancestors, called the living dead, lead a very important role in the daily lives of the people, more than God who is far away (Magesa 1997:60-61).

African community is controlled by traditional religion which includes an individual. Most functions are done collectively. Mbiti claims that “to be human is to belong to the whole community and to do so involves participating in the beliefs, ceremonies, rituals and festivals of the community” (Hammond-Tooke 1986:40). On a higher order it is believed that the ancestors can punish their people by sending misfortune and illness if certain social norms are violated, culturally prescribed rites and practices are neglected or incorrectly performed, or when people do not listen to wise counsel (Van Dyk, 2001b). When illnesses occur, the ontological balance is usually restored through sacrifices and offerings to the ancestors or certain rituals to be performed (Mbiti, 1989:179). The coming of Aids has brought confusion in African society. Many people believe that HIV and AIDS is a punishment from the

ancestors or from God. African Christians and Christians of other races believe it is a punishment from God because of immorality and sins.

### **1.15.2 THE MIDDLE COSMIC ORDER**

This is an intermediate universe which functions as a no-man's-land. Genies, evil spirits, witches and sorcerers dwell in this no-man's-land (Hammond-Tooke 1986:73). Sow calls the middle order the "structured collective imaginary" because it gives form to people's desires, fears, anxieties and hopes for success. The African genies and spirits who are invisible but powerful, good or bad, gratifying or persecutory influence an individual's or group behavior (Adeyemo 1979:54).

On the middle order it is believed that every illness has an intention and special cause, and in order to combat the illness, the cause must be found and counteracted, uprooted or punished. In their quest to understand illness, the questions 'why' and 'who' are uppermost in the minds of traditional Africans (Van Dyk, 2001b:61). When a drunkard is hit by a car, people will not understand that he was drunk but will say someone has caused the death by magic, evil or witchcraft. Death is only accepted in this level when an old person has died. Most people believe that AIDS is caused by witches, and most AIDS patients support this belief. They cannot understand why the virus followed them and not others in the family (Hammond-Tooke 1989:122). As a result there are many witch hunts in Africa.

### **1.15.3 LOWER COSMIC ORDER**

Mugambi & Kirima: (1986:14-15) explains that the lower order represents everyday practical social life. Here we see that values between western and African people have a direct impact on behavior. According to Nobles (1991), the modern western ethos centers on individual survival, the survival of the fittest, while the African ethos emphasizes the survival of the group and unity with nature, which maintains that the traditional African's identity is fully linked to collective existence. The individual exists because of the group, and whatever happens to an individual happens to the group. Whatever happens to the whole group

happens to an individual (Mugambi & Kirima 1986:69). The individual can say, "I am because we are; and since we are, therefore I am." This is how man is viewed in African society.

Illness on the lower cosmic order is identified by "pollution" and "germs" that could cause illnesses in traditional African society. Pollution is linked to ritual impurities which are usually also associated with death, the reproductive system, the violation of sexual prohibitions and the breaking of taboos, e.g. only the cold (children and old people who are not sexually active) should touch the newly born baby; if the hot person (the sexually active person) touches the baby it will be sick. AIDS is similar linked to pollution that is caused by sexual intercourse with a woman who is menstruating or who has recently had an abortion (Hammond-Tooke 1989:91).

#### **1.15.4 THE MOMENT OF SHOCK**

My own personal experience has shown that the situation is much more serious than depicted above. One afternoon, I was chatting with my elder sister who came a long way from the village to see me in the city. Suddenly I had a phone call from my niece informing me that my brother has just died in a road accident, and his third born son is fighting for his life in the hospital. When we arrived at my brother's home, we found some relatives who were telling our sister-in-law how to mourn her husband. She was introduced to certain traditions concerning funeral rituals. She was told not to bathe until the husband is buried which sometimes took many days, in some situations a month.

It seems people don't fear AIDS as a deadly disease; they fear more the consequences of working against the dead and society. It was unbelievable to see three married men fighting for the inheritance of a widow whose husband died. This widow did not know her HIV status. The widow accepted one of the men to inherit her so as to continue the dead brother's house. The cousin or the brother of the deceased becomes a living husband of the widow.

This is called ‘*chokolo*.’ According to Breugel, “During the *Kumeta* (cutting the hair short as a sign of sorrow and chasing the spirit of the deceased away) was the time when the organizer of the funeral (*mwini maliro*) officially told the wife of his late brother that he will take her as his wife” (2001:118).

Zambia has a high rate of HIV and AIDS and prevention of HIV infection is a high priority. There is however a need to understand the causes of HIV and AIDS so that appropriate strategies can be developed to control the spread of HIV infections. This research project will draw conclusions regarding cultural factors that influence the spread of HIV and AIDS to society and the government. Preventions and intervention measures should be on fire to reach out to everyone in Zambia and Africa as a whole.

By the time girls and boys enter into marriage they should be able to acknowledge cultural practices that are good for them and refrain from those which will bring them death. The same thing should happen when one of the spouses dies; the remaining spouse should be able to follow cultural practices which will help them to remain healthy and not become infected with the HIV and AIDS virus. This can only happen when there is a serious interaction between scripture and the cultural milieu of the people being addressed. As Willows and Swinton (1996: 17) aptly puts it, “A healthy society could be conceived as one from which disorderly elements could be extruded or exiled.” We see God’s love to be vital for the human race. John 3:16 says “For God so loved the world that He gave His only son that whoever believes in him should not perish but have everlasting life.” A healthy society brings life and progress to the development of the nation.

The HIV and AIDS pandemic has become a major source of concern for everybody in our society. It has affected not only the individuals of society, but also the whole communal system of our existence. The pandemic has affected the values of our social environment, and at the same time it has touched the most sensitive and intimacy of human existence: sexuality. On a national level, HIV and AIDS has penetrated and crippled the developmental

structures of many countries, which include the health sector, education, agriculture, industry and the human resource development.

HIV and AIDS has also, to a very large extent, affected the Church. “Ministers are burying more people than they are baptizing!” one Zambian theologian, Rev A. Kasambala (2002:1) once said. This may be an alarming statement, but it is very true in our present scenario. HIV and AIDS has brought a new dimension for a theology of suffering in which pastoral care and counseling is very much involved (Parry 2008:25). From the above estimates, we may conclude that the Minister of Religion in Africa has no choice but to face the reality of HIV and AIDS. The statistics can be more alarming when we come to individual countries in the Sub-Saharan region. However, there is one particular dilemma facing a number of Ministers of religion today –it is what we shall term the Ethical dilemma of HIV and AIDS.

The religious cycle has also been affected. The church today seems as if it is a funeral parlor. All the people who die in all these government ministries are members of some religious body. The religious bodies are also losing the most dedicated members, who contributed to the church financially and spiritually. Instead of the church concentrating on the spiritual needs of the people, the church is now busy rendering care for the sick. It seems the whole system is crumbling down. There is a need to bring hope to society through teaching grief ministry or ministry to the dying, pastoral care of youth and the aging, the care of AIDS victims, how to relate to victims of spouse and child abuse, the care of substance abusers and their families and many other specialized situations that come to the attention of the pastor (Gerkin 1997:75).

## **1.16 THE MORAL AND ETHICAL DILEMMA OF HIV AND AIDS**

HIV and AIDS is not a private issue. Whereas in the past people used to take the subject of sexuality as private, HIV and AIDS has unmasked sexuality within the area of the so-called

private intimacy, as Louw (1995:37) puts it. The disease has demonstrated that sexuality is also a public and social phenomenon. HIV and AIDS has brought to the surface the ethical connection between guilt and responsibility, private life and public life. People will bring different stories in conversation with each other by generating through debate and dialogue with different groups of people, e.g. the NGOs and other church groups. They will be able to comfort each other with the Word of God which builds true character in human beings.

### **1.17 THE CONSENT**

I used letters of consent for some individuals in the focus groups and also for some individuals who gave their various stories through which their experiences were told. I also wrote letters to the leaders of the church to introduce the study and myself and later made protocol visits to the congregations (appendix 2) to meet the participants who helped with the special information concerning the research topic. The participants' views will be highly appreciated without any bias of deception of subject. Quoted by Strydom (1998:27), Loewenberg and Dolgoff stated that deception of subjects means deliberately misrepresenting facts in order to make another person believe what is not true. It is withholding information and offering incorrect information in order to ensure participation of subjects when they would otherwise possibly have refused it. In this study, the key participants were asked to be part of the research project by asking them to give consent to be part of the focus groups. They were asked to write their names or sign on the informed consent letter. If they could not write, they were asked to give a verbal consent. The consent was given after the purpose of the research had been explained according to letters of informed consent.(Appendix 1for the consent form).

### **1.18 CONFIDENTIALITY AND ANONYMITY**

Giving the participant's identity, false names ensured confidentiality. According to Straydom (2002:67), privacy implies the element of personal privacy and confidentiality indicated the handling of information in a confidential manner. The respondents were informed about how the information will be used and with whom it will be shared. Subjects in this study remained anonymous and were not exposed to risks. Therefore it was acceptable to use tape recorders during the focus groups. Permission to use tool was granted by the focus group participants and victims of cultural practices who shared their personal stories.

The ethical issue becomes relevant when subjects are assured of anonymity while I know it is not true. Information about subjects, which is available on computer, is not always confidential, since unauthorized persons could possibly have access to data (Strydom, 1998:28). In this research, the ethical issue discussed above was dealt with by allocating independent names with no attachment to anybody. Pseudonmy names have been used in this research. It will be unfortunate if any name may match with any story. Pseudonmy names only served the purpose of knowing how many people have been involved. No true names are used. The information on the computer may not have been confidential, however anonymity was ensured so that no one would know to whom the responses belong.

## **1.19 THE RESEARCH CHALLENGES**

Although the participants were randomly selected by their congregation leaders, a limitation of the study is that the participants limited themselves to rites of passage in Zambian cultural practices. Recent literature of the cultural practices of Zambian society was limited. The systematic enquiry, through the process of narrative approach through the social construction in the post modern world was a bit tricky, since most African societies do not discuss sexual issues anyhow. Therefore, for the women to tell their stories they needed the motivation of seeing other participants sharing their societies' problem in relation with HIV and AIDS. Then I had to come up with several methods to see which one worked in enabling women to open up and tell their stories. This will be a primary source for extracting

information and data collection. This will be done using several interviewing techniques (De Vos, 1998:299) including unstructured interviews.

Ethnography as a research design which is characterized by close observation or participant observation and description of the behavior of a small number of cases which aims at understanding and interpreting the meaning the subjects give to their everyday lives where the researcher enters the subject's life world would have been ideal (De Vos and Fouche, 1998:80; Fouche, 2002: 274). Fouche defines ethnography as the study of an intact cultural or social group based primarily on observations over a prolonged period of time spent in the field. In this research I could not use the ethnography due to time and financial constraints. I would have loved to reach out to more parts of Zambia to people with different cultures, but time and finances have to limit it to the Lusaka urban area with people from the Eastern Province only.

## 1.20 FINDING THE RIGHT PATH

Discovering the stories from different women from the Patrilineal Ngoni tribe and the Matrilineal Chewa tribe will be ideal to give women a voice which can be heard by many people. As members of the Ngoni tribe, Christians, women, we have some negative ideas about some of the cultural practices. Therefore finding the truth about our culture will let the stories from people tell their truth rather than manipulating the stories. Lamotte (1995:144) uses a wonderful metaphor to describe how the writer should allow the plot to develop into its own climax:

*If you are lost in the forest, let the horse find the way home. You have to stop directing, because you will only get in the way." The climax phase can also be described by another striking metaphor: "We (writers) need to align ourselves with the river of the story, the river of unconscious, of memory and sensibility (Lamotte 1995:121).*

## 1.21. DATA INTERPRETATION

In social construction we do theology together, therefore the interpretation of cultural practice and the narrative stories will be according to the interpretation of the people. The leaders will view this research as written by a feminist theologian who entered into the society through the research to do practical theology through deliverance. Women themselves need to realize that they need deliverance. Meaning is not carried in a word by itself, but by the word in relation to its context, and no two contexts will be exactly the same. Meaning, believed by Jacques Derrida, is not to be carried in a word by itself but in relation to its context and no context will be exactly the same. Always the meaning of the word is somewhat indeterminate, which will be negotiated among some speakers or between a text and a leader (Freedman & Comb 1996:29).

As people come together and converse with each other, the development of new language is formed and then the negotiation of new meanings for problematic beliefs, feelings, and behaviors give legitimacy to alternative views of reality. In trying to make sense of life, people work hard to make their experiences of events in their lives in such a way as to reach a consistent account of their lives and of the world around them. The success of this storing of experience provides persons with a sense of continuity and meaning of their lives, and this is relied upon for the ordering of daily lives and for the interpretation of further experiences (White & Epston, 1990:10). Muller talks about the concept of "received interpretations" which puts emphasis on tradition, on culture and on cultural discourses, all of which contribute to interpretations, although it has the unique understanding of illusional reality (Muller, 2004:299).

## 1.22. WAY OF HOPE

Gathering people's stories will complete the research by putting together all the good cultural practices which hinder the spread of HIV and AIDS virus and the bad cultural practices which

allow the spread of HIV and AIDS virus. Women and girls should know what their culture holds for them, death or life. The report will be shared with the women's fellowship committee members, and then to the R.C.Z church community through the congregations, and to other denominations, Anti-Aids groups, schools, colleges, universities and some NGO's, to Ministry of Education, Ministry of Health and all interested individuals and institutions. My findings may not please everybody but I am sure my contribution will make a difference in the conscientious mind of the society of many Zambians where alternative stories may arise to bring hope at this time of HIV/AIDS.

### **1.23 DEFINITION OF KEY WORDS**

#### ***Rites of passage***

Is the movement from one stage to another stage of life. The most important stages of life are: birth, puberty, marriage and death. Most African society's celebrate when one enters into the other stage.

#### ***Culture***

The complex whole which includes knowledge, belief, art, morals, law, custom and other capabilities and habits acquired by man as a member of society (Seymour-Smith,1986:65).

#### ***Cultural Practices***

These are behaviors and actions that are common to a particular group of people. But there are salient cultural practices which are not common to the group of people; the people don't talk about them often.

#### ***HIV***

This stands for Human Immunodeficiency Virus that causes AIDS Van Dyk (2001:4). Some people explain HIV as the virus that attacks the human immune system. HIV destroys the

body's protection against diseases, leaving it vulnerable to many infections and cancers that might not normally develop in healthy people. People infected with HIV may look and feel well for a number of years before any opportunistic infections develop. Many people infected with HIV are completely unaware of the fact, unless they decide to have a medical blood test. They can be carriers of the virus, transmitting it to other people.

## **AIDS**

According to Brandford (1987:16), this stands for an Acquired Immune Deficiency Syndrome. A group of signs and symptoms or a combination of diseases caused by the Human Immunodeficiency Virus, which impairs the body's ability to fight infection, making it especially susceptible to opportunistic infections, of which the most common include pneumocystis carinii pneumonia and certain cancers, such as Kaposi's sarcoma, a skin cancer.

### ***Focus Group discussion***

This is a method for group analysis and problem solving, stressing the role of the group in identifying its own problems, and seeking transformative solutions appropriate to the local situation.

### ***Sub-Group Focus Group discussion***

This is a Reformed Church in Zambia Bible Study Method. It promotes small group discussions where each participant is given room to say something.

### ***Transmission:***

Is the spread of the disease-causing organism from one person to another? The major modes of transmission of HIV are penetrative sexual intercourse, shared contaminated equipment of intravenous drug users, transfusion of unscreened blood and from mother to unborn or newborn infant.

## R.C.Z

This is the Reformed Church in Zambia. It is the third largest Christian denomination in Zambia. It was started by the Dutch Reformed Church of South Africa in 1899.

### ***Kuika Mwana Kumphasa***

This is when the father must have sexual relations with his wife while the baby is lying in between them. The parents lie on their side, facing one another, and both hold the child. The woman must remain immobile. The man must affect intercourse all alone without any cooperation on the part of the wife. He is not allowed to hold her with his hands or in any other way.

*Fisi* is a man who is invited to come and sleep with a girl during the initiation ceremony or he is a man who sleeps with a sister-in-law in order to make the woman pregnant for the sake of helping the infertile brother or cousin. *Kukuna* this is when girls at the age of 8 to 10 pull their labia manola in order for the future husband to enjoy sex when they get married.

## 1.24 LAYOUT OF CHAPTERS

This dissertation will be divided into five main chapters:

**Chapter One** will introduce the general focus of study and identification of the research problem, the goal, objectives of the study, the research design, methodology, cultural practices in the time of HIV and AIDS in Zambia and in Africa.

**Chapter two** discusses the cultural practices which promote and hinders the spread of HIV and AIDS. Brief Overview of 'Culture', discussion on 'Rites of Passage', Cultural Practices and the possibility of a person to be HIV positive. To describe alternatives to replace the particular cultural practices and narrating of stories of the victims of cultural practices.



**Chapter three** discusses empirical research findings and interpretation.

**Chapter four** describes cultural practices and gender, Women, Africa and HIV and AIDS  
African Women Theologians Contribution towards cultural practices

Women and HIV and AIDS

**Chapter five** deals with Rites of Passage as a theological reflection. Summary and  
evaluation

## **CHAPTER 2**

### **MENDING A BIG BLACK LEAKING POT**

#### **2.1 INTRODUCTION**

Looking at the past, the eighty-one year old Matambula complained, “The way these children dress up, almost half naked. The way they eat, one plate for each person, there is no harmony of accommodating other people on their plates. They are now giving meaningless names to their children; they have forgotten their culture little by little. Women have stopped kneeling down before their husbands. Husbands have forgotten to bring food for their families they are busy drinking. Have they forgotten their cultural values?” Cahoone would agree with the old man that culture is dynamic; many people who believe in the existence of modernity also believe that recent developments have diminished or significantly modified the degree to which those traits or principles characterize the present (1995:1).

#### **2.2 THE DEFINITION OF CULTURE**

John B. Thomson once said that in the anthropological definition of culture, there are two concepts, which are descriptive and symbolic. The descriptive conception of culture refers to the varied array of values, beliefs, customs, conventions, habits and practice characteristic of a particular society or historical period. The symbolic conception shifts the focus to a concern with symbolism: culture phenomenal, according to this conception is symbolic phenomenal (1990:54).

E. B. Tylor, in his book *The Primitive Culture*, defines culture “as the inter-related array of beliefs, customs, laws, forms of knowledge and art etc.” These beliefs, customs etc. form a complex whole which is characteristic of a main society, distinguishing this society from others that exist at different times and places. According to Thompson, the descriptive conception of culture may be summarized as follows: “The culture of a group or society is the array of beliefs, customs, ideas, and values as well as the material artifacts, objects, and instruments which are acquired by individuals as members of the group or society” (1990:54, Cahoon 1995:2).

According to Giddens (1990:31), “culture consists of the values the members of a given group hold and the norms they follow.” We usually perceive culture as a complex whole, the way of life of people. Culture has the powerful influence behind the beliefs and practices that govern the daily behavior and conduct of people. Culture is dynamic and differs from place to place and from people to people.

Rodney Stark (1985:33) defines culture, “as the complex pattern of living that humans have developed that they pass on from one generation to the next, while sociologists use the concept of society to identify people according to their relationships with one another and their independence from others: they use culture to identify what they do, what they know and how they act”. Every society is characterized by its culture, its distinctive way of life, because different societies have different cultures. For example, the Tumbuka people of the Eastern part of Zambia speak different languages, eat different foods, wear different kinds of clothes, observe different customs, hold different beliefs and differ in many ways. Therefore each person learns the culture of his or her own society. Among the most significant elements of culture each person learns are the values, norms, and roles.

### 2.2.1 UNIVERSALITY OF CULTURAL PRACTICES

Cultures may differ but contain the same elements. Some elements of culture are universal. All cultures are based upon folkways (the ways of acting that are common to a society or a group that are handed down from one generation to the next, as Green puts it (1973:79).

Cuff and Payne (1981:26) states that all human association gives rise to expectations of patterns of conduct. As a person associates or develops relationships with others he/she tends to develop common ways of perceiving, evaluating, feeling and acting. These new patterns of values, perceptions and actions then give rise to expectations and constraints on how a person should behave. People speak of activities which society does not allow and also about the society having to protect itself against those who break its rules and of wrong doers having to pay their debt to society.

Peoples and Bailey, cultural anthropologists, point out that “the culture of the group consists of behavior,” and define that “culture is collective and is shared by some group of people” (2000:17). The group that share culture depends on their interests. The people who share a common cultural tradition may be numerous and geographically dispersed, e.g. western culture or African culture. People often share culture, which means the people are capable of communicating and interacting with one another without serious misunderstanding and without the need to explain what their behavior means. Rosen & Kuehlwein (1996:27) pointed out that:

*No one exists independently, having no adherence to the norms and values of such a community. These norms and values are context bound, and while individuals can transfer their allegiance from one interpretive community to another, they cannot successfully transcend their entire embeddedness in a social matrix.*

African Society is very superstitious. Certain things happen because the people feel they have not followed certain taboos, or they have not performed certain rituals as they were supposed to. The most involved rituals are found in all these four rites of passage: birth, puberty, marriage and death. In all these sex is involved. The belief of “cold or hot” surrounds all the four rites of passage. When one is sexually active or is menstruating, one is said to be ‘hot’ and can bring danger to the life of a baby (birth), to the *namwali* (initiate girl or boy,) especially to a girl because if blood is involved she becomes a danger to the people she lives with. In marriage if one of the partners is unfaithful he brings danger to the family as he is regarded ‘hot’. The ‘cold’ are those who are not sexually active like the children and those women who stopped menstruating.

Breugel explains that “among the Chewa these regulations have taken the form of *mdulo* taboos. Sexual activity, sexual fluids and especially menstruation, are highly mysterious and powerful and therefore dangerous. This is expressed by classifying them as 'hot' People who are not engaged in sexual activity, such as old people, people who have abstained for some time and above all small children are, on the contrary, 'cool'. Moreover it is believed that what is powerful can be mutually dangerous. 'Hot' can be dangerous to people when different categories of hot are brought together. 'Hot' then stands for dangerous, while 'cold' stands for vulnerable. The most vulnerable beings are new-born children.” (2001:173). Therefore these beliefs have brought in many rituals to be performed so as to put things right for the society. Most African people feel it is an obligation to be fulfilled; if not done something will happen. Either death or sickness in the family will happen because the ancestors have not been appeased.

### 2.2.2 RITE OF PASSAGE

Rite of passage is initiation rites according to Van Gennep (1909). In rites of passage the initiate changes from one state of being, into another. The rite may correspond to birth, puberty, marriage or death. Such rites are called life crisis rites. Initiation rites are usually performed when a subject enters a new group. To become a full member the subject has to under-go certain ritual experiences which are a familiar feature of rite of passage in general. Often the term “initiation” is used, when an actual rite of passage is meant. The whole life of humanity is covered in these four stages (birth, puberty, marriage, and death).

According to Mugambi and Kirima, “initiation is the process by which one is admitted to a new status. It is a passing or a transition from one state or situation.” For example at birth a baby passes from life in the mother’s womb to life in this world, and later from adolescence to adulthood during the initiation at puberty (1976:39). According to Turner, there are three major phases of rite of passage: Separation, Transition (merge), and Incorporation. Passage has been translated as transition or rite of passage where this form of the transition has been preserved. Rite of separation is prominent at funeral ceremonies, rite of incorporation at marriages. Transition rites play an important part, for instance, in pregnancy, betrothal, and initiation, or in the passage from the second to the third age group. It is this new condition which calls for rites eventually incorporating the individual to the group and returning him to the customary routine of life. Rite of separation from a sexual world is followed by rites of incorporation into a sexual world (Turner 1967:209). In these major phases we see that the sexuality of human beings has been attacked by HIV and AIDS. That which the society took to be a norm is now a danger to the society as it follows its cultural practices.

The life of an individual in any society is a series of passages from one age to another and from one stage to another. Whenever there are fine distinctions

among age or occupational groups, progression occupation from one group to the next is accompanied with special acts. Turner suggests that,

*The entire ritual process from separation through transition to incorporation is liminal because each phase occurs in a time between times and in space that is set apart from other places. The rite of incorporation will have been anticipated during the bush school where instructions in the mores, customs, stories, patterns of behavior, and sex education are given. Incorporation is consummated when the candidates are presented to society in their new society and in their new status (1967:209).*

In this study we define rites of passage as a transition from one stage of life to another stage of a person's life. Passing through this transition, a person encounters separation or incorporation. When a baby is born it passes through rite of separation, since it is believed that it is "cold" and can be harmed by the 'hot' society until certain rituals are performed to incorporate the baby into the society. When a girl experiences the first menstrual blood, she is separated from the rest of the family members until she drinks certain medicine. This means she is no longer harmful to the society; before that she is regarded to be dangerous. She is then incorporated in the adulthood group from the young group. In marriage the couple is incorporated into the married group and they will be taught how to fit into the society. While during death we see the society separates itself from death. The washing of medicine for family members, sexual cleansing, and cutting of the hair after the funerals: this is separating the dead from the society.

African concept on rites of passage is in an agreement with Turner's explanation of rite of passage (1967:269). Individuals in society pass through transitional phases which reinforce their roles in the community and which are marked by the rites of passage. During the moments of transition, individuals possess no clear defined role in the community; they are in a state of liminal (threshold), at the point of passage neither in the previous state nor yet in the new one. People in the state of luminosity often are considered dangerous and are in danger themselves. Hence the rites of passage are designed to ensure that the person

in transition neither acts in a harmful way nor becomes a victim of dangerous force during the passage.

Laurent Magesa understands the process of initiation as the most significant instruction in the life of the clan, the individual rights, and the responsibilities in society and the transition from childhood to adulthood. It is the confirmation of the vital force. It is the time when the individual's vital force and the power of life generally are formally confirmed and imprinted in the individual's rational consciousness (1998:93).

Traditional initiation rites in most African societies are very important because they mark the recognized milestone in a person's journey in life, and as one passes from one stage to another, each stage is celebrated with special rituals (Mbiti 1988:116). Hence these rituals involve the participation of relatives and friends. These rites of passage are also important as a means of training young people in skills of living a useful and productive life in society.

Most African people, like the Ngoni tribe of Eastern Province, see initiation as a process which transforms changing irresponsible, immature minors into morally responsible adults, a person cannot exert jurally controls over or properly propitiate ghosts until he or she has gone through initiation. It is a way of coding raw children into an important adult which may be comfortably digested by society. One of the village headmen, during one of the ten boys' initiation ceremony, addressed the boys present that:

*Initiation or rite of passage (cinamwali) is compared to divorce since it, too, is an act of separation from the previous ties. Initiation is also sometimes compared both to birth and to death, like birth it opens a new world of life to a person; like death, too, it involves danger, especially in the operation performed on you boys, us Kaondes and Namwngas. We are the two major tribes of Zambia who perform circumcision. We feel during this ritual one dies as a child and is reborn as an adult.*

In most African Cultures the rite of passage is a ceremonious ritual, where sometimes women celebrate on their own, for example birth and puberty, while both men and women celebrate death and marriage together. Marriage is believed to be one of the most important institutions initiated by God. It is the basic unit of every human society. It is believed that God designed it to be a place to enhance human replenishment and development, as it is in the case of child raising and inter-relationships. The idea of marriage and family is a universal and natural one. It has been in existence longer than any other institution.

However the concept of marriage and family has gone through a lot of changes over a period of time. Different cultures and traditions have developed different concepts on marriage and family. Amazingly these different concepts are very clear even in geographical set-ups. Africans have not been an exception in developing their own concepts of family in society. Unfortunately some of these concepts contrast with original concepts of God and are now destroying marriages and families in this age of HIV and AIDS. In the African context, when someone becomes of age the pressure to get married starts to increase from within that person and around. The reason is that in some African societies, it is considered a great shame for someone to be of a certain age and not yet married. As a result people pursue marriage in an effort to rid themselves of the shame. Also marriage is viewed as a tool only for reproduction; they view it as a means of raising a family. Marriage is not done out of love but so long as she will give offspring and rear them (Magreti Zombi was divorced because she could not produce children, shared information 12<sup>th</sup> June, 2007).

Most African societies possess the concept of communal marriage. In this concept the focus is not so much on the two people getting married but it focuses on the people surrounding the couple. The emphasis is more on the community

than on the couple. Mc Grath and Gregore in their co-authored book *Africa: Our Way to Love and Marriage*, comment that:

*It was not simply a marriage between two people but rather a marriage between two families or even two clans. It was planned, but only within the wider context of their people. Often the two people being married had little say on the matter “(1990:45).*

The communal marriages are largely based on the attributes of the family or clan as a whole and not the individuals getting married. In fact, the couple getting married has little or no time at all to know each other. As a result there is little or no love at all at the time of marriage, though it is expected to develop during marriage. This is why many women have stories to tell over the injustice which society holds against the vulnerable (Rosen & Kuehlwein 1996:29). HIV and AIDS is not a private issue. Whereas in the past people used to take the subject of sexuality as private, HIV and AIDS has unmasked sexuality within the area of so-called private intimacy, as Louw (1995:37) puts it. The disease has demonstrated that sexuality is also a public and social phenomenon. HIV and AIDS has brought to the surface the ethical connection between guilt and responsibility, private life and public life.

In a B.B.C. radio report it was reported that Africa South of the Sahara is the worst affected by the HIV and AIDS pandemic. Is it that African Christians are more promiscuous than, say, their European and American counterparts? After having lived in U.S.A. and having traveled in Europe, I felt that the truth of the matter may be the direct opposite. It may be that, apart from sex, there must be other ways through which HIV and AIDS is spreading in Southern Africa. Things like rites of passage and other African cultural rites may be a cause for HIV and AIDS to find fertile soil in Southern Africa.

Discovering the stories from different women and the Patrilineal Ngoni tribe and the Matrilineal Chewa , one will be happy to find out if there are good or bad cultural practices of rite of passage in these cultures which are leading or are hindering the spread of the HIV and AIDS virus among most African women.

Since we want to find the truth about this culture, we will let the stories from people tell the truth rather than manipulating the stories. Social constructionists emphasizes the interaction between persons as well as the social and cultural influences and norms which permeate and activate those interactions, rather than theoretical individual dynamics conceived within the person (Payne 2000:34).

## **2.3 THE RESEARCH PROCESS**

Following the Narrative Research within the Post-Modern social construction paradigm, the overriding criterion for judging the quality of a study is its capacity to emancipate, empower or otherwise make free a particular oppressed group of people (Lincoln & Denzin,1994).Techniques of member validation in which the perspectives of participants in a research study are incorporated in its validation, have at times been linked to the achievement of goals on the grounds that if people whose lives have been researched endorse a study this is an indicator of its value. The intention of this study is to explore, describe, and explain the cultural practices which go with the stories of women who are the victims of these cultural practices. The Methodology which will be used in this research is the narrative approach, which looks into the development of alternative interpretations that point beyond the local community (Muller 2003:304). Christian theological reflection interprets the meanings of things from the perspective of faith in the Christian message. Thus an interpretation of God and the nature of faith itself are of paramount concern to theology (Stone & Duke 1996:27).

### **2.3.1 SAMPLING METHODS**

Grinnel (1988:251) describes a sample as a subject of population that has properties, which need description and interpretation of experiences also to find

alternative interpretation as deconstruction and emancipation takes over (Muller 2004:304). With all these groups I used availability sampling of those participants who are usually nearest to reach and most easily available. This sampling method is also known as accidental sampling (De Vos, 1998:198).

### **2.3.2 THE FIRST FOCUS GROUP**

This was a group of 20 participants, 12 men and 8 women, who came from different congregations in Lusaka. This was a group of pastors, laymen, teachers, and the youth and they came from three different denominations, namely Reformed Church in Zambia (RCZ), Central Church of African Presbyterian (CCAP) and Uniting Presbyterian Church in Southern Africa (UPCAS). These people came to Justo Mwale Theological College for an HIV and AIDS workshop representing their denomination and congregations. These denominations were picked because they have similar backgrounds, have similar doctrine, and they do most activities together. These participants had all the particulars which I wanted for my research sample. They were chosen to participate in the interviews so that we can have a variety of information coming from different tribes. Members of this group were all literate. Therefore I took advantage of the already present sample for my research which cut my traveling costs, even the process of getting permission from several people. I simply got a direct consent to contribute on my research from the people themselves after reading for them the consent stating that they are free to drop from the group if they are not comfortable with the research interviews (Clive Seale 1999:25).

Both primary and secondary data had to be used in this research. The primary data came from the concerned participants through interviews, through discussion and conversation of people who were chosen as samples. The secondary data was taken from the health department, education department, library and HIV and AIDS research centers. This group met twice, 25th and on 27th May 2005. At the first meeting they had semi-structured interviews which led

them into discussion. These first questions concerned facts about HIV and AIDS: What is HIV? What is AIDS? What is the difference between HIV and AIDS? What is the mode of transmission? How can we prevent the spread of HIV? Is AIDS a punishment from God? What are some myths about HIV and AIDS? What is the origin of HIV and AIDS? This discussion took one hour.

The second focus group took one hour and twenty minutes. This group followed the RCZ Bible study model. I found this model effective for my research study: In this study the focus group had 20 participants, this number was way different from the description of the focus group (De Vos 1998). This group met in the hall of the Booth Center within Justo Mwale Theological College. I read for them some instructions about how we were going to do it. I divided them into four groups, each group had five participants. Within their group I asked them to choose a group leader and a secretary. A leader was to chair some discussion in their group where the secretary was to write a report on what the group had discussed. I indicated each group by a figure, e.g. group one with its question for discussion, etc. All the groups had one question to answer but in different categories of discussion. The question was as follows:

Discuss the cultural practice found in our rites of passage which a) promote the spread of HIV and AIDS, b) Which hinders the spread of HIV and AIDS? c) Discuss the possibility of one becoming infected. d) Find some alternatives which can replace the cultural practices which can spread HIV and AIDS (Morgan, 2000:45). e) What is the role of the church in addressing these cultural practices?

Group 1 during 'Birth'

Group 2 during 'Puberty'

Group 3 during 'Marriage'

Group 4 during 'Death'

This question was formulated based on the advice given by Muller that it is important to note that research is not done 'on' people, but rather "with" people. People are not seen as subjects but as co-researchers in the research process (Muller et al., 2001). The two therapists, White and Episton, were very conscious of language usage. Who said that, "We have to be very sensitive to the issue of language. Words are so important in so many ways, they are the world" (White: 1995:30).

These groups go to their various places of choice to discuss their topic, after 30 minutes of discussion the bell rings for them to come together. Then the secretary of each group reads a report of what they have discussed and agreed upon. The other groups are given a chance to question a group which is giving its report if something is not clear and needs more clarification. Also other groups are given the chance to contribute to the other group's topic, in case someone from other groups knows of other cultural practices which the group giving the report has not included. You do the same with the rest of the groups. After each group secretary has included some new cultural practice, then the papers will be collected from all the group secretaries for the researcher's data report.

I found this method worked very well since each member of the group had a chance to participate in the discussions. Both men and women contributed freely even though most of these cultural practices concerned 'sex' which was a taboo to discuss with different age groups. Their perspective towards AIDS has made them change their mind set about age. It seems people in our society have been alarmed with the way people die because of AIDS. Jacques Derrida's deconstruction theory aimed at demystifying a text, with the aim of ripping it apart, to reveal arbitrary and presuppositions. It examines what the text leaves out, what is excluded, unnamed, or concealed, and what is repressed (Rosenau 1992:120).

Therefore they don't mind discussing topics concerning sex, together with even the youth, as they scan through cultural practices according to the lens of Derrida. Also more contributions were given because the focus groups were large and could be divided into subgroups. This method of dividing the whole congregation into sub-groups to study the Bible text works very well in the Reformed Church in Zambia. In order to confirm reliability on this mode, I arranged to meet one more focus group of eight church counselors who are both serving in the church and in the community of Baulen, on 28th March 2006. Baulen has more than a thousand inhabitants. It is located just beyond Leopards Hill grave yard south-east of Lusaka. This group has won recommendation in the area because they are being called to instruct the girls during initiation ceremonies and marriages, and some of the members of this group are community birth attendants recognised by the health sector.

Most members are widows; their husbands died a long time ago. I saw the need for being well represented in all areas of rites of passage namely birth, puberty, marriage and death. Most of them grew up in a time when it was a must for girls and boys to go through certain rituals in the community. History was very much a part of them. I asked the church leaders to select eight women who were capable of sharing information on HIV and AIDS and cultural practices.

The selected women felt it was an honor to include them on this research. After explaining to them the aims of the research they were more than willing to assist. With this group we did unstructured interviews which were mostly conversational, where they could demonstrate how some of these rituals are practiced. Both focus groups, which met at Justo Mwale Theological College, and those which met at Baulen R.C.Z. contributed to the exploration of salient cultural practices during rites of passage which promote and hinder the spread of HIV and AIDS among the Zambian people, especially the women. Here are some of their contributions and possibilities of how one can be infected by HIV and AIDS virus.

## 2.4 CULTURAL PRACTICES WHICH CONTRIBUTE TO THE SPREAD OF HIV/AIDS

When a baby was born there was a long period of abstinence which would cause a man to go outside marriage for sex, which in turn would bring HIV infection within the family. A ritual of *kutenga mwana* or *kuika mwana kumphasa*. This is a ritual which takes place before the couple has its first sexual intercourse after the baby is born. The man's semen is smeared on the baby's body for protection from *mdulo* (to be cut), a belief which was to be observed or else could bring death to the baby. If any of the couple was HIV positive, then a baby who has a cut on the skin can easily be infected. In some cultures if the husband is away they involved some other man to do ritual of *kutenga mwana*. If that person is infected he can transmit the infection to both the baby and the mother. This man would be paid something for the job done.

If a husband was impotent they allowed another member of the family to make children for him. If this man is HIV positive, the husband's wife can be infected, and she in turn would infect both the baby and her husband. During initiation rites, when a girl reaches the age of puberty, she is taught some romantic practices which she would try on any man thinking she is old enough, if she is not married yet. As a result she may contract HIV or Sexual Transmitted infections at an early age of 12 years to 14 years. Among the Nsenga people of Zambia, someone called *fisi* is given to practically test the girl to see if she is sexually ready for marriage.

Genital mutilation in some cultures is done to girls by removing some parts of the vagina which may cause some sores and can lead to contracting HIV by using

the same razor blade for many girls. Therefore if a girl is slow in reaching puberty or if she is always sick, they would take her to the witchdoctor who would remove some flesh (called *nkhombola*) on the vagina using an unsterilised knife. This could cause the girl to be infected if an infected utensil is used. Or if the girl is HIV positive she can infect the witchdoctor who does not wear gloves.

Circumcision in boys using one razor blade on a number of boys can transmit the virus to others who are not infected. In some cultures, e.g. the Chewas, when a boy reached puberty he was given a girl to sleep with for three consecutive nights, marking the end of the initiation ceremony. Also marking the end of the girl's initiation ceremony, the man called *fisi* would come at night and sleep with the girl, to prove that everything she was taught during the seclusion time was successful. If a man is HIV positive he can infect the girl or if a girl is infected she can infect the *fisi*. When the boys reach puberty they are given medicine to drink, e.g. *mutototo*, to make their manhood strong which gives them desire to go and prove if they are strong and can perform well sexually. The medicine can also lead a boy to raping a girl when he doesn't know her HIV status. Marriage: The use of unsterilized razors for shaving when a couple has just gotten married may infect them. When a couple has given birth, a wife is taken somewhere else, maybe to the mother or mother-in-law. This encourages a husband to take another woman to sleep with.

Inferiority complex contributes to the spread of HIV because women have no right to say "no" even if they suspect a man is infected. If a man is impotent a woman is advised to go and sleep with another man, and this should be the secret between her and that man so that she can keep her marriage and fulfill her role as a child bearer in the marriage. If the *fisi* is HIV positive, the infection may occur in the process. If a woman is barren, or if she gives birth to the same sex children, a man is advised to marry a second wife.

In some tribe's trial marriages, sex before marriage to prove manhood or womanhood is accepted. On the wedding night a groom's virility would be proved through producing a handkerchief which was used to wipe the man's semen to be examined by old women. This forces men to drink strong African medicine which will make them sexually aggressive, which might result in unprotected and uncontrolled sex.

Polygamy is a status. For men it shows that he is a real man. If one of the women is HIV positive she can infect everyone in the family. In some cultures eloping is accepted, especially if a man has nothing to pay dowry with. Payments will be done bit by bit. While among the Tonga eloping is a sign that a man is ready to pay more money, which makes the girl's family arrange the marriage settlements in a slow manner, forcing a man to elope.

Rape is not allowed in all cultures except in certain circumstances, e.g. when a woman does not want to get married due to unknown reasons, a cousin is asked to rape her for the intention that she should not die without an offspring of her own. If the cousin is HIV positive then he can infect the woman. In some cultures it is not an issue for a husband to sleep with cousins or wife's sisters. If the man is infected he can easily infect the cousin, and if the cousin is infected she can infect the man.

Some societies hate divorce, e.g. the Ngonies, while others care less e.g. the Lozis. They will encourage second or third marriages which may endanger the family. Sororate (*chokolo*) or levirate (*shanzi*) is allowed when one of the spouses dies. The living spouse is taken by the brother or cousin of the deceased. *Shanzi* is given even when a man does not find sexual satisfaction with his wife. He can ask the wife's family to give him another woman who is stronger than his wife who can also perform all the house duties including sex. If the man is HIV

positive he can infect the women. Or if the woman is infected the man can be infected.

Sexual cleansing: This ritual is done so as to remove the spirit of the dead so that the living spouse can start living a normal life. There is an expectation in most parts of Africa, for example in Zimbabwe and Zambia, that a woman uses the same cloth to clean herself and the man after sex, even if they used a condom for sex itself (Jackson 2002:135). If one of them is infected he can easily infect the partner by using the same cloth since this is done immediately after sex.

These cultural practices have been discussed and described according to the rites of passage: birth, puberty, marriage, and death. Personal experience stories are shared where true names have not been used for ethical reasons. Payne pointed out that often persons starting therapy tell stories that are full of frustration, despair and sadness, with few or no gleams of hope (2000:10). Some possibilities of HIV transmission are interpreted and then some alternative methods which one can follow without being infected by HIV have been discussed and decided. Also discussed how Practical Theology has come in, as the church doing theology with the people through pastoral care and counseling brings the word of hope to people.

## **2.4.1 BIRTH IN THE DIFFERENT CULTURES OF ZAMBIA**

### **2.4.1.1 Pregnancy and Child Birth**

Children are of special value to both men and women in African societies. It has been pointed out that the respect and status that motherhood confers on a woman is greater than that conferred by marriage (Dolphyne 1991:30). Many cultures in Africa, such as the Ngonies and Tumbukas, marry because they want to have children. If a woman does not give birth she can be divorced or another wife is taken so that she can produce for a husband. A couple is given a certain

period to conceive. For example, there must be a minimum of three to six months for a woman to conceive. In typical rural areas among the less educated people, who do not know how to count the number of months, they used to light a big log which will light at night for a period of three months. If it finishes and there is no report or gossip of pregnancy, then they know there was a problem in that home. Both families will be concerned to find out what was wrong with the couple. If things go well for the couple, when a woman announces to her husband or mother that she is pregnant, there is rejoicing and precautions are taken to ensure normal gestation and delivery. These precautions include medical and spiritual attention (Porrinder 1881: 91; Magesa 1997:82). "In many Zambian tribes no one talks about pregnancy and birth (Drews, 1995:33)." This is because they fear that the pregnant woman may be bewitched at the time of delivery. The delivery day is kept as a secret.

The first birth has a considerable social importance which is variously expressed among different people; elsewhere a girl cannot marry until she has given birth to a child and has proved that she is capable of reproduction. Among people who do not consider a marriage valid until after a child is born, the rite of pregnancy and child birth are the last acts of the marriage ceremony and the transitional period stretches from the beginning of her betrothal to the birth of her first child (Mugambi & Kirima 1986:17-18). Becoming a mother raises her moral and social position.

Among other societies who consider the pregnant woman impure and that her impurity is ordinarily transmitted to the child, the various rites of protection against evil eye infections, disease, all kinds of evil spirits etc are not good for the mother and the child (Mugambi & Kirima 1986:24-25). The rite of purification takes place by washing the baby in medicine water or by rubbing the baby with medicine. This is also a way of incorporating the baby into the world. The seclusion and protection of the newborn child is based on the idea that it takes

several days of real life for the child to become an individual. The last ritual is when the father presents the child to the mat *kuika mwana ku mphasa* (Breugel 2001:181).

Motherhood is defined as the fullest acceptability in the world of female adulthood, where children give status to the woman (Mugambi & Kirima 1986:18). The woman without a child is treated as a young person in African society. If the problem seems to come from a man because he is impotent he will be advised to drink some African herbs to cure it. If he fails sexually to satisfy a woman, then the family will arrange someone to go into his house and sleep with his wife until she conceives. This is a secret between the husband, the man and the wife who will keep the secret for the husband. This man is paid for the work of producing children (Nyirongo 1997:113).

This is where Practical Theology comes in with a thought of the Providence of God, and the sovereignty of God for human kind. From Pastoral care with its body in Practical Theology, we see the merging power in people learning to sympathize with the couple by advising such couples to pray or see the doctors who can give them treatment and advice. If it is a Christian couple, then they should make them understand that marriage is between husband and wife. Children are just a gift from God given to a particular family. For example, Sara and Abraham were blessed with Isaac in their old age. Zechariah and Elizabeth, Rachael and Jacob are good examples that God is the giver of children: Hannah and baby Samuel (1Samuel 1:19). "And the Lord remembered her (Hannah) so in the course of time Hannah conceived." If they are not Christians and they believe the traditional methods are the best for them, then the couples should go for Voluntary counseling and Testing so that they can know their HIV status to make sure that no one infects the other. Or else an adoption can be a good option which was also common among most African societies to take your brother's child and take him/her as your own. Then the brother will lessen his

responsibility of the child until he quits completely and the other family takes over completely.

#### **2.4.1.2 The Experience of a Mother and Her Baby**

Some African societies in Zambia even nowadays believe that repeated sexual intercourse is very much needed for the baby because semen is needed to strengthen the growing fetus in the womb. They feel this is a natural process of fetus development. They believe the man's semen has important vitamins which are needed for the baby. This may be true in that love and the closeness of parents positively affects the psychological make up of the fetus. Most families in Zambia, when a daughter is pregnant, they send her to the boy who is responsible for the pregnancy so that the boy can continue to feed the fetus sexually. In some societies if the boy has denied his responsibility, instead they would ask another boy to do it because they feel the baby will be undernourished and this may cause the baby to be weak and pale. This is very common in Zambia, where most of the girls are taken to the boy during the early months of pregnancy. It could be that the girl's parents hope the boy would eventually marry the girl after getting used to the idea of daily sex (Van Dyk 2007:127).

##### ***a) Possibility of HIV Transmission***

Suppose this boy is HIV positive, aren't both the girl and the fetus going to be infected? Mother to Child Transmission PMTC (Richardson 1987:109) or if the girl is HIV positive, is she not going to infect the boy? But if the boy does not love the pregnant girl, he will be living with the girl he loves and the pregnant girl who is there for convenience sake will suffer with the boy's behavior. As a result, if the girl or the boy friend is HIV positive, then the pregnant girl and her baby might become HIV positive. Or if the pregnant girl is HIV positive then the boy and the girlfriend can be infected.

### ***b) Alternatives or Options***

A belief is not something which can be easily stopped in someone's mind. It needs conviction, truth, and faith for someone to let go what they believe, together with education on the importance of understanding the reproduction system of human beings. It is good to encourage sex for lovers who are married but to discourage premarital sex for people who are not married.

#### **2.4.1.3 The Baby Delivered At Home**

When the delivery time arrives the pregnant woman is taken into a place where the traditional midwives (who are usually experienced elderly women) will assist her to deliver the baby (Mugambi & Kirima 1986:24). Men do not participate in the delivery itself but they play a supporting role in the process, e.g. sometimes the husband goes to the ng'anga (witchdoctor) who supplies medicine which will ease the labor pain and insure that there are no complications. In most African societies, prolonged labour means that either the man or the woman cheated on the other partner. A woman is forced to confess by picking up small sticks which the midwife will bring and put them on the ground. The number of sticks picked is the number of men she slept with. If the woman did not sleep with anybody then the man is blamed. But nowadays most women prefer to give birth in the hospitals as counselor Ruth (12<sup>th</sup> June 2007) narrated verbally.

Ceremonies of pregnancy and childbirth together generally constitute a whole passage. Often the first rite is performed by separating the pregnant woman from society, from her group and from her sex. This is a transition period. Finally the rites of childbirth are intended to reintegrate. The woman is separated from the groups to which she previously belonged, and she establishes her new position in society as a mother, especially if she has given birth to her first child. It has been established that at the onset of pregnancy a woman is placed in a state of isolation either because she is considered impure and dangerous or because her

very pregnancy places her physiologically and socially in an abnormal condition. Nothing seems to be more natural than that she should be treated as if she were ill or a stranger (James & Cox: 1996:41). Both the baby and the mother will be considered normal after the ritual of presenting the baby to the mat *kuika mwana ku mphasa* (Breugel 2001:181).

#### **2.4.1.4 The Ritual of Kuika Mwana Ku Mphasa**

This is when the father must have sexual relations with his wife while the baby is lying in between them. The parents lie on their side, facing one another, and both hold the child. The woman must remain immobile. The man must affect intercourse all alone without any cooperation on the part of the wife. He is not allowed to hold her with his hands or in any other way. Failure to affect intercourse under these conditions causes great embarrassment to the husband. Then he can try the following night (Breugel 2001:181) or if he fails, someone is invited to help do the work by sleeping with his wife. This ritual is done so as to give strength to the child. Many tribes do it when the baby is four to six weeks old. Some people wait until the baby is about seven months to one year.

The Chewa people do this differently. The father has to have coitus interruptus and mixed seminal and vaginal fluid smeared on the baby. "A strong mystical tie between father and child is assumed to exist, for if the father does not 'make firm his heart' (*kulimba mtima*) sufficiently to break off intercourse at the right moment, the child will not receive from him any strength of character (Marwick 1965:182). After effecting intercourse the first time, the husband has to withdraw in time so that his wife can take the semen and anoint the face and body of the baby and put some on the *mkuzi* (a piece of string) on the baby, and with some she has to anoint her own breast as well so that they may grow full (Breugel 2001:183).

#### **a) The possibility of HIV Transmission**

The couple performing this ritual has nothing to do with the spread of HIV if both the husband and wife were faithful to each other. It becomes dangerous if one of them was not faithful, this can put the innocent partner and the baby in danger of being infected (Richardson 1987:31). This can also happen because of the habit of inviting another man to come and sleep with one's wife to protect the baby from being harmed by the evil spirits, it should be protected by this ritual of *kuyika mwana kumphasa* to bring it to a hot state. If the invited man is HIV positive then he can infect the wife who will also infect the husband and then the baby is also not safe also. If the baby's mother is HIV positive then the invited man and his wife are in danger, they can also be infected.

The innocent wife here is treated as property that can sleep with any man for the sake of the ritual (Richardson 1987:33). The anointing method exposes the baby to the HIV virus if the baby has a cut and then is anointed with the father's or mother's vaginal fluid. This can make the baby vulnerable to the infection since the virus is found in these fluids (Crouch 2002:1). The mother can also be infected if she has a cut on her hands and on the breasts as she anoints them with a mixture of semen and vaginal fluids. If the chosen family is infected with the virus, it can be possible to transmit the virus to the baby if she/he has a cut, if they anoint the baby with the semen and vaginal fluid.

Another method is when the relatives arrange for a young man to come to the mother of the child at night *kulowetsa fisi*, to make a hyena come in and do the *kuyika mwana kumphasa* instead of the father. This *fisi* will be paid for the job. Extra sexual relationships are dangerous because you do not know the status of the *fisi*; if he is infected with the AIDS virus then he can transmit the virus to the innocent mother. The baby can be infected by anointing the baby with the mixture of semen and vaginal fluid where the AIDS virus is present.

If the mother is infected, the possibility of the baby contracting the AIDS virus through breast-feeding is high. Also the possibility of the husband contracting the AIDS virus is there if he joins his wife when he comes back. If the woman with a baby is HIV positive then she can infect the *fisi* who will later infect his wife and the baby if she is also breast feeding (Richardson 1987).

**b) The alternative method**

This can be used to avoid the spreading of AIDS virus: This is mostly used by non Christians to buy medicine from the *sing'anga* (medicine man) two special *mphinjili* (medicine hidden in two little pieces of reed). These are fixed to the legs of a cock. They watch the cock. As soon as he has mounted a hen, they remove the two *mphinjili* and fix them to the *mkuzi* (string around the waist) of the child. Alternatively, sometimes the mother waits until her husband comes back from where he went, that is when they do the ritual of *kuyika mwana kumphasa* She can also get some medicine from the *sing'anga*, which she fixes to the *mkuzi* of the child. This will protect the child from all the persons who would touch it, because the medicine is hot. These two methods are HIV and AIDS free. The mother, father and the baby are all safe and happy.

There are alternative ways of *kutenga mwana* if the father of the child is far away and it could be long for him to come and do it himself, the following is done: The relatives may choose another family, preferably related but not necessarily, who will be asked to do the *kutenga*. At night the child is taken to that family and they perform the ritual exactly as if they were the parents of the child. Then the parents of the child will have to pay the family which has assisted in *Katenga mwana* or *kuika mwana ku mphasa* (to put the baby on the mat).

Another method of *kutenga mwana*, the father has to take the baby, if it is a boy, and the mother, if it is the girl, and jump across the fire which is burning in the house; symbolically the baby is now warmed (*kufunditsa mwana*). Until then the

baby was cold, which means she/he was vulnerable to be sick, but now she/he has been made 'hot;' she cannot be cut *mdulo* (Masinga 1995:12). This ritual has no exposure to HIV virus; it is safe.

Pastoral Counseling: This ritual should not even take place; it minimizes the sovereignty of God over creation. The people should be enlightened by those who have not gone through this ritual and their children are fine. They should trust in God and dedicate their babies to God instead.

#### 2.4.1.5 Tiyike's Personal Experience

*My name is Tiyike Banda. I come from Ozi village in Eastern Province of Zambia. I got married at the age of eighteen years. I am twenty-seven years old and I am a mother of four. After the birth of my first-born son my alangizi (counselor) came to instruct us how to look after the baby and how to perform the ritual of kuyika mwana kumphasa. She said if we don't do it the baby will be sick and he would be vulnerable to many diseases and as a result he would die. People who are hot, for example those who have sexual relations, may hurt the baby, so that is why the parents have to seal their child by this important ritual.*

*We did this on our first three children and then my husband left me here, when I was six months pregnant, (for Copperbelt to work on the mines). Three months later my baby girl was born. After four months passed, the grandmother to my husband called me and said, as a family we are concerned with the well-being of the baby. Since your husband is nowhere to be seen, the ritual of kuyika mwana kumphasa has to be performed by the cousin to your husband, Lambulani (This is the letter which your husband has written, that he will come after two years, because he has just started working). I did not want to sleep with another man, but I was afraid of losing my baby. I went to ask my family members if it was proper for me to do that. They were in favour of the suggestion, too. I had to do it for the sake of my baby. Nothing was paid to him; he said it was a pleasure to help in time of need. I was happy to see that my baby was fully human being. Six months later my husband's cousin Lambulani, was in and out of the hospital and some people suspected he was HIV positive. I was devastated. I was not myself. My Aunt, the sister to my mother, advised me to go for*

*Voluntary Counseling and Testing. I was scared. I don't know if I could bear it if I am to be found HIV positive.*

### **a) The Possibility of HIV Transmission**

The possibility of Tiyike being HIV positive is there because she slept with Lambulani, and also the possibility of being HIV negative is there if she did not have cuts on her private parts where the virus can penetrate. We don't know whether the baby is safe, since she has been on breast milk. What about Lambulani's wife? She may be infected too. Is it necessary to go for Voluntary Counseling and Testing to clear their worries?

### **b) The Alternatives**

Practical theology is trying to reach out to the people to make them understand God's love for them through the creation story. What is the role of Christian morals in believers who feel that when God created the world everything was very good, according to Genesis 2:31 (including man)? Is the baby complete or not? Since it is believed traditionally that strength is being put in a child by additional sperms smeared on a baby, these are beliefs which make things happen according to what one believes. Some people, especially in the cities, have not been taught how to perform these rituals and their children are fine. But there are also a large number of young married couples who are still performing these rituals because they have been taught by their grandmothers and Aunties. Postmodernism nurtures an awareness of such voices and stimulates a sensitivity towards various forms of otherness, created by factors such as economic interests, moral uprightness, social prejudice, institutional differentiation, and so on. (Rossouw 1995:57).

## 2.5 PUBERTY IN THE DIFFERENT CULTURES OF ZAMBIA

According to Parriander,

*Puberty is the great transition between childhood and physical maturity, and is therefore an occasion for considerable ritual. The essential principle throughout is to make the child into an adult, a full person, and to introduce him or her to sex life (1981:94).*

Puberty is the stage at which we describe an individual as having reached adulthood. It means an individual is then regarded as a responsible member of the clan and of the whole society. Instructions given to the individual during this period emphasize the person's responsibility to preserve and enhance his or her life and that of the entire clan. Observing what one is taught is paramount and a sure way of preserving one's life. It actually means that practicing what one has been told is a sure way of staying alive. It suggests that one must listen, and above all, do what one is taught to do. When the elders speak one must follow what is said. Disobeying or failure to keep instructions given by elders is a sure way to death. Therefore, the instructions that are given by the elders at the time of puberty are not meant to just enable the individual to cope with a competitive environment but to instill in the youth a sense of responsibility towards their life and the common life of the clan (Breugel 2001:191).

The second significant thing about puberty is the initiation rite for the girls. The rite is associated with the beginning of menstruation, which is believed to be a sign of growing up, or becoming an adult. During the rite the girl is taught how to keep herself clean during the menstrual period but above all, how to use the newly acquired powers of life. She is told to be careful in her conduct and relationships with others. The various taboos related to menstruation are explained to her very carefully. For example, she is told not to let anyone, not even her closest friend, see her menstrual blood, otherwise they would cause her death (Breugel 2001:186).

She is further instructed not to strike or beat anyone; otherwise she would cause the death of the people involved. All these prohibitions point to the belief that the girl is now in a powerful state in which she can influence the growth or destruction of the life of the clan. From the above taboos there is a deep desire to preserve life. Growth of an individual is chiefly perceived in the expansion of the person's influence on other people. So life becomes the measure of a person's influence on the other people (sphere of influence).

The puberty stage is an important entry point for reproductive health messages. The traditional initiators further form an important group in the society through which reproductive health messages can be passed on to the young people. The whole initiation period sets a stage for reaching out to adolescents. "Pre-marital sex is forbidden among the Tumbukas and the Ngonies. From the time of a girl's first menstruation her life becomes confined (Oke1991:95)." The physical puberty of girls is marked by a swelling of the breasts, an enlargement of the pelvis, the experience of the pubic hair, above all the first menstrual flow. Therefore this is the transition from childhood to adolescence from the first appearance of these signs.

Breugel says a young girl is instructed to give warning as soon as she experiences her first menstruation. She will tell her grandmother, her elder sister, or some friend. The person in whom the girl confides has to tell the mother of the girl that her daughter has "grown-up" (*kukula, kutha msinkhu*). The daughter will not tell her mother directly, since these things are not mentioned between mother and daughter. Then the mother will tell her husband who from now on will, as parents, abstain from conjugal relations till after the seclusion of the girl (2001:186, Linden 1975:30-35). During seclusion the girl is confined in a grandmother's home or an auntie's home after experiencing her first menses. The girl was confined for one to two months long ago, while nowadays it is two to three weeks, she is taught to respect the elders, cleanliness, sexual skills, moral

behavior, and abstinence from boys, men and under-aged children (Mugambi & Kirima 1986:43). Non- Christian families are preparing her for a future husband, and what she should do during the first day of her marriage. Ngulube says:

*She has to enter marriage with unshaved pubic hair or else the man will not accept her. This also applies to the man. The girl should exhibit skill in cutting pubic hair of the man. If flesh is cut, she will apologize by giving a man a chicken. Before intercourse, the man will pay the girl something, which she will give to the instructor first thing in the morning. To ensure success on the first night, the girl will, first of all, dance the erotic dance in the presence of both her instructor and her husband. The two most important things on this night are the woman's successes in the formalities of copulation and the man's ability to attain erection and ejaculate as many times as his power can allow."(1989:101-102).*

Such sexual lessons are taught to the ages between thirteen years to fourteen years old. This in some way is more likely to bring confusion into the girl's lives. Many Christians and many educated parents have ceased teaching such to their young ones who need to concentrate on education first. These things will be taught the time they will enter marriage. While among the illiterate these things are taught to motivate a girl to enter marriage as soon as she is instructed.

### **2.5.1 THE RITUAL OF KUTHA MSINKHU (PUBERTY)**

Among the Chewa people the initiation ceremony ends by a ritual to end the puberty (*kutha cinamwali*). Breugel (2001:25) points out that on the last day the girl's head is shaved. That night her husband, if she is married, comes to the house. The *namkungwi* (instructor) will see that they are well instructed and that night her husband must have sexual relations with her. He imparts his strength to her and she becomes strong again. The single act of intercourse at the end of her seclusion would not cause a pregnancy for her, according to their way of thinking. If the girl is not yet married or if her husband is away, another young man is chosen to act as her husband on the last night of her seclusion. The parents of the girl bring a whole cooked chicken which will be eaten by this young man so as to give him strength. The young man is called hyena (*fisi*) because he

comes secretly. Such a young man will be given some money by the girl's parents. According to Jackson (2002:135), such initiation rites are found in Malawi and also among the Krobo culture in Ghana, who call it *dipo* (Mtingiza 1990:15).

**a) The possibility of contracting the AIDS virus:**

If the *fisi* is infected with the AIDS virus, then the girl can be infected also. Even the man whom she has to marry may contract the virus from her. This ritual may expose the girl to AIDS virus. She doesn't know the status of the *fisi* or the young man who will have intercourse with her. If the man is HIV positive then the girl will be infected. Suppose the girl is already infected with the virus, she may infect the *fisi* as well (Raffaelli & Suarez-Al-Adam 1984:7).

**b) Alternative Methods**

Some medicine should be introduced rather than sexual intercourse, for the sake of those who believe fear something may happen.

Pastoral Counseling: According to Christian principles fornication is sin. Therefore Christians should live by this principle, they are the temple of the Lord and therefore when they get married, any third person in their marriage is an intruder.

**2.5.1.1 Malumbase's Personal Experience**

*Malumbase was a very well-behaved girl who brought joy to her family. When she reached puberty stage she was put in a house of seclusion for two weeks, where the instructors taught her many things. Before the last day she was told to invite her fiancé to come that night to sleep with her as to finish the seclusion period. Malumbase had neither fiancé nor any lover. Then one of her cousins was invited by the instructor to go into Malumbase's hut to have intercourse with her. Malumbase did not like this. She refused, until one of the Aunties was called to convince her. After three days she started feeling itching, then puss started coming out of the vagina. She told her instructor about it who notified her parents. They tried African medicine but it did not work. She was taken to the*

*clinic where she was asked to bring her partner, whom she did not know, because it was in the dark. She then received seven injections; they said it was one of the sexually transmitted infections. She was still worried since she was not sure if it was just an STI or it was AIDS. She felt mad with her instructor and her aunt since she had to undergo that treatment which she feared might occur. When she went for VCT she found that she was negative because this was after six months when it happened. She was thankful to God.*

### **a) The Possibility of HIV Transmission**

If the boy was HIV positive the possibility of her being infected with the virus was there. Or if she was infected, the cousin could be infected too. It seems the worry of contracting Aids was there since they did it without the protection of a condom (Susser & Stein 2004:141).

### **b) Alternative Method**

They could use a condom, or use some medicine which does the same work as the sexual act. If they are Christians, the pastor can pray for the girl to be in the hands of God's protection by using the anointing oil or holy water if they want to see touchable objects. In most rural areas of Zambia most of the girls do not go to school, and as a result they go for early marriages. They mostly get married to elderly men who sometimes take them as second or third wives. The prime minister of Mozambique, Pascoal Mocumbi, wrote in the New York Times 2004:6:

*The United Nations estimates that thirty-seven percent of the sixteen year-olds in my country will die of Aids before they are thirty." He further notes: "In Mozambique, the overall rate of HIV infection among girls and young women is 15 percent, which is twice that of boys of their age, not because the girls are promiscuous, but because nearly three out of five are married by the age of eighteen, 40 percent of them to much older, sexually experienced men who may expose their wives to HIV and sexually transmitted diseases.*

Early marriages became a social-pride of the family. Sometimes girls were taken in their marital homes before they even reached puberty. But nowadays, immediately when the girl reaches puberty she is expected to get married; these are 12 to 14 year old children because those are the years they experience puberty. The belief which goes with early marriages is that if they do not marry early they wash away children during their menses (72 years old Nukwase). As a result the ancestral spirits cannot be happy and later when they marry they will not have children. Here is a story of a young girl who is HIV positive because of an early marriage.

### 2.5.1.2 Mable's Personal Experience

*I was fourteen years of age when my mother forced me into marriage with a thirty-five year old man. I just wrote my grade seven national exams. I tried to complain but it was in vain because this man had already paid dowry to my parents. I barely stayed with this man for one month when I observed some itching and white stuff coming from my private part. I told him but he did not pay attention; he just ignored and said I would get used to it. It started being sore then I realized this was a problem. Then I told my mother, who told me to go to the clinic right away.*

*At the clinic they told me to bring my husband so that we could be treated together. He refused and he claimed he was fine. I was treated after my mother pleaded with the nurses. My husband left for Copperbelt and he did not inform me what business he was going to attend to in Copperbelt. After three month I started coughing, which went on for a month even after taking different cough remedies. I was then referred to the Hospital where they discovered I had Tuberculosis (TB). I had a six months' treatment which I finished and got better. I tried to look for my husband who never came back to me up to now. After one year I got married to a man of my choice. Unfortunately while enjoying my marriage I had a TB re-occurrence. I received a nine months treatment which made me sicker. My new husband cared for me also, until my mother asked to take me and nurse me from her home since he was a busy man. This time I was in and out of the hospital because I developed diarrhea; most of the time I was dehydrated and anemic.*

*One day when my elder sister came to see me at the hospital, she asked me to go for VCT and when the doctor came I asked him if I could go for VCT. The counselor came to council me and then took my blood for testing. The following day the doctor was given my results. He asked me to whom I would confide my results. I said everyone, and he asked why? I told him that I don't want people to*

*suffer the same way I have suffered. They need to take precaution of what they are doing. The doctor gave me the slip of results; I was HIV positive. It was not easy for me to accept my status I entered into depression but with the help of my mother who apologized for leading me into my first marriage. I accepted to take Anti-Retro-Viro (ARV's) drugs. I started feeling better and better. Unfortunately my husband did not agree to use the condoms. I did not want to infect him with virus, and I loved him so much so that I decided to save his life by going on separation. He left me at my mother's house though he was very sad, but I was happy to see him leave since he did not want to know his status either. It wasn't easy for me to be back at my mother's home again.*

*I decided to go on open with the help of my pastor who encouraged me, I started helping other HIV positive groups in the church though I faced the greatest opposition from my fellow church, members who discriminated against me and my mother. But now I do not care what they say God has seen me through. I am happy helping others and I thank God for my church (RCZ) which` has given me a job I am doing to bring HIV and AIDS awareness to the people of Zambia. I went back to school. I want to finish my education and reach my dreams. I got married last year in August 2008 to the man who has accepted me as I am, HIV positive.*

Many young people enter into early marriage practice before they even think, or imagine what they are getting into. To the parents it brings joy and dignity for the family although they do not know what they are putting their daughters into. It was too late for Mable's mother to regret what she did to her daughter but only to care and suffer with her. It was good for the pastor to really get involved with pastoral counseling for the girl and the family, not forgetting other members of the church who were going through the same problem of rejection by church members. Parents should allow the girls to reach mature age, physically, mentally, spiritually and socially before marrying them off.

Practical Theology is surely going to do theology with the people. Christian Theological reflection interprets the meanings of things from the perspective of faith to the people you live with (Howard, Stone and Duke 1996:27). Nyirongo (1997:120-122) has pointed out that God, originated marriage for four reasons:

- a) To propagate the human race. When God created Adam and Eve he commanded them to be fruitful and multiply. (Gen 1:28).
- b) Marriage is for love and fellowship or companionship (Gen 1:28) God made man with a hunger to relate with fellow human being. e. g. Isaac loved Rebecca (Gen 24:67).
- c) For partnership and support Related to companionship in marriage is the idea of partnership and mutual support.(Gen 2:24) Man needs woman as equal partners. Marriage partners should depend on love for a partner not on parents to choose for the son or daughter.
- d) To satisfy sexual desires God provided both men and women with a normal means of satisfying sexual desires. (Ex 20:14', 1Cor 7:2.9). Therefore marriage is sacred man should take it serious.

### 2.5.2 CIRCUMCISION

Circumcision symbolizes a clear separation from childhood to adulthood. The initiated is then given esoteric lessons on sex, responsibility and duties of the adult man. He is particularly instructed in the new ways of having sex with girls without making them pregnant, until they are married, by means of sexual practice known as *kujuma* (releasing into a girl's thighs) (Van Dyk 2007:127).

Physical puberty is more complicated for boys than for girls, due to the fact that the first emissions of mucus often pass without being noticed by the subject, and a boy's puberty is established in the opinion of the public by the growth of a beard, pubic hair etc. Some tribes in Zambia, e.g. the Luvale and the Namwanga people, practice this ritual of circumcision. It is prestigious to be the first one to be cut. The boy's elder kinsmen hold him down in a sitting position while he is cut. It is considered admirable to endure the cutting silently and without flinching, and those who cry or flinch are condemned or taunted (Dutoit 1975 65). It is said that in the past boys were quite old when they were circumcised. Today they are often cut when only ten or twelve years old so that few expect much bravery from them. It was considered shameful to be cut at the hospital or clinic, partly because the songs and other rituals cannot accompany the cutting and, more

importantly, because such medical facilities are usually frequented by many women.

Margaret Read describes that the foreskin is cut off, removing the “low wet, dirty” feminine-like part of the boy. Special sharp knives are used to do the cutting. One or two knives can be used to cut many boys (1983: 142). This is where fear of contracting the HIV virus can be possible, because no one knows the status of each child involved. Using one instrument for many boys is dangerous because the virus is found in the blood. As long as the instruments are not sterilized a person can be infected.

### **2.5.3 THE RITUAL OF SEXUAL INTERCOURSE**

As the final seal of the circumcision ceremony the parents and the initiate engage in a ritual of sexual intercourse. This is known as *Kucotsa fumbi* (to remove the dust) or *kutsatsa fumbi*. The parents do it in order to reintegrate the boy into their family after his separation from the family and having been in the spirit world. The ritual of sexual intercourse which is done by the boy is only aimed at testing the boy's sexual activity after receiving instructions on sexual life.

#### ***a) The possibility of HIV Transmission***

This is done at anytime but not beyond one month after coming out of seclusion (Chakanza 2004:18). The boy may get infected with HIV and AIDS virus in the process if the girl is HIV positive or the girl may infect the boy or if the boy is infected, he may infect the girl.

#### ***b) Alternative Methods***

Now, for those who can afford the payments, the cutting is done in hospital and boys just go for the lessons. For those who want to practice traditional methods, new razor blades for each boy should be used by the initiator. Equipment used should be sterilized. Traditional teachings which go with songs can be done as other cultures do it, to be instructed at well arranged times or when the young man is entering into marriage. Female Genital Mutilation should be strongly discouraged. Instead girls should be instructed about the importance of virginity and faithfulness to one's partner.

Pastoral Counseling: The church should draw a curriculum of what boys and girls should learn as they grow so that they don't go through surprises of life in future. They should even know where to run to and complain if unusual things are introduced to them.

#### **2.5.4 KUKUNA OR KUKHALA MUKHONDE (PULLING LABIA MANOLA)**

This is a cultural practice which prepares the girls at the age of 6 to 12 years to stretch the inner lips (labia manola) of the vagina for future sexual pleasure of their husbands. It is painful to stretch labia manola everyday for one to two months so that they can measure 4cm long. These are for the husband to play with as part of romance before having sex. Young girls are not taught why they are doing that but they have to endure the pain. Grandmothers encourage all the girls to do it after sunset using the black medicine in the corridors of their grandmother's homes. If a girl does not do it when she is young she will be forced or urged to do it before going to the husband. This becomes more painful to do when you are an adult.

Some women said there is nothing wrong with this cultural practice, so long as the man touches the genitals and both of you feel good. One of the Christian Counselors commented, at one of the girl's kitchen party, that, "when the inner

lips are long, they keep dirt, or if one has STI's she feels itchy and hot." Also since they are for man's pleasure, most women do not feel good to be touched. We should presume a husband should be able to ask the wife if she likes to be touched or not. This may cause pain and friction since the inner parts are soft. This may also cause some bruises which may be an exit or entry point for the HIV and AIDS virus. It was suggested that it is something which brings pain to the one and pleasure to the other, then it is better to do without it so that joy may be maintained Mudawi (1997:12-20).

### ***a) Alternatives Method***

#### ***Pastoral Counseling:***

Couples should be encouraged to explore several ways of romance for the time they are joining in marriage, so that they can avoid ways which are a danger to a partner or which displeases the other partner. Some Christians are discouraging this practice, because they feel God created a human being in a beautiful way. While some encourage every girl to go through it, they even check the girl physically to see if she did the game well or not. If not they will help the girl herself to make sure that she has the extended vaginal inner lips before going to the husband. Girls should decide on their own when they grow up, because some felt there is a need to remove this practice since they are not comfortable doing it.

## **2.6 MARRIAGES IN THE DIFFERENT CULTURES OF ZAMBIA**

Marriage is when two people (man and woman) who are attracted to each other, love each other and live together share the gift of marriage, sex and reproduction of children for life until death parts them (Dolphyne 1991:1). "Marriage is a relationship between a woman and a man involving romantic love, sex,

cohabitation, reproduction and childrearing and the sharing of the joys and burdens of life”(People & Bailey 2000:85).

### **2.6.1 FUNCTION OF MARRIAGE**

Marriage forms social bonds and creates the social relationships that provides, for the material needs, social support and enculturation of children. The creation of a stable bond between a woman and her husband is recognized in most cultures as one reason for marriage. Marriage defines the rights and obligations the couple have towards one another and towards other people, e.g. sex or children. Marriage creates new relationships between families and other kin-groups. But in most societies, members of the same nuclear family are not allowed to have sex, marry and produce children (Nyirongo 1997:111-112).

In Zambian traditional society, a man marries a woman. It was a taboo for a woman to do so even in modern society. Sometime back, the practice of parents or guardians choosing marriage partners for their sons was very common among the Ngoni people and many other tribes. Parents or close relatives of the man were the ones who went in the neighboring villages looking for a girl from a good family for him to marry. The man or the girl was, by tradition, not allowed to reject the partner his or her parents had chosen for him or her. The emphasis was not on her beauty. It was on her conduct and behavior, her family’s position in the society and also her ability to work hard. Nowadays this happens when a man fails to approach a woman on his own; the family will be concerned and try to find a woman for him. One woman testified in church, “My husband’s cousin had reached thirty-five years without a wife. His aunt went to a neighboring village and found him a woman. They are now happily married and have three sons.”

“Marriage is an art form, the most challenging and complex of all the works a human being can be inspired to create” (Barbeau 1976:1). To marry is to pass

from the group of a certain clan to another, from one family to another and from one village to another. An individual's separation from these groups weakens them but strengthens those he/she joins. A man who has reached the age for marrying in the *Ngoni* society looks for a girl of marriage age. The *Ngonis* are very strict on getting married at the right age. This is to avoid misbehavior. Once the two have agreed to marry, they tell their respective relatives. This is to let their relatives start marriage procedures leading to their legal union in marriage. When the man has shown seriousness and means business, the girl's family asks for a dowry (*chimalo*) and *Kacheka* from the man's family. It is an appreciation for the good up-bringing of the girl. It is one of the marriage legalization payments. *Kacheka* is a token given to the girl's mother in appreciation for bearing her.

After the *dowry* payment, the *nshima* (thick porridge) follows. Two big plates full of *nshima* and two pots of whole baked chickens, for the man and for the *nkhoswe* or marriage mediator, are given to the man's family, thanking them for the dowry and *Kacheka*. When returning the pots, the marriage day will be announced officially. This is the time the girl needs to be sent to the man's family if he is not a Christian. If they are both Christians, the couple will need God's blessings at the church as they proceed with the reception, which takes place at a man's family's house. The main marriage payments consist chiefly of cattle, and the number of cattle transferred from the husband's family to bride's family is known as *lobola* or cash equivalent to a cow (Nyirongo 1997:114-115). The important thing in traditional society is that, marriage payments constitute a seal of the marriage contract that the wife is to become the mother of the man's children. Marriage payment, guarantee the man's good treatment of his wife. In this society marriage embraces the families of both the husband and wife. The *lobola* gives the man power to own the children. If he has not paid the *lobola*, the *lobola* of his eldest daughter will replace the father's *lobola*, so that the children still belong to him. It is unfortunate that if he has no daughters, he will still have to pay himself (Chondoka 1988:48).

## 2.6.2 THE WEDDING DAY

In both the Chewa and the Ngoni cultures, this is a very important day for coming together. It is a day of joy and celebration. If it is a Christian marriage, the first thing will be a church service to let God bless the marriage, followed by a reception where there will be a lot to eat, drink and dancing. The actual coming together is always done in the evenings. A selected girl's counselor (*mphungu*) will take the girl to her husband. (Mugambi & Kirima 1986:50-51).

When the girl reaches the selected hut, she will be paid at each stage in the long sequence of the process leading to the final act of sleeping with her husband. She will be paid to enter the house, to sit down, to eat, to take off her clothes, to lie down, even to accept sexual intercourse (Mphungu Ruth:23<sup>rd</sup> March:2007).

The crucial thing about these first interactions is that the man will either pass or fail the test of manhood. This test is divided into the following aspects – power and the potential for being a father. In the power aspect, the man will be judged by the number of times he will have intercourse with his wife per night. One or two rounds of intercourse would obviously disqualify the marriage. Because of such tests some men get involved in drinking different types of medicine. Sometimes they make tattoos on their bodies to strengthen their manhood. This has resulted in many men getting involved in rape cases, because they are unable to have self-control.

Ngulube states that there were two methods which seemed to cut across the majority of matrilineal societies. One of these was for the girl to smear the man's sperms on her private parts. If the sperms stuck firmly on her thighs, then the woman handling her will confirm the man's virility. The same was true in cases

where the cloth was used. If on the black cloth the sperms were conspicuous after they dried, that was a potential father (1989:20).

Other conditions were set to ensure pregnancy. In some communities, the women handling the newly married girl would burn one end of a dry log, meaning that by the time the log finishes burning, the girl should be pregnant. If all seemed to be perfect with the man but there was no news of conceiving after a certain period, the relatives of the man sometimes ask their son to have an affair with another girl and see if she conceives. Then the blame will be on the woman. Sometimes also a woman will be advised to have a secret affair and when she conceives she can tell the husband that she is pregnant. In the long run the husband will think he has succeeded. The person who knows the top secret is the woman and not even the boyfriend, because if he is not told that she has conceived he cannot know.

### **2.6.3 MARRIAGE HYENA (FISI)**

Between the Ngonies and Tumbukas, if a man cannot have an offspring, a *fisi* is introduced to sleep with his wife until she conceives. If in marriage children are not coming and the reason being the sterility of a man, special arrangements are made in top secret for another man to produce on his behalf. A *fisi* is introduced to produce on his behalf. The hired co-husband pays something to the sterile man (Ngulube 1989:96). In some areas the hired man is paid for the work well-done by the lady's husband. The reason for the payment was a guarded secret in order to ensure non-leakage of the top secret. Such hired men were usually excellent friends of the sterile husbands. According to Radcliff- Brown & Ford (1970:217), "A husband's brother may produce children on behalf of the brother if the brother is impotent and may inherit her if she becomes a widow" (Moyo 2001:100).

If it happens that the woman followed the advice of the elderly people who asked her to cover the shame of her husband by having children with another man whose HIV status is unknown, those very people will be the ones who will blame her for bringing the HIV virus into the family. Because of traditional norms, men and women experience stigma and discrimination differently. Women are more likely than men to be blamed for infecting others in communities and families. According to some women, who are living with the virus in the society, “we are blamed for bringing HIV into the marriage or home, for infecting our children” (Phiri Delphister 2004:5).

### **2.6.3.1 Tibale Personal Experience**

The situation is grave for girls, particularly when they are orphaned. Tibale of Kamanga compound said her relatives have even nicknamed her “Eve,” meaning she is evil and deserves punishment for her status. She added that she is being labeled a killer by her own relatives:

*They called me Eve from the time I got sick, and they say I have brought problems in a peaceful garden,” she said. “I am a decent girl from a decent family but because of following the advice of some elderly women, who look innocent now, I am blamed to have brought AIDS in my family after allowing this man to sleep with me so that I can conceive. The world is unfair. I don’t understand it. May God help me. I am now the victim of fate. I am HIV positive and pregnant.*

There are wrong perceptions in society that tend to portray women as responsible for HIV infections because most of the statistics in the media are of women. According to the UNICEF REPORT, about 54 percent of women are HIV positive in Africa as compared to the male counterparts. The statistics may be true but the reality may be that girls are vulnerable to so many things.

#### **a) The possibility of HIV transmission**

Tibale does not know the HIV status of the man she had sex with nor does she know the husband's status. If she is HIV positive then both the man and the husband can be infected. If this man is HIV positive then he can infect Tibale and the coming baby and the husband, and if the husband was HIV positive then he can infect Tibale, and the coming baby also the man and his wife.

***b) Possible Alternatives:***

They should see the doctor who can examine them and give them advice. Or they should find help from the herbalist who can cleanse their birth path or give them advice, if they believe in traditional medicine. They should adopt children using legal methods or using a traditional way, where the couple asks one of the relatives who has many children if they may take care of one. If the parents of the child agree, then that couple should be friendly and invite this particular child to live with them. This child will be treated well with so many favors so that she/he forgets about the real parents.

***Pastoral Care and Counseling:***

This kind of advice is common even among the so called Christians and educated people. Did God make marriage to have children or for the two to enjoy each other? Are Christians genuine in discouraging extra marital affairs? Is it because it will bring HIV virus on the wife or the husband? Or it is because they are God fearing people? Society needs to understand this, that God blesses people differently. God opened the womb of Sarah in her old age (Genesis 21:2). Elizabeth, who was considered barren, was shown great mercy by God when she gave birth to John (Luke 1:57). Hannah was a laughing stock by her fellow wives for being barren. God heard the cry of these women and he opened their wombs (1<sup>st</sup> Samuel 1:19). Society needs to understand that if one wants an offspring he/she should pray to God and God will answer. In many cases a woman is vulnerable when she brings the AIDS virus into the family because she wants to protect her marriage. Otherwise the man will be advised to marry

another wife who will be able to keep her husband's failure as a secret by bringing children from another man. Is this not putting the woman's life at stake?

#### **2.6.4 POLYGAMY**

Giddens describes polygamy as "any type of marriage, which allows a husband or a wife to have more than one spouse" (1990:386). There are two types of polygamy: polygamy and polyandry. Polygamy is when a man marries more than one woman at the same time and polyandry, which is uncommon, is when a woman marries more than one man simultaneously. Polygamy is also defined as a culturally determined, socially acceptable and legally recognized form of permanent marriage, where a man has more than one wife at a time. In most polygamous cultures, having more than one wife is seen as a thing of pride, recognition, wealth, status and respect.

Most of the patrilineal tribes practice it. Gasdiyane (2000:15) pointed out that some of the reasons why men marry many wives are for the continuation and growth of the ethnic community and the provision of a secure family situation for all adult females in the community, in polygamous African societies, widows get back into families so that loneliness is not a problem, as it is in Western society. In traditional Africa, the greatest desire and requirement is to have children, especially male children to be heirs of property (Gasdiyane 2000:15). There is a desire to ensure that there are enough workers on the farm and in the home. A man desires his name and family line to continue. Thus he feels that it is essential to have a male child. If he has no male child by his first wife he may take a second wife, thinking she will produce a male child. Some of the reasons are simply sinful desires of men. Gasdiyane (2000:16) remarked that:

*Men are basically lustful creatures who openly or secretly desire to have sex with more than one woman. Polygamy satisfies that sinful nature craving in a way, which is considered culturally acceptable in a polygamous society. First wife encourages her husband to take a second wife because she wants help with workload. The first wife may also want to have less sex with her husband after*

*she has a few children, and the presence of other wives will relieve her of this constant demand by the husband.*

The first wife may encourage the husband to take a second wife if she realizes that she is unable to bear children, just as Rachael encouraged Jacob to take her servant girl Bilhal as a second wife in order to have a child (Genesis 30:3). Sarah encouraged Abraham to take her servant girl Hagar as a wife in order to have a child. In many African societies, every woman must have a husband and every man should have a wife. Most men assume they have a right to have sex and regard abstinence as impractical (2000:17).

#### ***a) The Possibility of HIV Transmission***

The drawback of polygamy is that when one member of the family misbehaves, or if a man marries a woman who is HIV positive, then all the wives will be infected since condoms are not used in such marriages. If one of the wives is involved in an extra-marital affair, the whole group will be infected and will start dying one by one, leaving the children alone (Jackson 2002:136). Then the whole family will be affected. As a result many children will be destitute when their parents die.

#### ***b) Alternative Methods***

In this case women are treated as farm laborers, not as wives. Therefore women should be empowered to be independent, not to be dependent on men. They should learn to be self-reliant. They will then appreciate themselves and be able to live on their own. Pastoral Care and Counseling: Although it's a male dominant society, both men and women need to be taught God's intention when he brought Eve to Adam, not many Eves but only one Eve. Meaning God's intention was one man one woman (Genesis 2:24.).

## **2.6.5 DRY SEX**

Dry sex is a traditional practice where a normal woman's vaginal secretions are inhibited or removed by use of herbs. This is being widely practiced by women in Zambia. A study was carried out in 1991 at the University Teaching Hospital (UTH) in Lusaka, Zambia by Martha Ann Mwenda Filumba. This was to explore and document information related to the behavior and aspects of dry sex practices as a risk factor in the transmission of HIV infection. The results of this study showed that dry sex is widely practiced. It involved 86% of the women reached, cutting across all social, economic and ethnic backgrounds. The reason for dry sex practice, among other things, was requests for dry sex by husbands to enhance mutual pleasure (Mwenda Filumba 1991, Van Dyk 2007:127).

### **2.6.5.1 The Use of Herbs.**

Martha observed that it is generally known that many Zambian women use traditional medicines either self-prescribed or prescribed by traditional practitioners or elders. These herbs are used for various reasons, such as preventing an anticipated problem or curing an already existing problem. The Zambian men are concerned with their sexual power and the size of their genital organs. For these, various brands of herbs are used, depending on one's ethnic group or what one has been socialized to. The herbs are taught to them during their childhood or as part of premarital counseling by the traditional elders. The herbs are mostly taken in tea, porridge or opaque beer or are applied to the genital organs directly (1992:10). Although the sexual desires and pleasures of all men may not require tightness, the cultural expectations that men are likely to have preferences surely influences parents to continue to infibulate their daughters rather than risk change that might make her unappealing as a wife. It is also another means of producing additional stimulation for mates during "dry sex." The applying of substance or absorbent material to her vagina prior to

intercourse results in greater friction which is preferred by some males but is often painful, with cuts and bleeding occurring and damaging to the vaginal tissues (Jackson 2002:136). According to Martha (1992:12), here is some cultural definition of enjoyable sex as 'dry sex' expressed in the following views:

- A watery woman is like a stream, a well, or a lake. You just plunge in. No man wants to swim in a woman.
- “If a woman is wet, this is an indication that she has seen many men before.”
- “It is embarrassing and shameful to have sex with a man when you are wet.” Wetness is clear manifestation of lost virginity.
- “If my wife is wet but I want her to bear me children, I will be forced to go after another woman for sexual satisfaction.”
- “If a woman is wet when you find or meet her then she is like an overworked engine”, “a wet woman is like a prostitute because there is no way of knowing how many men she has serviced in the past.”
- “A wet woman is like water from the fridge. She has no warmth in her.”
- “Sexual pleasure of a man is more important than that of a woman.”
- “The role of a woman is to satisfy her man.”
- “Some men go to extremes that are built on sadism, in order to prove that the woman they are having sex with is dry.”
- “If a woman does not cry when you're having sex with her, then you are not a man.”
- “If you have sex with a woman and she does not make noise, then you can rest assured that you are having sex with a prostitute. The word 'cry' means vocalization of pain (due to bruising) experienced by a woman during sexual intercourse due to lack of vaginal lubrication.”

The absence of dryness in a woman can seriously threaten the stability of marital unions as it may lead to threats of divorce or desertion. Here are personal experiences narrated by Tivwale:-

#### **2.6.5.2 Tivwale's Personal Experience**

*For some time I did not take the issue of dryness very seriously until I started to see some changes in my husband's behavior and attitude. Whenever we wanted to have sex, he would not show some interest, or he would start complaining. Asking him he did not disclose until he*

*went to one of the elderly ladies and complained that "I was a spring of water, and he cannot be swimming in a spring." The old lady understood what he meant, and she called and explained to me. Then the old lady fetched medicine to wear (for putting into the womanhood) to drain all the wetness. Thereafter he was happy, even though it was tough for me. However that was the way my marriage was saved. After taking the medicine for sometime I have always been dry during sexual intercourse although I do not enjoy myself, but my husband's sexual interest in me seems to have been rekindled.*

### **a) Possibility of HIV Transmission**

Various side effects were experienced by the users partial thickness burns of the skin especially those directly applied on the skin, have been observed as skin irritations. Some of these traditional practices are closely associated with Human Immune Virus (HIV) transmission. For example, some men apply herbs on their sexual organs to make them bigger and some of these herbs have caused partial thickness and skin loss. The open skin makes the individual more susceptible when having sexual intercourse with an infected person. The presence of genital ulcers has been confirmed as facilitating sexual transmission of HIV from male to female and vice versa. This was the case with a certain lady called Timvale who was in a bad state because of using the medicine to narrow her passage which was painful and may have caused some bruises which are a window for the HIV virus to infect her.

### **b) The Alternatives**

Dry sex has received much attention in Africa for its role in HIV transmission in the Aids epidemic. Public health education efforts might be needed to prevent the spread of dry sex as an alternative means of stimulation. One of the gynecologists (Ruth Mbale 2006 UTH) pointed out that women need special exercises to make the private part tissues firm and tight. She even demonstrated what they should do. She also continued by telling them to wash their private parts with cold water before going to bed.

Pastoral Counseling: The counselor should be able to explain the reproduction system of a woman and a man. They also need to be taught how in the creation story (Genesis 1:31), God said all his creation was good. The men and women should be able to understand that they are fine, and nothing was wrong with them. Let the people who have never used this medicine share their experiences to confirm that nothing can happen to them. Also the men need a special workshop to teach them about dry sex, since they are the ones who cause women to undergo this painful life.

## **2.7 DEATHS IN THE DIFFERENT CULTURES OF ZAMBIA**

When a person is sick, immediately the thought of dying comes in. Death is when the soul leaves the body and the body decays. In many cultures they don't accept death as a natural calamity. "In most cases death is attributed to evil deeds of fellow men" (Breugel 1991:97). Sickness brings fear of death; therefore some people prepare themselves before they die. They call their children and their relatives to witness and honor the last words of the dying person. If the dying person has a lot of property, that is the time to share among the children and decide who should be responsible for the property.

When a sick person becomes gravely ill, all the relatives have to be warned. When he enters his agony, as many people as possible come to the house, those who cannot find a place in the house remain silent in front of it. They try to comfort the dying person, who is not left lying on his mat, but is taken on the lap of one of those assisting him. A mother will hold her child and when she is tired another woman will take her place. A man will hold a man and a woman a woman. The one who supports the dying will close the eyes and mouth each time he opens them and the others will keep his arms and legs straight. They want to make sure that he dies with dignity, since death is like sleeping (Breugel,

1991:97). Death is experienced as a public event in many African societies; to die alone or to be found dead is a disgrace to the community. There must be someone to close the eyes of the dying person, fold his /her fingers, hold the legs together, especially a female. And finally turn the dying person on his /her back (Adeyemo 1979:64-66).

In town when a person is very sick, he is rushed to the hospital where he will find help. If he is too sick to live, they will ask one or two of his relatives not to leave the bedside until he dies so as to comfort and support him. The body is washed and dressed up according to the sex of the dead person. In town, the people who prepare the body are advised to wear gloves. While in the villages, they use nothing. They feel using the gloves looks as if they don't love the dead person, and yet they ate together with the deceased. Many have not taken Aids seriously. There are many rituals to follow when a person dies. We will look into some as we follow some taboos.

Death is something mysterious and frightening and people want to be together to face it. They are afraid of death itself, afraid of the spirit of the dead man who is believed at death to have entered into a quiet state. Immediately after death the spirit of the deceased is considered unpredictable and dangerous (Bourdillon 1973: 11). The rites that are performed by the relatives are based on the belief that the deceased's spirit leaves the body and continues in an after-life. It is believed that the dead has influence on the community he or she has left. At this time there are to be no sexual relations for all relatives who are attending the funeral, until a certain period. Failure to follow this is to interfere with the proper ritual of the sending off of the spirits, which may cause some calamities to fall upon them (Adeyemo 1979:69).

Among the Luo people of Malawi, it is believed that death is not the end of life but rather the moment when the physical existence and the spiritual are no longer

together. As part of the inheritance ceremony, the widow was often required to undergo a ritual test of jumping the box ( The clothes of the dead husband will be in a box or suitcase she will jump over it). This test is meant to prove that she did not have any sexual relations since the death of her husband. If the inheritor was accepted by the widow, he would then be exhorted to perform the duties received with his new status (Chikanza 2004:74).

### **2.7.1 SEXUAL CLEANSING OR PURIFICATION**

This is a common practice among quite a number of tribes Zambia. Some of such tribes are the Bemba, Soli, Tonga, Kaonde, and Tumbuka to mention a few. In sexual cleansing, the surviving partner of the deceased husband/wife is made to commit sex with the relation of the dead person. Such a person could be a brother or a sister-in-law, cousin, nephew, or niece or some other close relation to the deceased. It is believed this appeases the spirit of the dead person and liberates the surviving partner from the marriage bond with the deceased (Mwebwa, 1996:20, Jackson 2002:137).

### **2.7.2 REASONS FOR CLEANSING OF WIDOWS AND WIDOWERS.**

Mwebwa (1996:13-18) pointed out the following reasons for cleansing in Zambia:

(a) One of the reasons for cleansing is that of chasing away the spirit of the deceased from the remaining marriage partner. It is a form of exorcising him/her from any ill omen, death or madness-bearing influence which the lingering spirit of the dead partner might inflict on the widow or widowers

(b) Sexual cleansing is a purification rite which signified to the bereaved partner that the mourning period was over. He/she could now put off or burn away the funeral bands or cloths or any emblems of mourning for his/her dead partner. Life became normal again (Mwebwa, 1996:14).

(c) Traditionally, this ceremony was very important for yet another reason. The marriage bond out-lived the death of a marriage partner. It is believed that, even after death, the spirit of the dead person, “*ichibanda*” (Bemba), would be consorting with its surviving partner as husband or wife. This is the main reason why the loincloth was put on by the partner of the deceased until the ritual of cleansing was done.

(d) The cleansing rites enabled the members of the community to mix freely with the widow or widower. If a person was not cleansed, traditionally there was fear that he/she would affect the other people with death bearing influences or influence of madness in people.

(e) The time of cleansing was marked by the removal of the loin cloth “*chibinde/chikwisa*” (Soli). The person who was meant to inherit or cleanse the widow/widower would remove the loin cloth from him/her. But that person would put the loin cloth under his/her pillow together with the gift, i.e. money given to him/her. Such a person slept on the deceased’s bed and observed his dreams.

#### **2.7.2.1 Koso's Personal Experience:**

*I was a Pastor's wife. My husband died in 1998 after a short illness. Three months later I was released from the congregation my husband and I were serving. Then I left for my village to go to my parents. Life was not easy there. I came to my home town Kasama to seek a job. While there I met this elderly woman who advised me that, for things to be better for me, I needed to appease the spirit of my late husband by sleeping with someone young. There was a school boy who used to come and comfort me. He later showed interest in me. We slept together while I chanted the words which the old lady had told me. I did it once, and I ended up expecting the twins. I was ashamed, because I had told my husband's family that I would not marry again and it was too soon. I did not mourn my husband as per traditionally expected period. The twin boys have grown up; instead of having five children from my late husband, I now have seven children. I added more problems for myself and the children. I now ask myself, what if this boy was HIV positive. This could have been the worst situation for me.*

Emily Wax in her article, "Women Blame Cleansing Custom for Spread of HIV (From the Star News paper Wednesday, August 20<sup>th</sup> 2003.) States that in Gangre-Kenya the women of this village call Francise Akacha "the terrorist." It describes him as follows:

*His breath fumes with the local alcoholic brew. Greasy food droppings hang off his moustache and stain his oily pants and torn shirt. He's always the first one in line for the village feast, tucking into the buffet carefully prepared by the women of the village like he's diving into the ocean, with no restraint. He is too skinny and has the women point out his terrible taste in clothes. But for all of his undesirable traits, Akacha has a surprisingly desirable job: he is paid to have sexual relations with the widows and unmarried women of this village.*

*He's known as "the cleanser", one of hundreds of thousands of men in rural villages across Africa who sleep with women after their husbands die, to dispel what villagers believe are evil spirits. As tradition holds, they must sleep with the cleanser to be allowed to attend their husbands' funerals or be inherited by their husbands' brother or relative. Unmarried women who lose a parent or child must sleep with the ritual cleanser.*

In Zambia, the cleanser is often a relative of the deceased, and only married people are cleansed. The custom has led to the death of many people in Zambia today. It has become more than just a painful ritual, and cleansers are now spreading HIV at explosive rates in villages and towns such as Lusaka rural and also in Lusaka urban where HIV/AIDS is at its highest peak. Since the HIV status of the cleanser is not known, he may infect the remaining spouse. And if the deceased died because of AIDS, then the cleanser and his wife can be infected.

### **2.7.2.2 Sexual Cleansing Among The Tonga People Of Zambia**

These people have a belief in sexual cleansing in which the woman will not go for burial and one man will be chosen to sleep with the widow/widower on the day of burial so as to take away the spirit of the dead (Van Dyk 2007 127). After the burial she will be given a certain period of time. Then they will finish the ritual by

choosing a man who will continue the marriage of the deceased, inheriting the brother's household as narrated by Mercy Chulu in her research paper presented at a conference on Widowhood in 1984 what happens when one of the couple dies among the Lenje people.

She further says in the matrilineal society like the one that I come from, the Lenje have similar death rituals like other tribes (e.g. Chewa) that are performed. Among the Lenje customs, when the man dies the woman is left to mourn from wherever she had settled down at the time she entered the house, and this is normally in the living room. If it is a one roomed house it is done in that one room.

When the day of the burial comes, when they are removing the body from the house the widow is made to go out of the house before the dead body. During the days of mourning before burial, the widow is given a woman to be her guide. This could be a grandmother of the dead man, a sister or a cousin. She should not be a person that will be referred to do other jobs, but just to look after the widow. She is given a piece of stick, preferably a maize stock. This is used to guide the widow. The guide will also have a separate fire where she will do all the cooking; she is treated like a widow, too.

When the people take the body for burial, the widow, who was taken out before, is taken behind the funeral house, and this is where the rituals will take place. During the time that the people will be at the graveyard, the widow, under the guide who is the man's relative, remains standing until they come back home. At the time of their arrival they would have prepared some leaves and ropes from a tree called "*musekese*" in Lenje. The rope is used to tie around the head and around the chest of the widow while she sits on the firebrick or a stump of firewood. This is also the time when the woman is strapped with a piece of cloth from the husband's shirt/sleeve (*kubindlhira*). After this part, the guide then leads

the woman to the funeral house. Before she sits down, she covers the place with the musekese leaves before spreading the sack. This will be her bed.

The following morning the widow is led by the guide and bathed by the same person, and this is a time when the two exchange cloths. Depending on the family, as I have already mentioned, they will take up 6-12 months before they start thinking of cleansing the widow and setting her free *kupyana* (Van Dyk 2007:127). When the time comes for cleansing *kupyana* there is a short consultation meeting that the family holds. This is considered to be a secret, to see who should be the cleanser. If the dead man did not appoint anyone before he died, sometimes it is done in passing, and then the following relatives are picked, the nephews, cousins or brothers. The people that are being suggested should not be told least they run away. This is a procedure that is done an evening before and the beer called (seven days) is ready too. In the family there are other members of the family that admired the widow and want to be the successors, and if the proposed person runs away then the one that looked interested is picked.

The picking is done by the cousin, who picks a small stone and throws it at the person picked. At this time the people start to celebrate and no mourning is allowed because the two are kept in the house where the traditional rituals are taking place. Cleansing is taking place where they have a sexual act to cleanse the spirit of the dead man and that spirit goes to a relative. If the woman had a sexual act with someone else, that particular person would be mad, so it was believed that the woman should be properly cleansed for her to be considered clean. When the act had taken place, the cloth (*chibinde*) that has been removed, together with the pubic hair, should be thrown away by the cleanser, in the middle of the night. The place where this cloth is thrown is a natural hole/ditch known as “*musongwe*.” We did not ever know there were alternatives to cleansing using other ways instead of the sexual act. The other alternatives were

only used in cases where it was not possible to find a cleanser. Most people like the sexual one despite the AIDS pandemic. As a result many people are dying.

One of the Zambian chiefs, Chief Chimanse, bans sexual cleansing. He said that “this disease has no cure and we have to get away from customs that encourage the spread of the disease.” He continued, saying “we have to avoid sexual cleansing. When someone dies, nobody should go through this custom of cleansing with a man and a woman; this must go.” He said cleansing of spouses could still be done using other means.

#### **a) *Alternatives Methods***

Koso and the boy could have gone for V.C.T. to know their HIV status before they got involved into the ritual of cleansing. It is good to help the widow with all the necessities without sexual involvement. Some societies have resolved the sexual cleansing ritual using better alternatives where one cannot contract HIV and AIDS virus. See Mwebwa (1996:20-22) for details.

#### **2.7.2.3 Sororate (substitute wife)**

When a man loses a wife, then a sister or cousin of the deceased is given to him as a wife. People always support the dead woman’s spouse because he is regarded as without hope. They will help him physically by providing the needs of the time, mental support, spiritual support and social support. Among the Ngoni people and some other cultures in Africa the living spouse is to continue his life by providing the sororate, where he is given the young sister or a cousin as a wife to continue the house of the dead sister. This woman is told to keep the children as hers and to care for the man as her own husband (Kumbirani 1977:123).

#### **2.7.2.4 Levirate (substitute husband)**

This is when a woman loses a husband, then a brother or cousin of the deceased is given to her. When a man dies the young brother or the cousin will continue the dead man's family by getting her as his wife and care for her and the children. The man will support the woman emotionally, spiritually, sexually, and socially.

#### **2.7.2.5 Other Alternatives to Sexual Cleansing**

##### ***(a) Sliding over***

The Soli people call it "*kwikala pa maulu*". The Tonga calls it "*kusalazya*". The Bemba calls it "*ukuwamy*". In this system the widow/widower sits with his/her legs outstretched. Formerly, women would tuck in a bit of the attire. So a brother-in-law or sister-in-law or niece or nephew of the deceased would sit down on the laps of the widow/widower. He/she would slide on the bereaved down to the feet and would go away without looking back. The widow/widower is tied with a wrist band, a string, a string of white beads or a string of white cotton, which is loosely tied. As the person moves away, it falls off on its own. This marks the end of the ritual.

##### ***(b) Skipping over***

Another way of cleansing widows/widowers is called skipping over or sitting on an animal. This is usually a cow for a man or a bull for a female. Such an animal is brought into the threshold of a house very early in the morning. It is made to lie down with its legs tied. The widow/widower skips over it or sits on it for a short while and then he/she is taken away from it. This is done by the Tonga people. They call it "*kucuta*".

##### ***(c) Anointing Method***

The most common form of cleansing known by many tribes is the anointing method performed by Chikunda, Bemba, Chewa, Tonga, Tumbuka, Lunda, and Kaonde. Some anoint the widow/widower with castor oil or wrap meal meal in the castor oil leaf and then rub it on the forehead or chest of the one to be cleansed. The Bemba call it “*ukukuba ubunga*.”

**(d) *Placing a hoe***

Another form of cleansing is that of placing a hoe on the laps of the surviving partner to the deceased. A close relative of the dead performs that ritual. The father or uncle of the surviving partner takes it off him/her. It remains his/her property.

**(e) *Brushing of shoulders***

The ritual of brushing of shoulders between the wife/husband of the dead person with a close relation of the late is one of those ways which are used for cleansing. This is current among the Tumbuka of Zambia.

(f) If they are Christians the pastor prays for them, and it is believed that nothing happens to the widow/widower if they believe in God. Some of these other ways are regarded as very unchristian and are unethical. It is a pity that many people still believe that if they do not go through such cleansing they would be haunted by the spirit of the dead person, or they will go mad.

## **2.8 BIBLICAL DOCTRINE OF DEATH**

According to Adeyemo (1979:73) theologians usually speak of three kinds of death: physical, spiritual and eternal. Physical death is the separation of the spirit from the body and it is also spoken of as a putting off of a tent, a temporary dwelling place (11Cor. 5:1; 11 Pet. 1: 13. 14.) It is also seen as a penalty of sin

(Gen. 2:17). Spiritual death is the separation of the spiritual nature of human from the life of God. Spiritual death is alienation from the life of God. It is a state in which human's spirit is actively at enmity against God (Rom. 8:7; Cor. 1:21). The eternal death is the final state of the unsaved. When a person suffers in a bodily form, in a state of conscious suffering, and without any termination (Rev. 20:6. 10-15).

Death in the biblical view, whether physical or spiritual or eternal is basically a separation and its ultimate cause is sin, for by one human sin entered into the world and death by sin (Rom. 5: 12, Isa 59:2.). Death is not seen as the end of life. But it is the continuation of life. Jesus taught about both a resurrection of life and a resurrection of damnation (John 5:28). He gave an example of his personal bodily resurrection after the third day of His death. Jesus Christ resurrected from the dead. And this is the Christian hope. It is appointed for every human once to die, and after that judgment (Heb.9:27). Those who, by faith, are in Christ, are justified and accepted before God on account of Christ's finished work and will not come into judgment again since Christ has been judged for them (John 5:24; Col 1:21; Emp. 2:2-5).

The Christian message of life after death gives hope to those who are HIV positive if only they give their lives to Christ as their personal savior. It therefore relieves their worries. Among most African culture people believes that death is the beginning of an individual's deeper mystical relationship with the whole universe (Magesa 1998:145).

## **2.9 GOOD PRACTICES OF CULTURE WHICH HINDERS THE SPREAD OF HIV/AIDS.**

The rites rituals and tribal marks signify identification, incorporation, membership and the enjoyment of full rights and privileges in the community. Positive cultural

beliefs and behaviors are values and behaviors which are known to be beneficial. These should be encouraged and reinforced. Examples of positive values and behavior are those that discourage or forbid sexual intercourse before marriage immediately after birth, during menstruation, with windows and with women who have aborted or miscarried.

## **2.9.1 BIRTH**

### **2.9.1.1 Faithfulness during pregnancy**

In most African cultures, for example the Ngoni, Chewa, Tumbuka, when a woman is expecting a baby the elderly women will go to instruct the couple to be sexually faithful to each other. Otherwise both the baby and the mother can die. Gunter Wagner saw that the underlying idea of the instruction given in this rite is that the pregnant woman must be protected from all worries during this time of her pregnancy. Therefore the husband is informed with all the emphasis that dance and songs can convey that if he commits adultery during pregnancy his wife will die (Wagner 1999:79).

A short period of abstinence during birth and after the baby is born should be observed, either six weeks or when the mother is completely healed. Long abstinence for three months before and three months after the baby is born leads to sex outside marriage on the part of a man. Among the Tumbuka tribe of Eastern Province of Zambia it was encouraged for a man to have an extra marital partner while the baby was young as Mr. Mark Nyirongo of Cawama Compound Lusaka testified (27<sup>th</sup> May, 2007).

### **2.9.1.2 Masturbation**

Masturbation (self-pleasure sex) was said to be practiced if one has sexual pressure which he cannot manage himself or herself. (Lasswell & Lasswell

1987:98) “Masturbation is acceptable when the objective is simply the attainment of sensory enjoyment” Any form of masturbation that does not involve any form of penetration is regarded to be safe. It can be between two people or individual sexual release (Jackson 2002:120). Some Christians do not approve of masturbation because they feel one can be addicted to it. They feel it is better to occupy one’s minds with other activities other than sex.

### **2.9.1.3 Circumcision**

Circumcision is the surgical removal of the foreskin of the manhood, which in the past was done as a tradition that dated back to Biblical times. However, with the advent of HIV and AIDS, studies have shown that circumcision can cut the risk of infection by up to 60 per cent. This has raised a lot of debate as there have been calls for the promotion of male circumcision in the fight against HIV. Recently the United Nations health agency said male circumcision should be recognized as an additional important step in curbing heterosexually acquired HIV in men after trials showed that the procedure cut the risk of infection by up to 60 per cent.

Lusaka resident Rodney Mwanza, 29 years, who was recently circumcised at the University Teaching Hospital (UTH) says he decided to get circumcised because there were more advantages. According to Masuzyo Chakwe, in the Sunday Post of May 13<sup>th</sup> 2007, p. 2. UTH Urologist Dr Kasonde Bowa said the urology Clinic at UTH had been scaling up circumcision and they have been recording 100 cases a month. He says the most common age group is 14 to 35 years. He says if 50 per cent of the men were circumcised, the prevalence rate would reduce to 8 A Zambian Medical Association (ZMA) president, Dr Swebby Marcha, says male circumcision as an HIV prevention is one of the latest tools that has been given a per cent in 10 years go-ahead by the WHO and UNAIDS, but he also urged the people to keep the standard preventive measures of abstinence (Jackson 2002:103).

## 2.9.2 INITIATION CEREMONY

The teaching given during the initiation ceremony should be encouraged and counselors *alangizi* should be trained what to teach the young, ones e.g. facts about HIV and AIDS should be on the curriculum, too. Virginitly should be encouraged, sex before marriage should be avoided.

## 2.9.3 MARRIAGE

### 2.9.3.1 Red Beads and White Beads as Sexual Communication

Most women of different cultures in Africa spoke through Beads whenever they wanted to communicate information concerning sex with their husbands. Fulata Moyo of Malawi shared this custom (2005:53). Every month as a woman had her menses, she would hang up a string of red beads in a place where only her husband would see, warning him that she was having her monthly period, or she was “at the moon” *nili kumwezi* as most Ngoni express it. This would signal that she was sexually unavailable. When one is “at the moon”, it is a taboo to engage in coital relationship. On the other hand the husband would be expected to respect this communication without any questions, abstaining from sex, and waiting for their wife to finish her menstruation until the white beads replaced the red ones, as an indication that his wife was ready to resume her marital duties. The red and the white beads would talk about a woman’s procreative power.

Women could not discuss “sex” with their own husbands. They do according to a husband’s wish even if she is tired or sick. Therefore the red beads ended up being used so as to empower women to make sexual decisions and choices. The husband is supposed to accept this tradition, as it is understood to be for his protection. Breaking this taboo leads to the husband being cursed and suffering from the *mdulo* complex called “*kanyera*” or “*lukankho*,” whose symptoms are of those suffered by one who has full-blown Aids. This person who suffers from

*mdulo* can die if not detected in good time. With herbs administered ritual, *kanyera* patients can be healed.

Sex during menstruation can increase the risks of getting STI's (Sexually Transmitted Infections) including HIV. According to one medical reason it is because the tissue lining of a menstruating woman is so tender that it can easily tear during penetrated heterosexual sexual intercourse. Moreover, menstrual blood is a rich environment in which bacteria and viruses can grow very quickly. The use of the red beads as a means to communicate that women are menstruating and they are not available sexually has for ages given Zambian, Malawian and some other women of African societies the power to decide when to be sexually available and when not to be. During a girl's first menstruation period she is taught that no one should see her menses, not even the husband or her parents. Therefore, no one else knows whether she is really menstruating or not. In a way, the effectiveness of this taboo solely depends on the woman's integrity. According to gender, the woman gains power to make decisions that are life giving and human dignity affirming. This actually challenges the male partner not to take a woman's sexual availability for granted.

## **SUMMARY**

Chapter 2 dealt with definition of culture, universality of cultural practices, and rites of passage according to different peoples' understanding, like Van Gennep who explained forms of rite of passage as a transition of a person moving from one group of life to another group, e.g. childhood to adulthood. The research was conducted using three different groups. Group one consisted men and women who explored the cultural practice found in all stages of rites of passage, are, birth, puberty, marriage, and death. The second group consisted of eight Bauleni women counselors who described and explained sometimes even demonstrated, how these ritual are being performed. The women's age ranged from 40-70 years

old. It was a group of married women and widows. The third group is of the victims of these cultural practices who share their experiences.

Society should be able to expose and discourage salient cultural elements which promote the spread of HIV and AIDS. Children should be aware of these things, since they are used in awkward situations, so that they are able to make clear decisions as to whether to go with the crowd and die. The proper way to secure proper responses to post-modern culture is only by keeping in touch with the stories of the Bible and the God behind the stories. There is a great need also to keep in touch with fellow believers and communities of believers from all different Christian traditions. Ecumenical dialogue is a valuable instrument in correcting the excesses in theological reactions to modern culture which may play a similar role in post-modern culture in a social construction world (Rossouw1995:91).