



CHAPTER 3

THE INTERPRETATION OF THE BIG BLACK LEAKING POT

3.1 INTRODUCTION

Zambia is one of the hardest hit countries with HIV and AIDS in Sub-Saharan Africa. Estimates of infection rates are: in rural areas is 14% and 27% in urban Zambia. In boarder towns like Livingstone there is a 31%, adult infection rate, Chipata 21% (Mwaba, 2001). The death rate in the country and the increase in the number of HIV infections are of a concern for the government, the church, and NGOs. Therefore joining hands in the fight to reduce the rate of HIV infections is necessary. Continuing further investigation on cultural practices which influences the spread of HIV and AIDS and listening to the stories of the women who have been the victims of the cultural practices, we will in this chapter enter into the interpretation of these cultural practices and the narratives considering the deconstructive discourses.

In order to achieve the objectives of this research, two focus groups were conducted through sub-group discussions which pointed out some cultural practices which influences the spread of HIV epidemic in Zambia, such as *kuika mwana ku mphasa* (putting the baby to the mat), polygamy, *fisi* (hyena), Circumcision/ female Genital Mutilation, *kukuna or kusewela or kukhala mkhonde*

(to stretch labia manola), early marriages, *chokolo shanzi* (sororite), sexual cleansing, and Dry sex.

There were three sections in the content of focus group guide the biographical information of the participants, the cultural practices of rites of passage and also the interpretation of the shared stories from victims of cultural practices.

3.2. PARTICIPANT FOCUS GROUPS

Focus groups comprised of 28 participants who had a similar interest on HIV/AIDS programs. The first focus group had 20 participants of men and women, who met at Justo Mwale Theological Collage. The other focus group comprised of only 8 women from Baulen RCZ. The focus groups consisted of adults aged from 18 to 70. According to Strydom & Venter, (2002:207) the sampling procedure for selecting the members of the focus groups was a combination of purposive sampling and availability sampling which is based entirely on the judgment of the church leaders who have selected those participants who had a common interest in HIV and AIDS programs. The participants in availability sampling are usually those who are nearest and most easily available. I approached the members before the groups to ask for their permission to be part of the participants. I conducted a focus group in each of the two study sites as identified for unstructured and semi-structured interviewing.

The first focus group used the Reformed Church in Zambia's (RCZ) Mode of Bible Study, which puts emphasis on sub-groups discussions and presentations of sub-group reports. The second focus group used unstructured discussions and conversation. The data information is divided into three parts.

Biographical information of the participants

Facts of HIV and AIDS, Modes of transmission, Prevention, Cultural Practices and story telling. The biographical information of the participants was presented in this section. The results of the focus group discussion was not presented with direct quotations as the responses were in Chewa and in the context of this study the quotations were not understood. Where responses were given in English, the quotes were presented in English. It was noted that although the participants were Chewa speaking and the focus groups were conducted one in English and another in Chewa, some words and sentences were in Chewa because of the concepts being generally said in English, especially HIV and AIDS concepts. The Chewa responses was translated and summarized in English.

The participants were all over 18 years during recruitment, the participants were only asked if they were over 18 years. Purposive sampling procedure was used. The recruitment of the participants depended on the age of the participants. During the focus group discussions, I made observations that all the developmental stages were represented. The participants' age group included adults in the early, middle and late adulthood. There were also people who could have been classified to be in their old age. Usually people in these age groups have had reasonable experience and exposure of what was happening in their communities and has already developed a sense of identity. Therefore the age groups were appropriate to engage in discussions related to the topic under investigation, namely cultural practices. The first focus group consisted of 8 males and 12 females and the second focus group had 8 women only. These participants were selected by their leaders in their various congregations. They were selected by any of these three merits:

a) They were infected themselves

- b) They are affected by a member of the family who is infected.
- c) They were knowledgeable at both Culture and HIV and AIDS.

It is important to know the ethnic group of the participants so that language establishment can be considered, to ensure that the focus groups were conducted in a language that the participants understood. There are about seventy-two languages in Zambia. All the participants could communicate in Chewa. There were 4 women who spoke other languages; 2 were Bemba, 1 Soli, and 1 Tonga. Although 4 spoke other languages, the focus group discussion was held in Chewa as they all spoke Chewa. In Zambia there are Provincial languages and Chewa was one of the main languages spoken in Lusaka Province.

Many different ethnic groups have assimilated to the area language. Assimilation of culture takes place through the process of socialization which can take place in a family, peer groups, schools, and mass media (Thomson 1990:37). The participants in the focus group were evidently exposed to the societies' culture and the cultural practices and may have experienced the cultural practices themselves. It seems the moment people are born until they die there is constant pressure upon them to follow certain types of behavior that other people have created for them. Thomson states that, "Culture gives the members of a society a feeling of unity within the group and enables them to live and work together without too much confusion and mutual interference (1990:38)."

It was important to know the marital status of the participants. In order to have a good balance of married, single, divorced and widows. These participants were mixed for better and equal contribution to the focus group discussions. It seems the married ones were the majority; there were two divorcees, two widows, one widower and two singles.

There were 8 participants who reached secondary school level, 12 tertiary Education. It was important to know the level of education so that they could be accessed if they understood what was said or not. The second focus group, four participants reached lower primary school and the other four have never gone to school. The second group ranged from adults of 55 years to over 75 years old but their specific ages were not asked. It was easy to observe and judge their ages through the questions asked, and answers they gave. Purposive sampling and availability sampling were both used to match the criteria for the focus group.

With the first focus group, Day 1 we explored the participant's knowledge semi-structured discussions about the difference between HIV and AIDS, the modes of transmission and the myth of AIDS and the demographical background. Day 2 we had unstructured discussion on the salient cultural practices during rites of passage which promotes and hinders the spread of HIV and AIDS considering the four parts of rites of passage namely:

Birth

Puberty

Marriage and

Death

3.3 FIRST FOCUS GROUP DISCUSSION

The first focus group met at Justo Mwale Theological Collage, in the Booth Center building on 25th May 2005. We sat in a semi-circle so that we could be able to talk and see each other. I first welcomed the participants and asked them to feel free to discuss the semi-structured questions with which I wanted to find out how much they knew about HIV and AIDS pandemic. We were following a reformed church in Zambia sub-group model of doing Bible study. Since this

focus group had 20 participants, I divided them into group 4 sub-groups of 5 members each. I asked each group to choose a chairperson who could lead the group by asking the questions which I gave the leaders and to choose a secretary who had to write the answers which everyone in the group had agreed to be the right answers on a piece of paper. 30 minutes was given for sub-group discussions. 15 minutes was given for sub-groups to come together and each secretary to read its answers. Then I compiled all the answers which the sub-groups came up with.

In order to maintain group transparency, freedom of expression, I did not lead the discussion myself. The sub-group leaders they had chosen led the group into discussions while they insisted that every participant contributed. They concluded the answers according to the agreement of the group. I became a participant observer I visited each group twice in case they needed more clarification on the questions also to see that they were on the right track. They discussed the following questions:

3.3.1. KNOWLEDGE ABOUT HIV AND AIDS

1. What do these letters stand for HIV and AIDS?
2. What is the difference between HIV and AIDS?
3. Is HIV positive person sick?
4. Can you know HIV positive person by looking?
5. Is there a cure for AIDS?
6. Is AIDS a disease?
7. Is AIDS person sick?
8. What are some of the signs of a person who suffers from Aids?

3.3.2 HIV AND AIDS TRANSMISSION

10. What are HIV/AIDS modes of transmission?

3.3.3 MYTHS ABOUT HIV AND AIDS IN ZAMBIA

11. What is the origin of HIV and AIDS?

12. What are the myths about HIV and AIDS?

3.4. FOCUS GROUP DATA

I would not say that this was an interview because members were able to discuss and we all come up with the following answers after we all agreed.

3.4.1 KNOWLEDGE ABOUT HIV AND AIDS

The difference between HIV and AIDS

AIDS is when someone who is HIV positive is sick because the immunity has gone down.

HIV is a virus that causes AIDS disease.

HIV person is not a sick person.

You cannot know HIV person

There is no cure for Aids.

AIDS is different diseases together.

AIDS person is a sick person

AIDS persons lose weight and have swollen glands behind the ears.

They loose hair, have sores, T.B, diarrhoea.

3.4.2 HIV AND AIDS TRANSMISSION DATA

The participant gave the following responses.

During sexual intercourse through semen and vaginal fluids

Through mother to child transmission

During breast feeding

Using unspecialized razor blades, injections/needles used by infected person

Blood transfusion

Blood passing through open wounds

Not using a condom

Some cultural practices.

3.4.3 MYTHS ABOUT HIV AND AIDS IN ZAMBIA

The participant gave the following beliefs:

AIDS came from America to reduce African population.

AIDS came from monkeys.

Sleeping with a menstruating woman brings AIDS.

Some people believe that a condom causes aids.

AIDS is a punishment from God.

When one has T.B it means he has AIDS.

Sleeping with virgin cures AIDS.

A mosquito bite spreads AIDS.

3.5 INTERPRETATION OF THE RESULTS ABOUT HIV AND AIDS

The participants are knowledgeable about HIV and AIDS. Their knowledge about the general concepts in HIV and AIDS is advanced. They said HIV was a virus that causes AIDS disease in a person. Their general understanding that HIV causes AIDS is properly informed. The participants agreed and mentioned all modes of HIV transmissions during the discussion. Although sexual intercourse with an infected person could be prevented, the use of a condom was rejected by most men.

There was a misconception about the origin of HIV and AIDS. Some people in Zambia believe that HIV and AIDS came from America to reduce the African population. Some said it originated from the monkeys, and then it came to humans. The truth is that AIDS has no cure and its origin is debatable and not known. Many participants associated AIDS as sinner's disease, for those who lived promiscuous lives; as a result it was a punishment from God. Some people have concluded that when one has TB it means they have AIDS. They did not know that TB in itself was curable while AIDS had no cure. A belief developed throughout southern Africa that if an HIV person sleeps with a minor they will be cured. This belief brought a lot of harm to minors including babies who are raped. Mosquitoes were believed to be carrying HIV blood from one person to another. Therefore I think there is a need to give proper information about HIV and AIDS.

Following a narrative model approach, the semi structured data collection on HIV and AIDS was just an introduction to find out how much the first focus group knew about HIV and AIDS. The second part was about cultural practices on rites of passage and then to listen to stories of the victims of cultural practices.

3.6. THE FIRST FOCUS GROUP DISCUSSIONS ON CULTURAL PRACTICES

The second meeting for the first focus group was on 27th May 2005 at the same place at Justo Mwale Theological Collage. This was unstructured open ended questions where the participants had to come up with explanations, solutions, alternatives etc. The participants were divided into four sub-groups of five member on each group and each sub-group had to answer the question according to one of the rites of passage (birth, puberty, marriage, death) e.g. group one had to explore all cultural practices concerning birth while group two had to explore all cultural practices concerning puberty, the same with group three marriage and group four death I asked the widow and the widower if they could be part of this group they, exchanged with the other members . Each group had to choose a leader and a secretary who could lead and the secretary who could write the group discussion outcomes. The participants wrote the answers on the flip charts as they discussed into details. After 30 minutes of discussions the groups were called together to present their reports. Each report read its answers and if some answers needed more clarity they could explain and if the other groups needed to make some contributions over that particular topic they could also do so.

What are some of the cultural practices in the rites of passage:

- a) which promote the spread of HIV and AIDS.
- b) which hinders the spread of HIV and AIDS
- c) Explain the possibility of HIV transmission on each cultural practice.
- d) What are the alternatives which can be carried out as a preventive measure of the spread of HIV and AIDS?
- e) What is the church's role concerning Pastoral care and Counseling on cultural practices and HIV and AIDS.
- f) The people who have been victims of the cultural practices which you have mentioned can share their experience in confidence at their own time with me,

the researcher. Or if anyone of your relatives is a victim of any cultural practices but don't mention the true name of the person or I can make an appointment to come and talk to them after signing the form of consent.

This is a Bible Study Mode done in the Reformed Church in Zambia during Bible studies. I found it to be a more effective way of doing it because it gave everyone a chance to participate or contribute as they expressed themselves freely. People were able to clarify what they wanted to say by giving personal experiences. Also it took more time for discussions because it helped some oppressed people to open up and tell their personal experiences in confidence. More space for sub-group discussions provided the opportunity for the group to choose where to go, the groups were not limited to one room, they were free to choose outside under a tree or to sit on the grass, as a result, it gave free expression of mind. Smaller groups developed the spirit of trust and transparency. I gave them one hour to complete both the discussions and the reporting but they asked for fifteen more minutes to illustrate some events which took over themselves or family members. Here are some of the cultural practices discussed according to each rite of passage.

3.7 SUB-GROUP CULTURAL PRACTICE DISCUSSION DATA

3.7.1 SUB-GROUP 1 BIRTH

-When a baby was born there was a long period of abstinence which would cause a man to go outside of the 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 this ritual of *kuika mwana kumphasa*. 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.
- 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.
- Dry sex is demanded by most Zambian men

3.7.2 SUB-GROUP 2 PUBERTY

- During initiation rite, when a girl reaches the age of puberty, she is taught some romantic practices which she would try to do on any man thinking she is old enough, if she is not married yet. As a result she may contract HIV or Sexual Transmitted Infection 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 the marriage.
- Genital mutilation in some cultures is done to girls when they pull labia manola (*kukuna*) at the age of 10 to 12 years as a pre- marital preparation.
- 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 the 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.

3.7.3 SUB-GROUP 3 MARRIAGE

If a man was impotent they allowed another member of the family to make children for the impotent husband.

- The use of unsterilized razors for shaving when a couple has just gotten married may infect each other.
- 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 a woman is barren, or if she gives birth to same sex children, a man is advised to marry a second wife or to divorce her
- 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 uncontrolled sex.
- Polygamy as 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 do 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 cousin's 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.

- 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 same cloth since this is done immediately after sex.

3.7. 4 SUB-GROUP 4 DEATH

-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.

3.8 STORY-TELLING OF VICTIMS OF CULTURAL PRACTICES.

Most women broke the silence after the sub-group discussions, and some participants arranged for me to talk to their relatives who were once the victims of cultural practices. At this time I used the narrative approach to listen to the

stories of the women. I used unstructured open ended questions. “How did you become the victim of a cultural practice?” or how did your relative became the victim of cultural practices? Nearly all the women shared their stories in Chewa except Mable who preferred English. English Translated version of stories found on chapter 2 and. Appendix 3.

3.9 SECOND FOCUS GROUP DATA ON CULTURAL PRACTICES

The second focus group consisted of eight traditional birth attendants (T.B.A). These women have been helping women give birth, in places were clinics and hospitals are far away or due to transportation problems (Raising 1996:22). They are church counselors who help girls, mothers, and widows. They learnt both traditional and modern methods of helping mothers without exposing them to HIV, also not exposing themselves to HIV if the mother or the baby is HIV positive. These women were selected by the pastor and pastor’s wife who work together with these women. We met in church we sat in a semi-circle so that we could be able to talk and see each other. This was an unstructured interview I facillitted the meeting while recording the women’s conversation after getting permission to do so. Will you mention and explain some cultural practices you know which takes place during rites of passage (Birth, puberty, Marriage and death). This group used vernacular (Chewa) to explain and describe how these cultural practices operated translated from Chewa to English: (Original text to listen from the tape is available also described in chapter 2).The following were the main ones which were discussed:

- putting the baby on the mat -. *kuika mwana kumphasa*
- puberty hyena *fisi*
- circumcision - *mdulidwe*

- Pulling labia *manola-kukuna*
- Polygamy- *mitala*
- Early marriage- *kukwatitsa ana ocepa msinkhu*
- Dry sex – *kubvala mankhwala*
- Sexual cleansing – *Kusukiwa*
- Sororate or inheritance- *chokolo or shanzi*

3.10 INTERPRETATION OF CULTURAL PRACTICES AND STORIES NARRATED

3.10.1 CULTURAL PRACTICES CONCERNING BIRTH

Most participants mentioned *kuika mwana ku mphasa or kutenga mwana* (to put the baby to the mat or to strengthen the baby). This is a ritual done to protect the baby from the “hot” community (those who are sexually active), for example the father and the people in the community after birth are regarded as “hot”. *Kulowetsa Fisi* (to let someone in secret do the ritual) of *Kuika Mwana kumphasa* with someone else, if the father cannot manage to do it himself or if he has gone away. This practice would put the baby in danger. If they are Christians this is going against Christian morals or beliefs of faithfulness. Fear of unknown seems to be surrounding the birth of the new born baby where protection is more valued than being obedient to God.

The participants felt that this cultural practice was good because the baby and the mother were safe as it was taking time for the wife and husband to engage themselves in sexual activity as they waited for the baby to grow before “putting he/she to the mat”. As a result both the child and the mother were protected from HIV and AIDS transmission. Some participants argued that, if the abstinence

period between the husband and the wife was long, which was three to six months, or one year, this would lead the man to have extra marital affairs which would bring the HIV to both the mother and the baby. James Henslin (1980:157-158) pointed out that marriages brings with it decisions regarding parenthood adjusting to the arrival of children in one's marriage.

Most of the participants agreed that the *Kulowetsa fisi* issue was giving a way of HIV transmission since you don't know the status of the *fisi* or the status of the couple whom the *fisi* wanted to render the service. This could make the *fisi* vulnerable to HIV transmission. Some women felt the *fisi* issue devalues the status of a woman to an object or to a dog who should sleep with anybody in order to keep the dignity of a husband. This issue could also develop into a permanent relationship between the *fisi* and the sister in law which might bring a problem if the husband does not give a warm type of relationship in a marital home. Society allows this type of help, without realizing the consequences which might rise from it. Society does not accept that someone should die without an offspring, where it is obvious that everything it has done has failed then adoption of a child from a family member is arranged.

Tiyike's personal experience in doing this ritual to all her three children said she did not see it strange because she was introduced by their marriage counselor who was chosen by her parents and also everyone took this issue seriously, if such a baby dies without performing this ritual the baby is not treated as a human being but *cizizi* (something without protection) and has to be buried by women alone, the people are not allowed to cry, and it is buried in a shallow grave dug by women. Such a baby is not even put in a coffin (information shared by a sixty year old woman Langiwe Daka on 24th July 2007). Tiyike found it unbelievable for her to sleep with another man in order that her baby reach the status of a full human being. Her parents agreed to the idea of her sleeping with her husband's cousin because they also feared that if anything happens to the baby they will all

be blamed. This fear goes back to the belief of ancestral spirits that they may not be happy with the baby since he/she was not introduced to them for protection then the baby is exposed to a world without protection.

Tiyike found herself in a dilemma, as a Christian she sinned against God. But also she was worried for the status of the baby. Lambulani the man she slept with was in and out of the hospital and some people associated Lambulani's sickness to be associated with HIV/AIDS. She was also worried of what to tell her husband when he comes, should she go ahead and sleep with him as if nothing happened? This was not Tiyike's problem it was the very elderly people who were to explain to Tiyike's husband about what transpired during his absence. Tiyike wanted to save her daughter from *mdulo*. She was afraid to go for VCT she didn't want to hear that she was HIV positive. She was bitter with the grandmother and her relatives who encouraged her to go ahead with the ritual. Sharing this information with the pastor she wasn't very sure whether she was not going to be disciplined for committing adultery. She would rather keep quiet and let it eat up inside her. This is where the role of Pastoral Counseling should come in with teaching concerning these cultural practices so that the people of the community can be assisted with proper information. In most cases the church pretends as if such things don't happen.

3.10.2 CULTURAL PRACTICE CONCERNING PUBERTY

The participants of the Baulen focus groups which consisted of the R.C.Z. *Alangizi* (counselors) contributed the following information: The ritual of *kutha Cinamwali*. Among other cultures like the Chewa, the initiation ceremony is finished by the girl having sexual intercourse with a fiancé or someone chosen by the *mphungu* (girl's counselor) to sleep with the girl to mark the end of initiation. The majority of the participants said that the sexual intercourse ritual of ending the initiation ceremony exposes the girl to the HIV transmission, since the status

of the fiancé or the *fisi* is not known and the use of condom is being refused by most of the men.

Malumbase a thirty-eight year old woman who found herself as a victim of this cultural practice at the age fifteen years old, suffered emotionally, physically and psychologically. The people believed that, the best wife is the one who knows how to perform in bed, respectful, responsible, creative and hardworking. The counselors used to receive words of praise for producing such an ideal girl. Also the *fisi* (boys who finished this ritual) used to pay the counselors to test the girls or to finish the initiation ceremony. The good performance of this girl will give her the credit to be married faster. The outcome of sexual transmitted diseases was not an issue as they believed in strong African medicine.

Malumbase's story was narrated by her aunt who was keeping her. She regretted that she sent Malumbase to the village for the initiation ceremony. She took her to the hospital, fortunately enough she was HIV negative. Both Malumbase and her aunt regretted having passed through such a traumatic event. The dignity of the girl was counted on what *alangizi* (counselors) said, otherwise on her own she was not treated as a person or human being who has feelings. She was just to obey what she was told to do. Malumbase had no where to complain about the issue of *fisi*, because even her parents got credit for being good parents to produce such a well-behaved girl. They knew that soon she will get married. She thanked God that this man had an STI's and not the AIDS virus. She was happy to share the story with me. Especially that she is a born again Christian, she feels she was abused and she does not want others to go through such a ritual which dehumanizes human beings who were made in the image of God According to Robert Laoer & Jannet Laoer (1997:89) quoted (Hyde 1986:609) "sex is contrary to Christian doctrine which states that every genital act must be within the framework of marriage". As a Christian she knew she sinned against God. She was very happy that she was given a chance of opening up what she had hidden

for a long time after visiting her personally on 23rd April 2007 Malumbase very much urged me to disclose these cultural practices which are done under the carpet.

Circumcision-Is the cutting of the foreskin of the man's manhood. The way circumcision is being performed using one knife for cutting or using unsterilised instruments was pointed out to be dangerous. It exposes many boys to the transmission of HIV and AIDS if one of the boys is HIV positive. Even if the hospitals are doing circumcision, many do not want to do it in the hospital, one they feel doing the group ritual is good because they teach morals and they build strong characters in the young ones. When the boys undergo this ritual they feel they are tough and strong. With the research that circumcision cuts down the possibility of HIV transmission by 60% many men are gaining courage to go for it in Zambia today. Many participants suggested that the men who officiate this ritual should go through modern training so that they can know the dangers of HIV and AIDS by using the same instruments.

Kukuna or *Kusewela* or *kukhala mukhonde* (to stretch labia manola for future sexual pleasure of the husbands). Most women said the *kukuna* cultural practice is good and there is nothing wrong in making yourself beautiful for your husband. Some women said this is more like a spanner for holding a man's manhood. While some woman pointed out that it is not good, since it devalues a women's natural look the way God created her and they despised those labia manola to cover lots of dirty, including the HIV and AIDS virus which might infect the woman if she has bruises or sores on her private parts. Nearly all women agreed that girls go through pain and worry to work out those inner lips on the private part. Some men present said they do not mind if a woman have them or not, sex is sex. They said women should be free to do what pleases them and not just for the sake of pleasing men. The participants agreed that both boys and girls should be empowered to refuse to do what displeases them.

3.10.3 CULTURAL PRACTICES CONCERNING MARRIAGE

Many societies of Africa take *polygamy* (marrying more than one wife) as a sign of high status in the community. The more children they have, the more worth they have. Some participants believed that polygamy can contribute to the spread of HIV since people in multiple relationships feel there is need for reproduction (Gasdiyane 2000:15). Some participants stated that traditional cultures greatest desire was to have children, especially male children, to be heirs of property. As a result, a condom is not welcome in such marriage. Children and wives are treated as labourers to work on the farm.

Polygamy was pointed out by nearly all members of the focus groups as one of the harmful practices for the members of polygamous marriages. It was said if only all the members were faithful to their partners they would not be involving themselves in other sexual relationships, even if prostitution is reduced and all women are taken care of. Unfortunately you may not know the status of the new wives, if they are or are not infected as they join the families they may infect everyone else, or they will get infected themselves by their unfaithful husband.

Some participants condemned polygamous men stating that most of the time they go for extra-marital affairs despite having more wives. Among the Batswana culture of Botswana, they say “a man is like a bull, which should not be confined to one pasture”. This gives power to a male dominant society and more freedom at the expense of women. Some focus group participants stated that, some wives who are sexually active cannot wait until the husband goes through the marital rounds of all the wives until he comes back to them. They will go for extra-marital affairs to fulfill their sexual desire before their turn comes round. This can be very dangerous for the other wives who keep themselves faithful. Some participants believed that polygamy can contribute to the spread of HIV since people in

multiple relationships feel there is a need for reproduction so there is no use of condoms Lasswell & Lasswell (1987:217). Marriage has its challenges which couples have to go through were marriage principles are not followed.

The dignity of women is not counted, they are treated as objects. Most women do not want to share a husband as one second wife pointed out that her husband cheated her saying he was going to chase the first wife and she will remain alone. Instead he went to marry a third wife who was told the same story.

Fisi (hyena) when the man is impotent or can not bear children, the brother or the cousin of the man sleeps with the sister-in-law to produce children for the brother. This is top secret. The participants pointed out that this was one of the bad cultural practices of *fisi* in marriage. If a woman is barren a man is encouraged to try having an extra marital affair. Botha (2006:33) pointed out that externalization enabled him to view these people, not primarily as sinners but as victims of powerful cultural discourses. If he finds out that he is not barren, he divorces his wife and marries someone who can bear children for him. If it is the fault of a man that he is impotent, then he arranges or the family members arranges with the husband's cousin or brother to sleep with his sister-in-law until she conceives.

All the participants disagreed with the issue of *fisi* (hyena) issue who comes at night or in secret to sleep with someone's wife, they said this is dehumanizing to the woman who has to sleep with the selected person of the family. Botha (2006:33) states that, discourses exert power over people's lives. Externalizing conversations surrendering the couple to the mercy of the agape discourse, the baby born will be for the husband; this is a top secret for the family, very few people know about it. This cultural practice leaves the baby and the woman and the husband exposed to HIV transmission if the *fisi* is HIV positive. If the couple is HIV positive, then the *fisi* and the wife can be exposed to HIV transmission.

Some participants complained that it is unfair on the part of the wife to lose dignity by sleeping with someone else for the sake of serving her marriage, while if it is the fault of a woman she will be divorced or the man will marry another woman, who will be more loved because of the children she produces. Tibale tells her story, where an elderly woman told her to sleep with another man to produce for the husband. Now that she is pregnant and HIV positive, she is nicknamed Eve, the one who brought death on earth, according to the creation story in the Bible. Tibale has lost dignity among the people of her community because everyone takes her to be promiscuous.

Roth and Fuller, (1987:20) pointed out that women who experience abuse are at risk of HIV infection for several reasons. These women will probably be less able to assert themselves, since abused women are reluctant to risk angering their partner by refusing to sleep with another man to protect their shameful situation. Most women have gone through both physical and psychological abuse which has resulted in depression, low self-esteem, passivity and lack of assertion which in most cases interferes with a woman's motivation and ability to protect herself from HIV.

Dry sex. Some women insert medicine inside their private part to dry up the vaginal fluids to allow the husband to enjoy sex. This is the way of self guarding their marriages and not letting their husbands go into someone's hands. Some participants saw nothing wrong with dry sex. They said it all started with their ancestors, who saw the need of inserting the herbs into their private parts for the husbands to enjoy sex. Some argued that, these herbs narrows the vaginal path and as a result the man forces himself in, causing bruises which open a path for HIV transmission. The medicine also dries up the God made lubricant inside of the woman's private part. As a result these medicines cause cervical cancer.

Lasswell & Lasswell (1987:98) explains why people enjoy sex without hurting the other person. Letting the other person have a free mind and happy moments.

Tivwale's story has caused many women to go for dry sexual herbs. Most women who use herbs think, men do not enjoy sex with women who do not use medicine. They think most marriages end up in divorce because some women do not use medicine. Therefore most women are slaves to these medicines. Most Zambian men according to the research done at the University of Zambia on dry sex, most men said they enjoy dry sex (Filumba 1992:5). Men cause women to dance to their tune even if the women themselves do not like what they go through. Women are treated as objects, and many are dying because of this. Dry sex, even though it is enjoyed by many African men, the participants pointed out that it exposes women to bruises as the man forces himself in. It also makes women psychologically slaves of their own body to please their husband's demands. Sometimes women have restless minds looking for the medicines which they have to use. Some enter into pain which makes them sick and gets into debt to pay for the stuff (See suggested alternative and pastoral counseling in chapter 2).

Women are not free to discuss or express their feelings where sex is concerned. Many feel a man is the one who should decide on sexual matters; as a result we see everything is done to the benefit of a man while stepping on a woman's toes. Since such a teaching is prescribed by elderly women and men, young couples just comply with the teaching without queries. From our observation findings from all these women who shared their stories, they lack the communication ability to use effective verbal words in response to males who want to have sex whenever they want without asking the other partner. The relationship of the women in this study with their male partners appeared not to serve an emotional support function which caused their loneliness. These women lack independence of expression and decision making.

3.10.4 CULTURAL PRACTICES CONCERNING DEATH

“Sexual cleansing” is the ritual done when one of the spouse’s dies, then the widow or the widower has to sleep with the person appointed by the family of the deceased to let the dead man’s spirit rest in peace. (Alternatives in chapter 2. Sororate (*chokolo*) or Levirate (*Shanzi*) is when one of the spouses dies, then the brother or cousin of the dead marries the widow, or when the wife dies then the husband is given a sister/cousin of the deceased to marry in to continue the sister’s house. *Shanzi* is a girl who is given to service the husband when the wife is old or is sick and cannot manage to run the household chores. This girl is given as a second wife because she has to service the husband even sexually.

Ritual of *Mmeto* (cutting hair of all family members of the deceased). This ritual is done on the morning after the burial day. All the family members gather together and talk about issues concerning the family. After that, they start cutting the hair of all the family members to symbolize that they have given the dead person everything and his soul should rest in peace. In this situation only one or two scissors are used for cutting the hair of all the heads of all the people present, including the children. So if one of them is HIV positive, the scissor or the razor blade can easily infect the others.

Some participants believed beyond doubt that sexual cleansing is a direct way of HIV and AIDS transmission to other members of the family. If the deceased died of AIDS, then the cleanser might be infected by sleeping with the deceased man’s wife as well as his wife too. Or if the cleanser is HIV positive he can infect the deceased man’s wife. Or better to use the alternatives (see chapter 2). Most African societies follow this culture of inheritance, the sororate (*chokolo*) and the levirate, where one of the cousins of the dead continues to run the family of his brother, or the sister’s wife continues to run the family of the sister. The

participants commented that at this time of HIV and AIDS it is scary to enter someone's home because you don't know the HIV status of the deceased and his wife or the status of the one who inherits the other person see some alternatives (in chapter 2).

The Hagar Scenario is where a wife has a fault, may be she is barren or she is not capable of performing certain duties due to illness or old age, then the husband asks the wife's family to provide a young girl called *shanzi* who can fulfill the duties she cannot manage herself, even sexual duties. She is treated as a second wife, who will do everything that what the first wife will say. The participants said this is putting the young girl in danger of being vulnerable to the HIV transmission and also denying her human rights to marry the husband of her own choice. Or if the girl was sexually active, she can expose HIV to the couple (Chapter 2 for the alternatives and pastoral counseling ideas).

Koso was the late pastor's wife. The pastor died leaving five children behind. Because of the fierce dreams, she used to have, one elderly woman advised her to sleep with a young man so that he can cleanse her from the husband's spirit. She did it once unfortunately she conceived twin baby boys. She was embarrassed and she later joined another church to hide the shame. In most cultures of Africa the cleanser is paid money for sleeping with women (for performing the ritual). That is why Francise Akacha of Gangre Community in Kenya was called "the terrorist". He was able to sleep with every woman who wanted to be cleansed at any time for some amount of money. This is why Emily Wax in her article from the Star News paper of Wednesday August 20th 2003, women blamed sex cleansing custom for the spread of HIV and AIDS. Women are very much at risk of contracting HIV. If they do not follow the traditions of their society they are usually blamed for any calamities which may come upon the community.

These two narratives show us the weakness which goes side by side to expose the other person to HIV. Koso became the victim after sleeping once with a school boy who was expected to do sexual cleansing. As a result she became pregnant with twin boys. This brought her shame in the body of Christ in which she was used to. Instead she joined another denomination as a way of hiding her embarrassing moments. The number of children rose to seven, for a single woman without a decent employment or business this was also much. Then she later died of depression leaving the seven children with a seventy eight year old mother. Such cultural discourses are supposed to be taught before a person is in a state of shock, having so many questions to ask in advance so that the person can stand the test. When one is in pain he/she is already a vulnerable person who needs help and comfort. All these women who shared their stories at one time faced a hectic situation. Most members of the male dominated societies usually take advantage of these women.

According to Derida's deconstruction theory, this would mean looking at the situation revealing their hidden contradictions and making the absent or repressed meaning of the cultural discourses. The deconstruction of cultural discourses comes out at a time when the person is in pain and does not like the new situation. The discourses of sexuality that are on offer in our culture offer a restricted menu for the creation of sexual identity (Burr 1995:164). Salient cultural discourse needs to be exposed so that the oppressed women can stand with confidence within themselves to defeat what is wrong.

The Patriarchal rule has been in existence even before Jesus Christ was born thousands of years ago. There are some justifications which cultural traditions often defends, they present the patriarchal model as the intention of God for it to portray its dominance characteristics towards women. In the marriage institution where women believe that men are the head of the family and whatever they do

is to protect them while they are trapped in situations of abusive relationships (Kotze & Kotze 2001:105).

Most women have been silent for a long time, and it takes time for their hidden longing to be heard has resulted in constant ill-health such as stress, and depression. Women felt they need to be out of the closet and share what they have harbored in their hearts for a long time. Some women have gone to the grave because of these cultural practices which imprison many women forcing them not to voice out because it will bring shame in the family or society.

If we look at most of these salient cultural practices which promote the spread of HIV and AIDS and the stories which these women who have been victims of cultural practices have shared, in all four stages of rites of passage 'Sex' is involved both directly and indirectly. This portrays the position of a powerless woman who cannot defend her own body to go for another man (*fisi/hyena*) in order to keep the dignity of the husband. In African society, children are a sign of a blessed marriage (Van den Berg, Pudule (2006:178). A person who did not procreate is failing in his marriage duty (Tyrrel & Jurgens 1983:145). Barrenness was always attributed to a woman as a punishment from God. In most cases a woman was to blame even where a man is impotent. Man's impotence will make a woman cover up for the husband. Even when young girls are growing, society has already put some chores (pulling of labia manola, dry sex) for a girl to do, in order to become a good future wife.

According to *alangizi* (counselors) girls are not supposed to question the counselors or ask why they have to do or learn certain things. The girls have to be silent all the time during their initiation school until they are given a gift, if not they should continue until they get married. Girls like Mable the victim of an early marriage ended up HIV positive even if it against their will.

In narrative therapy, these ideas, beliefs and practices need to be deconstructed. (Freedman & Combs 1996:46-47; Morgan 2000:45) The process requires that the women re-examine their Christian cultural world, rediscover and redefine their identity in this culture, re-examine their relationship within the religious community, and find new ways of expressing their identity (Pudule 2006:179).

3.11 DOING THEOLOGY AMONG THE OPPRESSED

The process of the re-authoring of people's lives and relationships brings forth an alternative story. The alternative story is often anti-problem and brings forth people's skills, abilities, competencies and commitments (Morgan 2000:59). Mable developed an alternative story of taking courage when she opened up to tell everyone that she was HIV positive. The self pity spirit of death disappeared. She is helping many HIV positive people to recover from shock. The people understood God's fatherhood as a story in which God, in his love, becomes involved in human history and in our human suffering (Louw 2000:83). Their discovery of positive concepts about God helped them to reconcile the issue of abuse, gender role, and power relationships in their marriages with their understanding of Biblical texts.

This is both physical and psychological suffering for a woman. According to Kotze & Kotze (2001:7) they talk about 'participatory ethical care' that does not care for, but care with people who are in need of care. This caring of people occurs when we experience suffering together with them, then we will be prompted not to be silent but to do something which might lessen the pain of the people as pastoral caregivers in the community. Positioning oneself on the side of those suffering, and against all oppressive and exploitive discourses and practices, entails a commitment to transformation (Kotze & Kotze 2001:3).

In order for these women to re-discover themselves, who they are before God, the body of Christ (Christians) needs to take a leading role as a participant care giver in our community. Christ himself became an example when he ate together with those who were hungry, healing the sick people, and comforting the mourners. Doing participatory care giving in society is doing theology among the people in society. Spirituality is required for a person to carry the burdens of others as if they are his. Spirituality is a lived experience of a relationship with God, fellow man, and nature. God is concerned in every aspect of human beings. Spirituality comes with reading of the scriptures for a person to know what is wrong or right. Narrative approach helps us to be involved with the problems of the people. We need not ignore when there is a voice crying for help because God will reward all those who obey the scriptures (Matthew 6:1-4). Anderson & Folley (1998:18) states that,

If all reality is socially constructed, constituted through narrative, organized and maintained through stories, then we need to allow for the possibility of several meanings of the divine story as it has been mediated through the Bible and religious traditions.

All the narratives have a cry for help in which most of the time society ignores, especially the cry of a women. Henshusius (1994:15) talks on how we should not only participate in constructing but also care in a way that heals and does not hurt. Some women became victims of cultural practices because no one could stand and say that someone is stepping on their toes. Most women do not know their human rights. Human rights are rights everyone is entitled to by virtue of being human.

Women need to understand that they have the right to equality and non-discrimination which means that women are to be treated equally and are not to be discriminated against in any sphere of life, including family life, based on their womanhood. Women have a right to have one's dignity respected and protected

which means that everyone has the right to be treated with respect as a person. This includes that women are protected from any action or practice that undermines and violates their dignity. They have a right to life which means that everyone has to be protected from all forms of violence. Including domestic violence and also children have the right to be free from all forms of violence and abuse.

Most of the time women have no right to privacy that is why they don't have any say even regarding their own bodies. Yet everyone has the right to privacy in relation to their belonging and the right to have personal information and conversations kept confidential. In most cases women are not in an equal position to claim and enjoy these rights and freedoms, due to prevailing gender imbalances, inequalities and injustices. Therefore they surely need to be taught and to be empowered.

3.12 SUMMARY

As most of these cultural practices were explored their relationship with HIV/AIDS was identified. Most of the women who have experience with these cultural practices expressed their pain which was caused innocently in order to meet the needs of society at the expense of others. They explained how they went through pain, because it involved prominent members of the community who are the advisers of the community, therefore these prominent leaders of the community need information. I think the approach of focus sub-group discussions would help them a lot to see the dangers which surround them. The community should not be denied information so that they can make their own decisions willingly not by using a threat, e.g. "if you don't do as I want, I will marry someone else". The church should take a big role in counseling to address these topics of



abuse of women and children. The Word of God should also be shared with the community so that they will be able to make good decisions. Lauer & Lauer (1997:18) stated that,

Now we are all supposed to be conscious primarily of our assertive selves. To re-appropriate a language in which we could all, men and women, see that dependence and independence are deeply related, and that we can be independent, persons without denying that we need one another, is a task that has only began.