



UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA

**THE INFLUENCE OF CULTURAL PRACTICES ON THE SPREAD OF HIV AND  
AIDS ON ZAMBIAN PEOPLE**

**BY**

**MOYO NOLIPHER JERE**

**SUBMITTED IN FULFILMENT OF THE REQUIREMENT FOR THE DEGREE**

**PHILOSOPHAE DOCTOR**

**IN**

**PRACTICAL THEOLOGY**

**FACULTY OF THEOLOGY**

**UNIVERSITY OF PRETORIA**

**PROMOTOR: PROFESSOR J. C. MULLER**

**AUGUST, 2009**

## ABSTRACT

In a BBC radio report last year, one speaker 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 living in U.S.A. myself and after 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 practices may be what have made HIV and AIDS to find a fertile soil in Southern Africa.

There have been a number of women who are infected with the HIV and AIDS virus in Zambia and Africa as a whole (UNICEF reports on Zambia 2003). Women are more vulnerable to AIDS than men in Zambia for a number of reasons, some of which are the collapse of the support systems leading to poverty, the dying of African moral values, etc. Therefore there is a need to intensify our efforts to find out the relationship between cultural practices in rites of passage and the spread of HIV and AIDS in patrilineal and matrilineal Zambian cultures?

To promote effective joint involvement into finding the solution to this problem the following objectives will be achieved: To explore the salient cultural practices of rites of passage which promotes and hinders the spread of HIV and AIDS in Zambian women and the people of Zambia, to explore through a narrative approach, cultural practices and gender, to collect stories of women who have been the victims of these cultural practices, to look at rites of passage, a theological reflection.

Since culture plays a major role in people's lives in Zambia and Africa as a whole, there is need to take Zambian or African culture seriously so that we can look at the salient cultural practices in rites of passage which influence the spread of HIV and AIDS.

This research is based on a number of methods, which are: literature review, focus group discussions and qualitative interviews.

## ACKNOWLEDGEMENTS

I wish to acknowledge the following people, institutions, churches and organisations for the role they have played in the accomplishment of this piece of work.

- The almighty God who has been there for me throughout the journey.
- The Reformed Church in Zambia who provided some information and venues for me to collect my data.
- Justo Mwale Theological College for granting me partial scholarship to conduct my research.
- To Sue White (USA) for prayers, support and the encouragement she gave me.
- My Supervisor, Professor J. C. Muller for his guidance, support, and his perseverance.
- My colleagues of Missi R.C.Z. and Bauleni R.C.Z. and some other churches for providing certain information for my research.
- My special thanks to all the participants in this research study, for giving me the required information.
- All the pastors who opened the doors for their congregations to be the study sites.
- I also extend my sincere gratitude to the research assistants (Mrs. Dorothy Banda of Missi RCZ).
- To Kamwala Presbytery women for providing the needed data for the research.
- To The University of Zambia and The University of Zambia Institute of Research Libraries.
- To Kip Zibindeni from the USA for editing and proof reading.
- To My sister in law Mary Mzyece Sililo for editing and proof reading.
- To Mr. and Mrs. Seleti for the prayers, support and encouragement they gave me while in Pretoria
- To my husband Paul Harry Moyo for his love, prayers, support, patience and the encouragement he gave me day and night.
- To my lovely daughters Elidah, Nelipher, Nyembezi, Tabitha, Lozililo, and Sibongile for their ceaseless prayers and support.
- To my niece Sheba Nyoka for her patience and support she gave me in the J.M.T.U.C. Library.
- To all friends and relatives for their support and encouragement they gave me.



## TABLE OF CONTENTS

ABSTRACT	ii
ACKNOWLEDGEMENTS	iii
<b>CHAPTER 1</b>	
<b>1. A BIG BLACK LEAKING POT.....</b>	<b>1</b>
1.1 INTRODUCTION.....	1
1.1.2 MY MOTIVATION FACTOR FOR DOING THIS RESEARCH .....	1
1.1.2.1 The Hagar Of The Present Era.....	1
1.2 THE PRESENT SCENARIO OF HIV AND AIDS .....	5
1.3 MODES OF TRANSMISSION.....	7
1.4 RISK FACTORS REGARDING HIV TRANSMISSIONS.....	7
1.4.1 BIOLOGICAL AND SEXUAL RISK FACTORS.....	8
1.4.2 SOCIO-ECONOMIC RISK FACTORS.....	9
1.5 THE OPPRESSION OF WOMEN .....	9
1.6 THE RESEACH TOPIC.....	10
1.7 RESEARCH ALREADY DONE .....	11
1.8 GUIDING RESEARCH QUESTION .....	15
1.9 RESEARCH AIMS AND OBJECTIVES .....	15
1.10 RESEARCH PARADIGM .....	16
1.10.1 NARRATIVE RESEARCH MODEL .....	16
1.10.2 POST- MODERN.....	19
1.10.3 SOCIAL CONSTRUCTIONISM .....	21
1.10.4 DECONSTRUCTIONIST AND CULTURAL PRACTICES.....	22
1.10.5 PRACTICAL THEOLOGY.....	24
1.11 RESEARCH DESIGN.....	25
1.12 METHODOLOGY .....	28
1.13 THE LIMITATION.....	32
1.14 WOMEN'S MIND SET .....	34
1.15 THE TRADITIONAL AFRICAN WORLD VIEW.....	35
1.15.1 THE HIGHER COSMIC ORDER .....	35
1.15.2 THE MIDDLE ORDER .....	36
1.15.3 LOWER COSMIC ORDER .....	39
1.16 THE MORAL AND ETHICAL DILEMMA OF HIV AND AIDS.....	40
1.17 THE CONSENT.....	40
1.18 CONFIDENTIALITY AND ANONYMITY .....	41
1.19 THE RESEARCH CHALLENGES.....	41
1.20 FINDING THE RIGHT PATH .....	42
1.21 DATA INTERPRETATION .....	43
1.22 WAY OF HOPE .....	43
1.23 DEFINITION OF KEY WORDS.....	44
1.24 LAYOUT OF CHAPTERS .....	46
<b>CHAPTER 2.....</b>	<b>47</b>
2.1 INTRODUCTION.....	47
2.2 THE DEFINITION OF CULTURE.....	47
2.2.1 UNIVERSALITY OF CULTURAL PRACTICES .....	48
2.2.2 RITE OF PASSAGE.....	50
2.3 THE RESEARCH PROCESS.....	55
2.3.1SAMPLING METHODS.....	56
2.3.2 THE FIRST FOCUS GROUP .....	56
2.4 CULTURAL PRACTICES WHICH CONTRIBUTE TO THE SPREAD OF HIV AND AIDS60	
2.4.1 BIRTH IN THE DIFFERENT CULTURES OF ZAMBIA.....	63



2.4.1.1	Pregnancy and Child Birth.....	63
2.4.1.2	The Experience of a Mother and Her Baby.....	65
2.4.1.3	The Baby Delivered At Home.....	66
2.4.1.4	The Ritual of Kuika Mwana Ku Mphasa.....	67
2.4.1.5	Tiyike's Personal Experience.....	70
2.5	PUBERTY IN THE DIFFERENT CULTURES OF ZAMBIA.....	71
2.5.1	THE RITUAL OF KUTHA MSINKHU (PUBERTY).....	80
2.5.1.1	Malumbase's Personal Experience.....	75
2.5.1.2	Mable's Personal Experience.....	76
2.5.2	CIRCUMCISION.....	78
2.5.3	THE RITUAL OF SEXUAL INTERCOURSE.....	79
2.5.4	KUKUNA OR KUKHALA MUKHONDE (PULLING LABIA MANOLA).....	80
2.6	MARRIAGES IN THE DIFFERENT CULTURES OF ZAMBIA.....	81
2.6.1	FUNCTIONS OF MARRIAGE.....	82
2.6.2	THE WEDDING DAY.....	83
2.6.3	MARRIAGE HYENA (FISI).....	85
2.6.3.1	Tibale Personal Experience.....	86
2.6.4	POLYGAMY.....	95
2.6.5	DRY SEX.....	89
2.6.5.1	The Use of Herbs.....	89
2.6.5.2	Tivwale's Personal Experience.....	91
2.7	DEATHS IN THE DIFFERENT CULTURES OF ZAMBIA.....	92
2.7.1	SEXUAL CLEANSING OR PURIFICATION.....	94
2.7.2	REASONS FOR CLEANSING OF WIDOWS AND WIDOWERS.....	94
2.7.2.1	Koso's Personal Experience.....	94
2.7.2.2	Sexual Cleansing Among Tonga People Of Zambia.....	96
2.7.2.5	Other Alternatives for Sexual Cleansing.....	99
2.8	BIBLICAL DOCTRINE OF DEATH.....	101
2.9	GOOD PRACTICES OF CULTURE WHICH HINDERS THE SPREAD OF HIV/AIDS. ...	102
2.9.1	BIRTH.....	102
2.9.1.1	Faithfulness during pregnancy.....	102
2.9.1.2	Masturbation.....	103
2.9.1.3	Circumcision.....	112
2.9.2	INITIATION CEREMONY.....	113
2.9.3	MARRIAGE.....	113
2.9.3.1	Red Beads and White Beads as Sexual Communication.....	113
2.10	SUMMARY.....	105
<b>CHAPTER THREE</b>		
<b>THE INTERPRETATION OF THE BIG BLACK LEAKING POT.....107</b>		
3.1	INTRODUCTION.....	107
3.2	PARTICIPANT FOCUS GROUPS.....	108
3.3	FIRST FOCUS GROUP DISCUSSION.....	120
3.3.1	KNOWLEDGE ABOUT HIV AND AIDS.....	121
3.3.2	HIV AND AIDS TRANSMISSION.....	122
3.3.3	MYTHS ABOUT HIV AND AIDS IN ZAMBIA.....	122
3.4	FOCUS GROUP DATA.....	122
3.4.1	KNOWLEDGE ABOUT HIV AND AIDS.....	122
3.4.2	HIV AND AIDS TRANSMISSION DATA.....	123
3.4.3	MYTHS ABOUT HIV AND AIDS IN ZAMBIA.....	123
3.5	INTERPRETATION OF THE RESULTS ABOUT HIV AND AIDS.....	124
3.6	THE FIRST FOCUS GROUP DISCUSSIONS ON CULTURAL PRACTICES.....	124
3.7	SUB-GROUP CULTURAL PRACTICE DISCUSSION DATA.....	126
3.7.1	SUB-GROUP 1 BIRTH.....	126
3.7.2	SUB-GROUP 2 PUBERTY.....	127
3.7.3	SUB-GROUP 3 MARRIAGE.....	128





5.10.2 LORD'S SUPPER OR HOLY COMMUNION.....	200
5.11 THE MOTIVATION FACTORS WHICH PROPEL A PERSON TO DO THESE CULTURAL PRACTICES. ....	201
CULTURAL FACTORS.....	201
5.11.2 RELIGIOUS FACTORS.....	201
5.11.3 ECONOMIC FACTORS .....	202
5.11.4 .....	PERSONAL
FACTORS.....	21702
5.12 EVIL AGAINST GOOD.....	203
5.14 A THEOLOGICAL INTERPRETATION ON RITES OF PASSAGE.....	204
5.13 THE ROLE OF THE CHURCH IN ADDRESSING CULTURAL PRACTICES.....	2216
5.14 THE GENERAL CONCLUSION OF THE RESEARCH STUDY.....	224
BIBLIOGRAPHY.....	23418
APPENDIX 1.....	247
APPENDIX 2 .....	249
APPENDEX 3.....	251



## 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." Firet 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 ones 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 illusionary 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 Namwangs. 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 in 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 (Mweba, 1996:20, Jackson 2002:137).

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

Mweba (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 (Mweba, 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 Mweba (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. Virginity 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).

## 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 25<sup>th</sup> 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 27<sup>th</sup> 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 where 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 facilitated 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 23<sup>rd</sup> 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 20<sup>th</sup> 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.*

## CHAPTER 4

### GENDER AND CULTURAL PRACTICES

#### 4.1 INTRODUCTION

According to the UNAIDS Executive summary of 2004 report on the global Aids pandemic, Aids has a face of a woman, with about 57% in Africa. HIV and AIDS was the theme of World Aids Day 2004. The gendered deadliness has occasioned the former United Nations Secretary General Kofi Annan to mark 2004 as the International Year for Elimination of Violence against Women by calling for a bold transformation in men's attitude and behavior so that women become their equal partners.

Seeing women are the most infected persons, in this chapter I thought it was important for us to talk about gender and cultural practices. Let us visit some areas in which women are being discriminated against and how they are being treated as they pass through these transitional stages during rites of passage.

#### 4.2 DEFINITION

Gender is refers to social and cultural interpretation that turns sexual differences into more than merely biological distinctions. Sex is said to refer primarily to the anatomical distinction between women and men made at birth, it is a term of biology and of physiology that is arguably neutral. Sex is male/female and gender is masculine/feminine. Masculine is associated with roughness, strength, football, colour blue, looking after cattle, reflecting cultural changes. Femininity is associated with delicate, passive, pretty, colour pink, caring emotional, and being nice (Berger, 1991: 18).

These are traditional gender stereotypes. Masculinity is matched with rationality, activity, public, and business while femininity is matched with emotionality, passivity, private, family/domesticity (Mcrobbie 1994:157). In the past, men were involved in hunting activities that took them outside the domestic center of the tribe, whereas women were involved in gathering food stuffs, preparing meals, child rearing, and craft related activities. Women's status was not equal to that of men.

Dube elaborates that gender is believed to be culturally constructed, which has to do with social relationships of men and women and can be reconstructed and reformed by society, for since it is culturally constructed it can be socially deconstructed (2003:86).

Gender is the effect of social definitions and internalizations of the meaning of being a man or a woman. Gender can therefore be radically changed through human action in which gender is redefined. According to most feminists, they see biology as significant. The social nature of how men and women are developed has motivated the preference for the label 'gender' instead of 'sex'. Chitando explains that gender often refers to biological sex while gender is refers to the culturally constituted forms of masculinity and femininity that produce the specific ways in which men and women are somewhat unclear characteristic. (2008:215).

Koninklyke Brill explains that sex refers to biological and physiological characteristics of the body. It contains two typical categories, femaleness and maleness dichotomy, where one is either male or female. The sex of an individual affects her/his way of life. The biological and physical characteristic entails probabilities of certain behavior . Gender represents a social constructive approach towards women and men. Gender also refers to behavior of social and

symbolic standards, femininity and masculinity. They represent two different modes of how women and men are expected to behave (Brill 2005:3).

Gender in a comparative perspective is best introduced with technical distinction between sex and gender. A person's sex is determined biologically by chromosomes. One's genital predominant hormones and secondary sexual characteristics (breasts, hair, body size and musculature) are fixed by chromosomes. Gender is culturally constructed, which is to say that being biologically male or female has different implications in various cultures. Sexual division of labour refers to the patterned ways in which productive and other economic activities are allocated to men and women where there is a sexual division of labour in various cultures. (Chapple, 2000:160).

One does not choose sex, it is based on God who created people, while gender can be determined by the beholder by following one's culture or not. Therefore we see rites of passage complement gender and sex roles. Medieval Theologians believed that men were superior to woman in terms of physical strength, moral character and intellectual ability Patriarchal ideology is of men's authority over women in marriage (Chapman 2004:37). Because of this mentality of the patriarchal world, women are not seen as equals, that is why they are mistreated and stepped on.

### **4.3 WOMEN IN SOLIDARITY**

Post-modern African women theologians have also declared that African theology needs to be critical with its sources so that it should not be seen as promoting the oppression of women. Feminist theologians have encouraged women to break the silence on gender against women. African feminists have experienced or have observed how women have been treated as second class citizens of this universe. They promote the enculturation of Christianity by

interpreting the gospel message in a new way, which is both liberating and empowering, especially to their female colleagues and followers (Braidotti 1992:67).

Not only have women leaders managed to break through cultural barriers engaged in patriarchal culture, but they are also agents of change, for they have contributed to the evolution of a new concept of church which recognizes the varied talents and insights of both men and women. The road to their progress has not been smooth, but women have been able to surmount various odds in their attempt to shape new communities and new personal and collective values.

Women leaders are seen as liberators from ever-present fears of witchcraft, from the duties and tensions of the home, from the domination of men over women, from the burdens of traditional customs and innumerable taboos. Njeronge said that by telling our stories and experiences we began to break the code of silence, shame, guilt, deadly secrets, stigma and discrimination by naming the things that used to keep the conspiracy of silence thriving.

This is to say that feminism may find itself, not as the vibrant voice of postmodernism, but as the repressed, managed rupture of postmodernism, merely a part of speech within it. This strange tendency of authoritative marginality to flip over into its own dark side, the exploited and managed other, may in a sense be programmed by the conceptual map of centre and margin, which often lacks the particularity or flexibility to encompass all the worrying irregularities of actual political alignments and cultural practices (Connor 1989:262).

Here is the cry from feminist theologians as they address some cultural practices which women have passed through to achieve their status in the society. Breaking down barriers is the success and achievement of black women's writing

over the last few years, not just for the community of women it brings into being as leaders (Hall 1992:68). To expose some of the injustices which the male dominant world does, read some written stories of some African women theologians.

#### 4.3.1 ISABEL APAWO PHIRI

Talked on Domestic Violence in Christian Homes (Phiri: 2000:77-95). Rape (forced sexual intercourse) is considered a traumatic experience. Women all over the world live in constant fear of being raped by strangers and people they know. There are different reasons given as to why men rape women and children. Men use rape as a weapon to show that they have power and they can dominate the weaker vessels. In war countries, women and children are raped as a sign of conquest by one group of soldiers against another. Women and children are in need of trauma healing. Therefore there is need to allow the process of telling stories to initiate healing from the trauma caused by gender violence.

One of the victims of rape narrated:

*I was intelligent in my class, nobody could beat me in any of the subjects, and the boys of my class were very ashamed of failing to surpass me. I was always the highest. Three of the boys got hold of me when going home and one big boy raped me. I knew they wanted to show me that they were stronger than me. What a shame. This time of HIV/AIDS transmission I could have been infected with HIV. I was shocked. I wanted to stop school but I was encouraged to finish school as a challenge to those boys.*

The transition from one state to another goes with the recognition of others. Boys want to prove their strength by molesting the girls or the women. Certain people want to make the rite of passage a big issue (Paterson 2009:82). Here is one of the Biblical narratives of rape by Isabel Apawo Phiri.

The biblical narrative of the rape of Tamar, daughter of King David, by her half-brother Amnon in 2nd Samuel 3:1-22, is gaining attention because of high rates of rape and child sexual molestation in Zambia and in Africa. The words of Tamar, “No my brother, do not force me, for such a thing is not done in Israel: do not do anything so vile! (Verse 12) have given women, especially those living with HIV and AIDS and survivors of rape, the courage to speak out the truth with power and to begin a new life. The Tamar narrative gives survivors of rape incest and those infected /affected by HIV and AIDS the courage to break the conspiracy of silence and secrecy surrounding their lives.

We are expected to act to end violence restoring dignity, health and to nurture peace in our lives. We have our God given right to be and to hold ourselves accountable and our leadership to end this madness. Very few women of faith have broken the silence over rape to seek healing and take control of their lives. There are many others who have not yet found the words to describe what happened to them, and they still live with fear and trauma. Sometimes people choose silence out of embarrassment or humiliation from the experience, knowing that society will silence them. Here is Thulani’s perspective of Tamar’s biblical narrative (Ndlazi 2003:21-27).

#### **4.3.2 THULANI NDLAZI**

According to Thulan’s perspectives, it seems when Tamar reported to her brother Absalom, he told her, “Be quiet for now, my sister. He is your brother. Do not take this to heart.” (2nd Samuel 13:20b), which was more like ignoring her fate although he nurtured his anger and planned his revenge for two years. Tamar’s pain was minimized in order to protect the reputation of the family. She was told not even to be angry. The end of Tamar’s story happened without her; Absalom killed Amnon. The process for achieving justice and restitution was taken out of her hands entirely and carried forward by her brother; it was men’s business. In

the end it was Tamer's perpetrator that her father David, mourned for, but not for Tamar.

We are aware of such abuses and when the victims reach out and seek help it is us who urge them to be quiet. The church has been failing to break this silence. We advise, urge and even chastise them sometimes against talking about their abusive experiences. Like Absalom, we are concerned about family reputation and unit. Sometimes we are worried about the reputation of our institutions and organizations such as churches and companies, to name a few. We choose to silence the victims instead of making sure that justice is served. We need to break the silence. Many women and children get abused and the perpetrators get away with crime easily simply because there is a deafening silence.

### **4.3.3 SOROJINI NADAR**

"Text of terror" (Nadar 2000:59-75) is disguised as the "Word of God" the case of Ester 2:1-18 of the conspiracy of rape in the Bible. According to feminist analysis of Esther 2:1-18, virgins are gathered in the king's harem, from which he is going to choose a new wife. What we are not told is what happened to the bodies of all the virgins who went into the King's palace at night and returned in the morning, but did not return to the palace again until the king decided upon the women whom he was delighted with, and wanted to see again.

If we read the text carefully we will see that the king is spending a night with each of the virgins. Yet what happens to the virgins when they go in to the king's room at night nobody knows. I suggest that their bodies were violated and raped, being treated as a mere object of desire. In most cases you find most disabled women are raped, ending up with unwanted pregnancies if not HIV positive.

Most parents do not investigate the men who abuse their children; sometimes they do not believe their own children. As a result they suffer inside themselves without getting their stories heard. HIV and AIDS is killing them with very little support and care. Women with disabilities are denied many human rights including marriage, motherhood and personal fulfillment. It is even shocking that a disabled woman should marry (Baylan, 1991). Here we see that men are initiators of action and only men are the custodians of power.

#### **4.3.4 FULATA LUSUNGU MOYO**

When The Telling is a Taboo: The Phoebe Practice (Moyo 2000:16-21)

“I commend to you our sister Phoebe, a servant of the church in the Church at Cenchrea. I ask you to receive her in the Lord in a way worthy of the saint and to give her any help she may need from you, for she has been a great help to many people, including me” (Romans 16:1-2). There is a practice among church tradition in some parts of Africa where a minister who has to manage more than one congregation is given a woman to offer hospitality to him in all manner of the minister's needs, including the most personal needs. They called it ‘Phoebe Tradition’. Within the church, among the Yao people, it is a secret practice that subjects women to offer costly hospitality that involves even the giving of their bodies in the name of service to the church, within the HIV and AIDS reality.

In many African societies it is very much done among the chiefs. When the chief is visiting his subjects in one of his area, the headman of that area has to select a woman who has to serve the chief in all his needs, including keeping him warm at night. The girl who was chosen thought it was a great honour for her to sleep with the chief. This is a patriarchal and hierarchical need to be cultured and fulfilled as respect and honour to the chief. Within the concept of community, the Christian practice of hospitality needs to be revolutionized so that its shared

service does not monopolize women into the service of patriarchal gluttony sustained by the conspiracy of silence by both the service providers and the users of such service.

However, the churches that practice sexual hospitality, called Phoebe Tradition, have read Paul's mention of Phoebe to the Roman church to mean that Paul was recommending her hospitality, which encompassed even her extension of sexual services to Paul and other people in the church. During Easter celebrations, a certain church tradition in rural Zomba has a pastor's conference where each male pastor is expected to come alone without a wife. Each is assigned a woman to take care of his every need. Most of the pastors looked forward to this time. The women who extended this type of hospitality do so in the name of giving service to the men of God. Some of the pastor's wives are aware of this practice but they suffer in silence. Usually these women have no power to make decisions let alone sexual ones. The church and some of these institutions have taught these women to be submissive to their husbands who are the heads of their homes (Mr Langani Banda of Muchinji Malawi shared the story 23<sup>rd</sup> May, 2007).

Relating this hospitality service with HIV and AIDS we can see that many women are in danger as they tender their services because they do not know the status of the men they are forced to sleep with. Also, even men can introduce themselves to HIV since they do not know the status of the women serving them.

#### **4.3.5 ISABEL APAWO PHIRI**

She narrates how some African women were seeking resources to combat HIV and AIDS by promoting Virginitiy Testing (Phiri 2003:12). Sub-Sahara Africa is the only region in the world in which more women than men are infected with HIV, with 55% of infected adults, being women and teenage girls in sub-Saharan Africa are five times more likely to be infected than boys. Therefore the virginitiy

test was done to combat HIV and AIDS. According to the Zulu culture in South Africa, it was important that a girl be a virgin at the time of the *lobola* negotiations, for this carried an additional cow for the mother. This cow was thanks for having looked after her daughter well for them. This test was not done for her but for the good reputation of the parents and her husband.

Some people saw that this was a bias test due to the following reasons:

- (a) Virginitiy test is an abuse of children's rights. Girls are forced by their parents to go for virginitiy testing; it is against their will. It is the same as genital mutilation. It is violence against women.
- (b) The venue of testing has also been another source of contention, because in open grounds it dehumanizes the girls. They are robbed their privacy. In Africa it is noted that group initiation of either boys or girls involves taking off clothes in the presence of the other initiates, and initiators.
- (c) The use of hands to check for virginitiy, have been criticized as a way of passing infections if gloves are not used.
- (d) Virginitiy testing is a means of fighting HIV and AIDS. This confirms the patriarchal argument that women are the source of HIV and AIDS.
- (e) It has been argued that virginitiy testing exposes the virgins to the risk of being raped by those men who believe in the myth that having sex with a virgin cures men from HIV.
- (f) Since the community does not demand a man to be sexually pure, then the husbands who will marry these girls who are allowed to have free sex with women will bring HIV to pure girls. In this way we see the girls, are not safe from being infected (Narayan & Petesch 2002:41).

Just as virginitiy is still observed by some African cultures and the Christian body, it was the same with the biblical world. The doctrine of virginitiy was taken very seriously. According to Hans Kung (2001:149-142) all the writers of that time rated virginitiy at the top level – 100%, widows at 60% and wives at 30%. This

was the criteria used for the level of carnality evident in the person's life. Virgins were seen beyond the nature of women but were leading angelic lives, they were treated as the glory of the church. Virgins had to be secluded from the world. All meetings with men had to be eliminated. Silence, obedience, modesty and penance were recommended over and over as the essential guardians of the virginal life.

Male solidarity is created by male initiations at puberty. Male puberty rituals are artificial because a boy's maturing into manhood has no clear demarcation. Hay & Stichter stated that girls enter adulthood dramatically with the onset of menstruation. The growth of breasts and pubic hair may occur over years, but girls are capable of reproduction once they menstruate. A girl is initiated when her menses begin through deprivation and are mutilated at puberty or earlier before marriage (1989:91).

Puberty in boys is signaled by the ability to have erections and is accompanied by a lowering in voice and the appearance of pubic hair and usually facial hair. But boys cannot reproduce until their sperms become visible. In most cultures boys are initiated in groups to inculcate sexual solidarity and the need to dominate women (Narayan & Petersch 2002: 103).

Men remain at home and marry imported women (in all such societies) who come from various tribes women, who are treated as subordinates by both men of the lineage and mother-in-laws; such women are deeply oppressed. Mother's right involves responsibilities for children while father's right involves ownership of children and women and lineage rights to own land - political and economic dominance. Men could only dominate women because they could not feel equal.

Culturally women have been socialized and schooled to please male sexual partners so as to ensure that they remain married to them. "It was important that a girl learned how to dance with her husband when having sex. The overriding

picture presented of women in Africa has been that of being at the mercy of her husband when it comes to sex. Whether the woman herself desires it or not, these realities in which women find themselves derogate dignity and the senses of full personhood (Narayan & Petersch 2002:41).

Childhood Socialization of girls and boys characterises the difference thus: According to Janne Brock, (1984:90) girls were taught to develop roots, boys were taught to develop wings. Girls, in other words, had few chances to master the environment, discouraging independent problem solving by premature or excessive intentions restricting exploration and discouraging active play (Block 1984:111). Boys, on the other hand were encouraged to develop premise system that presumes or anticipates mastery, efficacy and instrumental competence. Parents often tell girls not to try things because their efforts either do not make any difference or may result in failure or danger and, not to speak because no one will pay attention.

Parental behavior shows a relationship to development of mastery, and that relationship may differ between female and male children. From the time when parents describe newborn infant daughters as softer and finer than their newborn infant boys who are comparable in size and strength (Rubin et al. 1974) to the time when young boys are given toys that require skill, and perseverance to assemble and use, girls are given dolls, females are more likely, to encourage more dependence in daughters than in sons (Lytton and Romney 1991:93). Parents through their encouragement of sex-typed activities may encourage girls less than boys towards the sense of power that accompanies physical self-efficacy. Girls are taught that they are weaker than boys that they cannot depend on their bodies for certain strength related tasks.

Girls may be taught by parents to think of their bodies as sources of vulnerability and danger concerns about sexual activity and pregnancy. Often parents place

new restrictions on girls at adolescence, so that growing up is associated with a feeling of decreasing, rather than enhanced, freedom (Van Dyk 2008:152). According to Blinder, parents play an important role with respect to when their adolescent children become sexually active. Studies, such as by Jacobson & Crocket, suggest that children who are supervised delay sexual initiation, Parental supervision has been associated with reduction in the risk of adolescent sexual activity. Thus it is important to examine the role of parental supervision (2006:16).

In most schools teachers pay more attention to boys than girls and allow boys to talk and interrupt them more than the girls do (Sadker and Sadker 1985 94). Studies of primary and secondary school mathematics classes show that boys receive a greater share of the teacher's attention in class than do girls. Boys are more active than girls in providing answers. Boys have more non-academic conversational contact with teachers too. The school environment may provide females with socialization towards powerlessness not only through messages about academic success and failure, but also through messages about relationship and sexuality.

A young woman who is being sexually harassed by her teacher or professor is made to feel powerless in several ways; she feels that she has little control over her relationship, she feels that her achievement orientated behavior will make little or no difference to the academic outcomes that are controlled by the harasser. She is aware that she is not taken seriously as a whole person but is being related to mainly in the terms of her sexuality. Since sexual harassment of female students, is not a rare event but rather seems to affect directly at least one-sixth of female college students. Narayan & Petersch saw that, it must be regarded as part of the process through which females absorb the message of powerlessness in school situations and also the societies in which they are living (Harayan & Petersch 2002:41).

#### 4.4 GENDER DISCRPTION AT THE PLACE OF WORK

Constructing gender identity through workplace discourse is that gender is an ever present consideration, though participants may not always be conscious of its influence on their behavior. We are always aware of whether we are talking to a woman or a man, and we bring to every interaction our familiarity with society gendered stereotype and the gendered norms to which women and men are expected to conform (Holmes 2006, Parry 2008: 27).

Men and women perform work differently or occupy different roles in the same occupation, e.g. women may teach introductory and service courses at a university while men supervise PhD students. Men publish more articles while women do less or nothing. Training is vital for promotion, and reduced access to training has probably had the greatest negative effect on women's chances of seniority. Women who have managed to get training have usually taken an initiative themselves and used whatever informal influences they have. House-work women are reported to be doing more than one task at once; washing the clothes, sweeping the house while keeping an eye on the children. It appears that domestic tasks are still gendered and women are more likely to be doing several things at once.

In so many African countries you see men sitting idle under trees, in bars or tea houses or soda shops or pubs while women walk for miles bent under burdens of faggots, fetch the firewood or vegetables for fodder, or with heavy water on their heads. Women do a day's work in the field or a factory, and still entirely maintain the household. But in a male dominated society, women's work does not give them a voice in public decision.

Women are typically few in number in the management ranks, Anne Jardim has stated that “women have only begun to occupy roles with real power, status and responsibility in the professional world in the last two decades.(1996:32).They are vested with little organizational power as compared with men. Findings show that women managers report greater stress than men managers due to conflicts with their partners. Child bearing and other home conflicts suggest that although career demands may be equal for both partners, married women managers still do not receive the support they need.

The extra burden of managing career and family that women face may result in negative mental and physiological health outcomes. Men managers still define the successful manager by stereotypical masculine characteristics, suggesting that women managers who do not exhibit these masculine attributes may experience stress-inducing roadblocks along their career pattern. Leadership qualities within this framework include willingness to challenge and take risks, ability to inspire, problem solving approach, toughness and standard measure seems embedded in an authoritarian and masculine perspective (Jardim 1996:32).

A majority of women managers are not married: they are single, divorced or widowed or have no children. Their career priority is lower than that of their husbands; they spend more time on housework and child care than their spouses and they have little leisure time for themselves (Jacobs: 1994: 5). Women do the caring jobs e.g. domestic work, caring for the sick, children, husband, elderly relatives. Most divorces happen because of some domestic issues; there is a relationship between gender and caring. The caring which starts with the rite of passage of motherhood extends into the future. Investment in femininity provides some status and moral position both in relation to working class and middle class women (Mills 2003:187).

UNDP (2000) showed that women have less access to income and possess much less worth. Women's economic position, often involving a greater or lesser dependence on men, is a consequence of the kind of work men and women do. To the extent that much of their labour characteristically does not command market value, they are dependent on those members of their household or kin group who operate in the cash economy. Where opportunities to gain marketable skills and education are restricted for women, then the possibility for combining non market with market-valued activities is reduced. Such dependence is expressed both within and outside marriage through sexual relations. Indeed sex has been referred to as the currency by which women and girls are frequently expected to pay for life's opportunities, from passing grades in school to a trading license or permission to cross a boarder (UNAIDS 1997:4) and also to obtain higher posts at places of work.

Sexual harassment is another challenge which makes life difficult for working women in several ways. First, most of the women had been sexually harassed (Paterson 2009:46). Secondly, however they have done in practice their success will provoke rumors that they have achieved their position through sleeping with someone, in a powerful position. Thirdly, married women's husbands' behavior is premised on sexual jealousy, at times obsessive, which limits their freedom of movement in ways that impact seriously on their job. If they are not married, on the one hand they are considered fair game (lacking husband with sexual rights over them) and on the other, their freedom of movement is policed in a more indirect way by assumptions about proper and improper behavior. The third linked assumption is that sex is separable from work. Each assumption is problematic for women (Gutek 1985:66). As one man expressed it, in principle a woman can refuse without repercussions, but in practice she cannot: the repercussions can easily affect a woman's career.

Some husbands of working women cannot understand or accept their wives' desires. Most women want emotional intimacy and special romance before sexual intercourse, while some men want the sexual intercourse to serve as the intimacy and romance taking place (Mansfield & Collard 1988: 51). There is a style of having early marriages in most Zambian societies, especially among the illiterate.

Chewe (1989:5) presented his paper at the national Conference on Zambia's Policy, May 17th. Chewe argued that Zambian women have not had equal socio-economic opportunities compared to their male counter-parts. He attributes this to tradition and lack of education or skills for wage employment. Chewe claims that in the sphere of education women have been and continued to be worse off than men. Their educational position has not changed radically since independence in 1964, especially in terms of technical and vocational training. He affirms that the 1980 census results revealed that women had more limited access to higher education than men.

Chewe recommends that the Zambian government, with the help of both local and international N.G.O's and donor agencies, should deliberately take measures aimed at improving the status of Zambian women through education and involving them in major economic activities and decision-making processes. He also suggested that credit facilities for economic activities be improved to enable the Zambian women to contribute to the development of Zambia (Chewe 1989:6).

#### **4.5 GENDER AND EARLY MARRIAGES**

There is debate which took place among some Zambian chiefs that said among other things, "early marriages should be allowed." According to the Post News

paper of Wednesday, May, 16th May 2007, Chief Simamba of Southern Province said people should be allowed to marry early because of the reduced lifespan in Zambia. He said nowadays girls as young as 12 years could be called women. "What can stop this girl that has passed 'exams of maturity' from getting married when she is just at home?" he wondered. He continued, saying, "its not illegal if both parents agree to allow marriage." Lifespan has reduced to 36 and 37 years. Why should one wait to get married at 21? It's not possible. He said he has no problem with such a marriage if it was properly arranged.

Some other chiefs and gender sensitive activists pointed out that these girls who marry at an early age, many of them have problems when giving birth, since their bodies are not fully developed. One of them narrated how his 15 year old niece was married to a 81 year old man. This was treated as an abuse of some kind. Girls should be encouraged to go to school and marry later when they understand the meaning of marriage. Parents should be taught the advantages of marrying a full grown up girl. Men should not take advantage of illiterate parents who are after money without thinking about the well-being of the girl. It seems that there is no law implemented in Zambia which forces the children to go to school. This can be the only way to avoid early marriages.

Cultural and social expectations, closely related to rigidly prescribed gender roles, are that women should marry at a young age. Because married couples are likely to have intercourse more often than unmarried couples, marriage at a young age, by itself, increases adolescent women's risk of contracting Sexually transmitted infections including AIDS. Some men who are many years older than their adolescent wives probably feel even more entitled than the average married man to direct and control aspects of the relationship such as how to use condoms or other contraceptives and how many children to have (UNPF, GIRAH & State of World Population 2003:9). The risks associated with early marriages are evident in a study of sexually active women aged 13-19 in Uganda. The

study found that the HIV infection rate among married women was nearly triple among single women 17% Vs 6% (Kande-Lule, Sewankambo, & Morris 1997:89-100).

Young women often have less decision-making power regarding sexuality than adult women, especially because they tend to have older male partners. These men may be better off and able to provide the women with things that they cannot otherwise afford: clothes, cosmetics and even school fees. Young women are also often expected to be passive, which leaves them with little control over when, where, and how sexual activities occur, including the use of condoms (De Bruyn, 2000:13-17).

Biologically, young women are particularly vulnerable because their immature genital tracts may tear during sexual activity, creating a greater risk of HIV transmission. This is especially likely during forced sex. Social expectations may also lead adolescent girls to engage in anal sex to preserve their virginity. However, young men are expected to be sexually knowledgeable, which may deter them from seeking information for fear of appearing ignorant. They are also expected to be aggressive and in control of their sexual relationships.

Girls are weaker and more vulnerable to public abuse. Boys from the ethnic groups that undergo mukanda (the Lunda Luvale) are taught to think that they are superior to girls. Sometimes girls are beaten for refusing to have sex (Narayan & Petersch 2002:41). In defending this practice of beating girls, one boy said that the payment of dowry encouraged gender based violence because it made men feel that they had purchased their wives; boys were brought up to believe in their superiority over girls (Narayan & Petersch 2002:57).

Many young women marry older men; 55-92% of women aged 29 who are married before age 20 have husbands who are five or more years older than they

are. In most countries in West Africa and Central Africa, one third or more have husbands who are 10 or more years older than they are (UNAIDS 2004). This means that the husbands of many wives typically have been sexually active for several years and are likely to have had more previous sexual partners than their wives. Some young wives are likely to contract HIV or another sexually transmitted infection (STI) from their older husbands (McFadden 1988:189).

The Lunda and Luvala of Zambia have their own ceremonies to mark entry into adulthood. They also reinforce gender stereotypes, encouraging young men to assume dominance and young women to accept their lower status. According to Brill, after initiation it was observed that girls took less interest in school. Boys are at risk of infection or bleeding to death from circumcision and girls' genitalia are painfully manipulated to make them more attractive to men (2005:16).

For many poor less educated women, worldwide gender inequality can lead to high rates of STIs, unwanted pregnancy, unsafe abortion, and maternal mortality and morbidity (Ilttmann 1995:42). This particular trend is for young women, who may suit men's sexual demands because they fear being beaten or they are in a subordinate position and have no alternative. Women with little power may not be able to refuse sex or to risk their partners using a condom even when they know the risk of getting pregnant or contracting an STI including HIV. For example in Uganda, one in four women and men believe that a married woman cannot refuse sex, even when she knows her partner has Aids (Blanc 1996:9).

#### **4.6 GENDER AND SEXUALITY**

According to Dr Felicity Edwards a Presbyterian theologian, "The theological understanding of sexuality is part of theological anthropology. Sexuality is an internal part of personal being. It is one of the components of the marriage situation, but prior to the marriage of a physically mature person is a sexual being, and one who is widowed or remains unmarried is still a sexual being"

(Verryn 1975:51). It is very important to address sexuality from the start, even at an early age of human developmental stages, so that humans can understand themselves as sexual beings both within the marriage situation and outside.

Han & Stichter (1984:88) pointed out that sexual differences are a fact of biology, but what significance societies attach to sexual differences is a human cultural creation. These differences in value and behavior assigned to women and men are embodied in gender roles. Thus, gender is a cultural construction. Female sexuality in all human societies is largely constructed in relation to a perceived male sexuality and pleasure, and it is ultimately linked to reproduction. Women tend to be socialized into a concept of sexuality which is often externally directed as a young woman, a wife, a lover, a mother.

Women are rarely allowed to construct and express their sexuality in a woman-centered sense for themselves as individuals and as a social group. Nevertheless, women have struggled and created spaces for themselves as women through the women's movement, and through their friendships as women, in spite of a sexist culture which insists that women are enemies to themselves.

These sexual forms are fundamentally oppressive to women because they restrict and control the expression of sexuality as a free form. "Sexuality is related to our personal lives and internalized forms of oppression. It is an important element in people's life and well being. It is a source of power and strength. When people are allowed to express their sexuality in their own terms and it is determined by their specific needs, it becomes a source of strength and empowerment" (Reyer 1991:26).

Gender stereotypes are generally adhered to, with most respondents seeing clear differences between rights and roles of men and women. The concept of

gender based violence is not well understood, many people believe that it is reasonable for a man to use violence to ensure that his wishes prevail over those of a woman. For instance, this means that a woman cannot insist on her husband using a condom even when she knows or suspects he is infected with HIV. This presents a very real threat to health (Brill 2005:18).

It is likely that men are mostly infected in casual sexual encounters either with heterosexual or homosexual commercial sex workers or in exchange of gifts. Many women are infected by their husbands or boy-friends. Most men object and demand to have sex without a condom even if they know or suspect their partners may be HIV infected. Men use all kinds of excuses to justify their refusal to use a condom, such as; “You don’t eat a banana with the peel on or a sweet with a wrapper.”

The most common form of sexual intercourse was said to be vaginal sex, because sex included the need to satisfy sexual urges, to strengthen social bonds, to demonstrate love to their partners and (for women) sometimes to make money .Valdiserri pointed out that there is a high likelihood that economically disadvantaged female addicts are propagating the spread of HIV through prostitution (1989:5). Men said it could not be possible for a woman to initiate sex, but that this would be done indirectly, using body language. They said if a woman did this very often, she might be suspected of having loose morals. Another suspicion was that the woman might have been pregnant by another man but wanted her husband to think he was the father of the unborn child (Brill 2005:46).

Polygamy is a society norm. They feel polygamy helps to prevent or reduce unfaithfulness, prostitution, STI, and HIV. According to Van Dyk (2001b:121) polygamy often provides a health alternative or solution to problems that are inherent in certain cultural customs. In some African cultures sexual intercourse

between a husband and wife is prohibited while she is pregnant so other women service the man (Green 1994:78). Who services the young woman when a man is in the homes of other women?

Most women have argued that men are very selfish people; they don't consider a woman as a human being who has feelings also. Men's world has taught women to accept everything even if they don't agree within their hearts. Women have been oppressed in so many ways, freedom is not part of them. Men feel that putting an animal in a cage is freedom. Polygamy does not prevent or reduce unfaithfulness or prostitution, this is why HIV and AIDS is spreading (Dolphyne 1991:14). Men think they are the only ones to have sex, and women should wait until men demand it. Are women not people like men to enjoy their sexual feelings? A person who has personal self-control is different with a person who is ordered to be self-controlled. This can be one of the reasons why AIDS is booming rapidly in Africa.

In Zambian tradition, when young women are prepared for marriage, they are told that the sustainability of the marriage union is their sole responsibility and hence they are told to hold on to their husbands even when they cheat on them with other women. One qualifying saying often said and very popular among the Bemba is "*Ubuchende bwamwaume taunaula ng'anda*" meaning a man's infidelity cannot be a cause for breaking of a marriage. But a woman's infidelity will make the break-up of the marriage. Therefore men believe African tradition gives them the right to have more than one woman. And this has been widely accepted in many societies as a way of life, resulting in some being equated to dogs and accepting infidelity as the behavior expected of any normal man. Women on the other hand, are expected to carry on as though nothing is amiss. Here is a trauma of a cheated wife, written by Sheila Manse Mwenya and stated in the Friday Edition News paper of 15th October 2004:

*Seven months into our marriage I discovered my husband's girl friend was five months pregnant and I was devastated, to say the*

*least. When I discovered my husband cheated on me so early in our marriage, I cried everyday for two straight weeks. But I failed to leave him because I was afraid of what people would say. I also could not face my parents and family. So I kept it to myself and remained with my husband just to keep up appearance,” Sherry explained. “I was slowly entering into depression without realizing it. I started behaving so strangely. In the middle of the night or the early hours of morning I would waken and leave the house to start wondering around the township barefoot. I became violent. I was losing weight. Then I sought counseling at Y.W.C.A. gradually life started to normalize for me.*

According to Y.W.C.A. very few women are ready to talk about their husband's infidelity, because in Zambian tradition that would mean disrespect. Women would rather sit and suffer alone without a shoulder to cry on. Many women believe all men are the same and suggest women should give a blind eye to their husband's infidelity. They should just pretend they do not know even when they know their husbands are cheating on them. A faithful woman is the one who knows what is right or wrong for her and who can control herself. Or a faithful man is one who can control himself, who has respect for others and who has genuine love. Some men said infidelity was the only way to prove fertility, since infertility was viewed as though a person was, dead.

The idea behind the biological issues related to marriage is that the male is a carrier of life. The woman, on the other hand, is the receiver of the life-seed and in whom the seed grows, eventually to be born in the form of a child. Because a woman is a receiver of the male seed, her main purpose in life is motherhood. She does not primarily exist for her own sake or in her own right. Her essential duty and purpose in life is to bear children. Since the husband is regarded as the bearer of seed, he becomes the destiny, the function and the activator of life (Verryn 1975:4).

Infertility was perceived to be almost exclusively a young female's problem, although some people knew that a man could be infertile without being impotent.

This belief threatens a woman's health, because she may be encouraged to have sex with a different man in case the infertility is caused by an incompatibility between her and her husband. Impotence and infertility are known to be prevalent among men. It is attributed to much abortion in the case of women, or someone getting hold of a root from trees where the woman lay at her initiation and singing to them to cause infertility. Impotent men in the community are despised and regarded as less important or someone without profit in the community. Impotence is believed to have several possible causes. These are said to include gonorrhoea, overwork, and the umbilical cord falling on the manhood (Raising, 1992:78-79).

Usually it is thought that childlessness goes hand in hand with deep sorrow and grievous disappointment, while the popular image condemns a childless marriage as an unhappy marriage. As in the case of most elements, childlessness is experienced as a lack, a deprivation of an important fulfillment for which one has hoped and upon which one has depended. It is all easily uttered, and for childless couples irritating, the argument is that childlessness saves one a lot of trouble and sorrow.

One of the issues that has come to the fore, in reaction to the manner in which HIV is requiring a reconstruction of female sexuality, is the dilemma being faced by single women who are sexually active. The enjoyment of a freedom won through insisting on the right to have sex and bear children outside of the traditionally defined family structure, and the deconstruction of a traditionally defined sexuality which emphasised male pleasure and male rights, is being undermined by the threat of HIV infection (Paterson 2009:79).

#### **4.7 GENDER AND CULTURAL ISSUES**

In discussion on the role of gender in the spread of HIV, the views of the church were expressed in the following words: 'treated like slaves', 'frequent rapes', 'inequality in relationship', 'African culture,' tradition must be obeyed', 'suppression' and poverty'. A general sense of male domination ran through the participants' views. The thinking of the participants is in line with the findings of UNAIDS which states that male domination, sometimes expressed in domestic violence, is common throughout the world and that this makes women vulnerable to HIV infection in direct and indirect ways (UNAIDS, September 2000).

In any discussion of gender, cultural issues and AIDS it is important to take note of the multicultural feminist perspective because it represents one of the dimensions of the theory underlying women's subordination (Adewunyi, 1999, Parry 2008 27). According to this theory, a combination of class, race, gender and sexual factors operate interactively and interdependency as systems of women's dominion. This reflects typical African women who complain that their husbands 'feed us and we are poor, and because we want to keep our marriage, we have to listen to our men'. As a result, women are in an inferior position because some societies allow only men to inherit property, thus giving men control of the productive resources of society.

It is widely acknowledged among the population that heterosexual monogamy is the exception rather than the rule. Men prove their sexual powers by sleeping with many women. Polygamy and various forms of friendship allow promiscuous practices such as wife exchange and may be pro-violent (Poewe:1985:10). According to Zinanga, in many countries marital rape is still not considered a criminal offence. A woman who has been beaten may accept it is as a manifestation of the love her husband or boyfriend feels for her, or a wife who has been raped by her husband may think that it was his right to do so and that it demonstrates that he is sexually attracted to her (1996:3-7).

Breaking the silence surrounding the cultural and sexual practices related in HIV infection may be a major step in the process of empowering people to live a safe life (Messer 2000:45). What then are the areas covered by silence, hidden under layers of guilt, and whispers by both the religious, and political in which speaking about them is a taboo? Postmodernism does not mean that we have to do away with the subject of politics but rather we ask after the process of its construction. The value of postmodernism therefore is that, like deconstruction, it shows clearly how arguments bury opposition. Its disorderly force is rude and impertinent in that it shows where power resides hidden and quiet and displeased at being exposed (Judith Butler 1992:69).

Although gender roles are changing rapidly in Sub-Saharan Africa, traditional stereotypes remain prevalent in many societies. Men are expected to be strong, providers, protectors and authority figures in the family and women primarily to be wives and mothers whose role is to grow and prepare food for the family. Sexual experimentation before marriage and having more than one sexual partner after marriage are still widely condoned for men, while women are expected to abstain from sex until marriage and to be faithful to their husband once married (WHO, Child Adolescent Health, HIV 2003:8).

Marriage is an exalted state of life sanctified by God from the beginning of man. "Yahweh God said it is not good that the man should be alone. I will make him a help mate" to which God did through the rib of man and created woman. Seeing a woman on his side he appreciated the hand of God this man explained that, this is at last bone from my bones and flesh from my flesh she shall be called woman. (Gen 2:24)

Because of sin man's reason for marriage has been distorted. Men and women engage in sexual relations for an array of reasons that range from the pursuit of:

pleasure, desire for intimacy, expression of love, definition of self, procreation domination, violence or any combination of the above as well as others: How people relate sexually may be linked to: self-esteem, self respect, respect for others, hope, joy and pain. In a different context, sex is viewed as: a commodity a right or a biological imperative, it is clearly not determined fully by rational decision-making (Carovano, 1995:3-4).

#### **4.7.1 MOST WOMEN ARE SEXUALLY STARVED**

Cultural beliefs and expectations tend to make men responsible for deciding when, where, and how sex will take place, while women generally lack control over sex and reproduction. Women are very slow to reach an orgasm, as a result most men are always in a rush to leave the bed of matrimony starving the other partner, who was traditionally told only to service a man whenever he needs it. One woman complained that she has reached orgasm three times in twenty seven years of marriage. Her husband always says he is very busy or he is feeling sleepy and tired. As a result most women lose interest in sex faster before they even reach their menopause.

Many societies share the idea that women seduce men into having sex and those men cannot resist because their sexual needs are so strong. Women are always blamed for anything and yet they play a very passive role where sex is concerned. In some societies men are expected to have more sexual partners than women, including more extramarital partners, a tendency reinforced by male migration and mobility (Narayan & Petersch 2002:38). Such beliefs and practices are an obstacle to HIV/AIDS prevention because they deny men from taking responsibility for their sexual behavior.

The feminization of poverty has meant that women and girls increasingly have to exchange sex for love, money, food, shelter and other needs and that much of this sex is unsafe. Most sex workers do not enjoy sex because for them it is a

way of raising money. In many of the heavily affected countries, young men are often encouraged to start having sex from an early age and to have a number of different partners to prove their manhood. Young women are particularly vulnerable because their immature genital tracts may tear during sexual activity, creating a greater risk of HIV transmission. This is especially likely to be the case during forced sex (Harayan & Petersch 2002: 127). Because of what women go through, they do not look forward to entering the marriage world but some are forced by their parents. In the same way marriage, as Kung {2001:152} narrated that “in the ancient world marriage was regarded universally as a civic duty in order to repopulate. Young people had no choice. Their marriages were arranged for the benefit of both families and the young woman passed from the authority of her father to the authority of her husband. The male dominance of the male in marriage was not questioned. It was believed that women were made for submission, and any attempt to change opened a way to severe punishment.

#### **4.8 AIDS, SEXUALITY AND GENDER IN AFRICA**

Aids expose women’s vulnerability. Both men and women are affected by Aids, but women in particular given how gender relations configure with sexual behavior and economic security, They are the most affected beings. Gender relations not only underlie women’s particular vulnerability, they also inhibit women’s attempts to protect themselves and their families. If interventions around Aids are to be effective, they must address the factors which drive the epidemic. Such factors are deep-seated and intransigently embedded in the very power relations who define male and female roles and positions both in intimate relations or the wider society. Women and men need protection now and cannot wait for deep structural changes (Baylies, 2000:1)

Women’s vulnerability to Aids follows from social, but also physiological factors; the possibility of male to female transmission is estimated to be two to four times

that of female to male transmission concentrations (UNAIDS 1997). The reasons are: there is higher concentrations of HIV in semen than in vaginal fluid, a larger area of exposed female than male genital surface area, greater permeability of the mucous membranes of the vagina compared with those of the manhood and longer period of exposure of semen within the vaginal track.(Baden & Wach 1998).

Untreated sexual diseases. STI's can increase the probability of HIV transmission in both men and women by as much as ten times {Mac Namara 1991,Paker& Patterson, 1996 Parry 2008:147}. Behavioral factors complicate the situation, with women typically having poorer access to STD's care because of: distance, cost, adequacy facilities, and the way of stigmatizing the nature of the condition, all of which deter them from seeking formal assistance (UNAIDS, 1997).

In addition, repeated infections of gonorrhoea and other reproductive tract infections through their associations with infertility (Mc Namara 1991:33) can sometimes push women towards greater sexual activity in an attempt to conceive, or, in contributing to the forced ending of marriage, can result in women being placed at an increased risk of HIV (Paterson 2009:94-96). This has a direct impact in reducing fertility. When a woman who is already infected becomes pregnant, however, the progression of HIV may be accelerated and complications of pregnancy and delivery increased.

While physiological factors increase the risk of transmission to women from unprotected sex and accelerate the course of illness in a woman who is living with HIV. Women's social location can also place them in the context of risk or inhibit their ability to protect themselves. Note that in a large measure a women's vulnerability to HIV/infection derives from their low status in society. Paterson (2009:94-95) describes women as a subordinate sector in referring to their low

status and powerlessness in connection with Aids. Women have limited control to determine their lives, lesser ability than men to control the nature and timing of sexual activity and frequent inability to negotiate change in sexual behavior.

#### **4.9 WOMEN IN THE MINISTRY OF JESUS**

The New Testament teaching that relates to gender distinctively is complex. The biological differences between men and women are considered something to be overcome. God's creation of humans are male and female; is still regarded as good, yet in Christ there is no male and female, there is a fundamental freedom of women and men in Christ from pre-determined roles, thus also gender based discrimination (Genesis 3:28). When Jesus began his ministry he called the twelve male disciples representing the patriarchs of the twelve tribes of Israel to be his associates. But he also issued a general call to discipleship to all regardless of gender. Women as well as men responded and followed him. They ranged from women of means who contributed financially to the support of Jesus and his disciples, to women of the most tragic circumstances whom he forgave and healed and liberated from demonic forces (Luke 8:13, Mark 16:9). Jesus called his women followers his own sisters and mothers in his new family of disciples they were all bound intimately around Jesus as doers of God's will (Mark 3:31-35); he also called them daughters (Mark 5:34) expressing their intimate relationship to God their Father (Abba).

Jesus also broke the patriarchal expectations for women's roles that were typical throughout Greco-Roman World. When Mary, sat down at his feet to listen to his teaching, and Martha did all the domestic work. Jesus did not criticize Mary or taking up a typical male occupation (Luke 10:38-42), he did not accept Martha's criticism of Mary for neglecting women's work and leaving her alone with all the

serving. He praised Mary for doing the one thing that was needful, for choosing the good position, and he defended Mary's right to it; it shall not be taken away from her. Thus Jesus teaches the sharing of both sexes. He does not regard women as unsuited to intellectual or spiritual pursuits.

In the gospel accounts of Jesus' resurrection from the dead women play the prime roles as witnesses, in contrast to the very circumstances scribed roles as regal witnesses that they could play in Judaism. Women were the first witness of the empty tomb and of the resurrected Jesus and they were sent by the Angels of the tomb and Jesus Himself to report to the disciples what they had seen and heard (Matthew 28:1-10, Mark 16:1-8, Luke 24:1-11, John 20:1-18). Their being assigned these roles is significant also in the light of the fact that a woman's word was commonly considered unreliable, as the reaction of the disciples to their report on the first Easter illustrates (John 4:39-42). The fact that the women are witnesses of the risen Lord means that they fulfill the prerequisite for apostleship which corresponds to Jesus sending them to announce his resurrection to the other disciples.

Jesus did not only associate with women but touched them and was touched by them even when they were ritually unclean. Jesus touched Jairus' dead daughter and she arose (Mark 5:21-43). The woman suffering from bleeding touched his clothing and her health was restored. Women and disciples remained with him during his arrest trial and death. It was a woman who first witnessed Jesus' resurrection (Matthew 28:1-10). HIV/AIDS victims are discriminated upon like women and children during Jesus' time. If Jesus was here today he would eat with them and he would touch them. Jesus did not observe some of the rituals of purification which were to take place after touching a dead body.

What is modeled for us in the God-head between God the Father, God the son, and God the Holy Spirit? There is equality. There is no hierarchy in the trinity,

only absolute equality. What was laid down in the Garden of Eden when God Elohim, a plural unity, created man and woman in his own image were equal. Each of us is equal before God; men and women were made in the image of God. Jesus paid the supreme price for both with his death on the cross. For God so loved the world, not just the males, that he gave His only begotten son. A male soul is not more valuable than a female soul. A woman has absolute equality with men in God's eyes. Therefore she should be equal in our eyes as well. This is God's absolute for all of us.

The grace of the Holy Spirit has been used to sustain gender imbalances as they have demanded more from Christian men. Moreover, instead of being conceived as qualities of Christian character, especially expressed as fruit of the Holy Spirit's inner work, they have demanded more of women in their service to men than to God. Consequently, married women are taught not to reveal their husbands' failures and abuse. For example, a woman who is a victim of spousal violence is taught not to reveal that she has a black eye because of a beating she has sustained, but rather to lie by saying she hit a wall or something.

The main concern, to protect the dignity of the head of the family, does not take into account the whole question of the woman's dignity. She is pressured to safeguard this dignity of the other; she has neither time nor motivation to ask about her own dignity. The demand to protect the man's dignity is also a reality in the life of the church, the community of believers in Christ.

#### **4.10 PAUL'S MINISTRY WITH WOMEN**

Paul is being accused of being bias towards women because of the way he handled some issues when a problem rose. In both Ephesians and Colossians, Paul addressed the subordinate status of women and slaves in the same context. In the book of Corinthians, the topic of women, keeping quiet in the presence of

men, and women had to cover their heads when praying. People misunderstood Paul on both of these occasions this misinterpretation of the words, as if Paul was making moral standards for each woman to follow. Whilst Paul was just addressing the issues which arose during that particular occasion.

In Galatians 3:28 "There is neither Jew nor Greek, there is neither slave nor free man, there is neither male nor female: for you are all one in Christ Jesus." It is in this verse that Practical Theology with regard to the place of women in the church finds its critical moment. The church has understood this verse reflects the practical approach it has taken to the status of women today. Paul is only stating that in God's eyes there are no social distinctions, and everyone can enjoy a station of dignity in the body of Christ, even a Gentile, a slave and a woman. Paul worked with women during his ministry, in Acts 18:18-19 Paul was accompanied by a couple Priscilla and Aquila as he sailed to Ephesus where he left them.

If women begin to acknowledge themselves as human and gain dignity as God's image and decide to break the code of silence within the church, there will be a break-through in the efforts to bring meaningful healing transformation, particularly in the fight against HIV and AIDS. Therefore there is a great need to develop a theology of equality of women and men as bearers of the image of God.

Christian marriage should be built upon agape mutual companionship while economic security, social status and sexual pleasure should be inevitable benefits of such meaningful relationships. Both men and women should be given an environment that helps them to enjoy Christ's liberation and encourages them to attain fulfillment as they reach their highest potential in their service towards God.

The empowerment of women is important to the prevention of HIV and AIDS. Both cultural and Christian sexual education faces the challenge to work towards gender and sexual socialization and the emphasis should be on mutual love and companionship as the basis of a marriage relationship and sexual pleasure to be enjoyed by both men and women. This mutuality would help women to realize that they are not sexual objects at the mercy of men's sexual powers but that they are companions and partners in this act which is a holy and pleasure gift from God. Indeed the time has come for women and men in the church to purposefully release the sexual power of the woman. This power, together with gender equality, will help to enhance mutual love and thus contribute to the mutuality of sexual fulfillment, faithfulness and healing in heterosexual relationship culminating in HIV and AIDS prevention.

#### **4.11 EMPOWERING WOMEN**

It is necessary to educate women and give them the information they need about their bodies and sex. Ideally, education programs should start before young people become sexually active and should be combined with education about women's rights. By reaching pre-teens and older children, programs can affect their emerging norms. For example the very young (6 to 10 year olds) can be exposed to messages about healthy body image, body sovereignty (good touch versus bad touch) and support of people living with HIV and AIDS. Provide women with skills-training in communication about sex and how to use a condom and foster inter partner communication.

These programs can improve women's access to economic resources and ensure that they have property and inheritance rights, have access to credit, receive equal pay for equal work, have the financial, marketing and business

skills necessary to help their businesses grow, have access to agricultural extension services to ensure the highest yield from their land, have access to formal sector employment, and are protected in the informal sector from exploitation and abuse.

They can insure that women have access to health services and to HIV and STI prevention technologies that they can control, such as the female condom and microbicides. Increase social support for women who are struggling to change existing gender norms by giving them the opportunities to meet in groups, visible in communities, by strengthening local women's organizations and providing them with adequate power and by promoting sex and family.

These programs can also move the topic of violence against women from the private sphere to the public sphere, insuring that it is seen as a gross violation of women's rights and not a personal issue. They can promote women's decision-making at the household, community and national level by supporting their leadership and participation. To give them a voice, women need to be provided with the opportunity to create a group identity separate from that of the family, since for many women the family is often the social institution that enforces strict adherence to traditional gender norms.

#### **4.12 SUMMARY**

Rites of passage have been an issue of sorrow to most women in different societies in Zambia and in Africa at large. All the problems women encounter as they make themselves vulnerable to many things, including HIV and AIDS, might be considered. Changing the way of thinking of women is more like changing the whole world of development. Women are the ones who implement society rules and regulations by seeing that everything is well taught and well followed by the new generation. That is why it is important to empower women in many areas so

that they are able to produce children who can be morally fruitful with independent minds for society.

Women have found themselves victims of rites of passage since birth because the transition of change is taken more seriously as one passes through another stage. Some celebration and rituals do take place in order to give power and rights to the new initiate. Usually the new initiates have to play a passive role not talking with elders; they are not even able to ask questions if something is not clear. A discriminatory life for the girl-child starts at home, at school, at the college, and at the place of work; she is underrated as nothing. For her to rise at a place of work; she has to go through a; tough life; even if she has proper qualifications. Even those few who have risen they are never heard during decision making.

Boys are treated with respect while they are young and even as they grow up; as the carriers they get a position in society. They are also given the chance and space to explore on their own, while girls have no time and space to explore and usually this is done under guidance. Freedom and independence is never experienced for girls. As a result they are taught how to please their husbands when they are married. That is why there is need to teach girl-children and empower women according to their ability of understanding things, so that they will be able to stand on their own in time of problems or death of the spouse. During rites of passage as both boys and girls are growing up, they should be treated equally and should be given the same chance of education. Both men and women were created in the image of God, therefore they need equal treatment (Genesis 1:26).



## **CHAPTER 5**

### **rites of passage a theological reflection**

#### **5.1 INTRODUCTION**

The purification regulations for the African belief on Clean and Unclean are the ones which lead people in most societies to do certain rituals to meet the norms of the society. In order for us to understand why human beings do certain rituals as they enter the new phase of rites of passage in Zambia or in Africa, let us see what

**their world view is like for us to discuss the following topics: African view of God, African view of sin, Causes of sickness, Healers and their roles, etc.**

## **5.2. AFRICAN VIEW OF GOD**

Most Africans have a belief in the hierarchy of "deities" for example the Ngoni and the Chewa tribes of Eastern Zambia. At the top is *Mulungu* Supreme Being who is a creator. The Supreme Being was believed to live far away, out of reach of man, and is transcendent. The Being who has created the world, and orders it. Who also listens to the prayers of the people he created. Next are the non human spirits who are closest to *Mulungu*, who are believed to control the natural phenomenal such as thunder, lightening, storm and rain. The third level is nature spirits embodying charms and amulets, and then spirits of the respected dead. These may act maliciously or benevolently, depending on how well they are treated. According to Bajo (1992:20-21) "Life is a participation in God, but it is always mediated by one standing above the recipient in the hierarchy of being. This hierarchy belongs both to the invisible and to the visible world. The invisible world, the highest place is occupied by God.

According to Mbiti, African's sacrifices and offerings to the ancestors are not worship but a symbol of "fellowship" because, though physically absent, the ancestors are still close to their families. Sacrifices and offerings constitute one of the commonest acts of worship among African peoples and examples of them are overwhelmingly many. In some cases sacrifices and offerings are directed to one or more of the following God, spirits and living dead. Recipients in the second and third categories are regarded as intermediaries, so that God is the ultimate recipient whether or not the worshippers are aware of that (1971:58).

### 5.3 AFRICAN VIEW OF SIN AND ITS ORIGIN

All African tribes agree that man was once innocent but became a sinner by offending God in one way or another. There are many legends explaining this fall. According to the Ashanti (Ivory Coast), God originally lived closer to men but one day withdrew into the sky because the mother of these men kept on knocking against him with her pestle. Then she tried to catch God by building a pillar of mortars. This couldn't work as the mortar at the bottom collapsed. The survivors gave up the idea of following God up into the sky (Mbiti, 1969:97). In an African view, it is God who withdraws from the people but in Genesis 1, it is man who withdrew from God after sinning, as a result of this initial disobedience, death and suffering came into the world (Mbiti, 1969:97).

Although the Africans believe that sin originated from man's first offence against God, in daily life sin is not committed against God but against the community - one's family or tribe which includes the ancestral spirits. Since it is the community which justifies an individual, it is the same community which feels the pain and guilt most. One is conscious of the shame and disappointment experienced by one's family - especially one's elders and the ancestors who are the originators and custodians of the laws and customs of the tribe (Blackly, Beek, & Thomson 1994:91). To the African, sin can either be an action or state, sins can be clarified under moral offence, breaking the taboos or customs and being in a state of ritual impurity. The impure state means the offender is passive, whilst in the other categories, the offender does something undesirable (Wagner 1949:207-210).

*Moral Offences:* The majority of the moral sins committed in the tribe are forbidden by moral laws found in the Ten Commandments, e.g. You shall not commit adultery, You shall not steal, etc. God spoke to African people's hearts way before He gave the law to the Israelites and continues to do so. *Breaking the taboos or customs:* The breaking of taboos seems to be the most common kind of offence found in the tribe. Breaking the taboos disturbs the harmony of

the community and the peace of the spirits e.g. It is a taboo for a woman to climb on the roof of a hut as it would be interpreted as an expression of her desire to kill her husband. *Being in a state of ritual impurity:* This category is where the offender is more or less passive e. g. It is taboo for an infant to cut its upper teeth first. Such events make a person ritually unclean and a ceremony must be performed to prevent certain disasters to befall him and the family.

### **5.3.1 THE CONSEQUENCES OF SIN**

Since sin is primarily against the community or tribe, it is the same community which takes the responsibility to punish or chastise the wrong doer. The responsibility belongs to those who are physically alive, but especially to the ancestral spirits who are the custodians of the community (Blakely et al 1994:75). Expected calamities may include sudden death, growing thin, deformity of limbs, childlessness, sickness, accident, short life, madness, AIDS included. In fact every member of the family is carefully taught what sort of calamities or misfortunes may befall him for breaking certain taboos, morals or customs. Some straight-forward offences such as theft, murder or adultery may be dealt with at the chief's court and punishment is meted out by the same court. Also the spirits may still send punishment. At other times curses and spells pronounced against the sinner by the offended may be adequate punishment Bujo (1992:34-35).

If sin is an offence against one's ancestral spirits, family or tribe, it follows that these are the ones one has to deal with. One has to sacrifice an animal or offer a gift to appease them. Acceptance of such sacrifices is proof that their wrong has been pardoned and the sinner is assured that all will be well. Depending on the offence, proof of acceptance may include recovery from sickness, message in a dream or a diviner's reassurance (Metuh 1981:92).

Both the African and the Biblical understanding of sin brings suffering to man. Therefore we need to understand both an African view of suffering and Biblical view of suffering. When man sinned, God withdrew from him into the sky, leaving him to suffer the consequences of his fall. Man can no longer approach God directly; he has to rely on his ancestor or nature spirits to get blessings from God. Africans do acknowledge that man's suffering can be traced back to the original "fall" in their daily life. Suffering has nothing really to do with their relationship with God but with fellow human beings or non-human spirits. The African locates the causes of suffering through the following agents as is in accordance to (Moreau 2002:169).

(a) *Fellow human being (still alive)*: These can be classified into three groups: (i) ordinary people who can utter curses or blessings for other people; (ii) people who act as passive vehicles of dangerous mystical power because they have temporarily fallen into a state of ritual impurity, e.g. by breaking a rule of avoidance, taboo or custom or by committing a bloody crime, they can also bring suffering upon themselves if they neglect to perform a ritual to avert the mystical power; (iii) Specialists who practice antisocial secret magic (witches and witchdoctors) and who wield revenge for their clients (Ferdinando 1999:159).

(b) *Ancestral spirits*: Some people believe that some ancestors are agents of good, and any suffering that is linked with them is accepted by relatives as chastisement/punishment for wrong doing. Some ancestors are believed to be agents of suffering because their change from physical to a spiritual state is unwelcome by the deceased. The deceased wish to take revenge for their fate and evil treatment they had received from relatives when they were still alive. They feel the lives they are living now are the continuation of the bad life they formerly led, so they cause malicious harm (Blakely 1994:169).

(c) *Supreme Being (God)*: When the source of suffering cannot be successfully unraveled or when the suffering persists, Africans attribute it to the hand of God—as punishment or predestined evil. One must appeal to God, combined with other help such as divination, charms and sacrifices to ancestors. The more power one can command, the better (Blakely 1994:76).

(d) *Nature spirits and other non-spirits*. When nature gods are angry, they may withdraw rain, send locusts or diseases. To appease the gods, sacrifices and rituals must be performed at their shrines. The major tribal gods tend to be those which control natural phenomena; such as rivers, lakes, mountains, rain or epidemics Bujo 1992:36-37).

#### **5.4 AFRICAN CAUSES OF SICKNESS AND HEALING**

The cause of sickness and death is always linked to malevolent relatives who are still alive. If you consult a diviner, or witchdoctor, it will be discovered that the one responsible is an uncle, an aunt, a brother, a sister, or even a father. Causes may be traced back to the ancestors who may have been offended, e.g. by neglecting to offer sacrifices and libations to them (Blakely 1994:82).

Sickness can also be caused *by disobeying the taboos and customs of the clan or tribe*. This behavior angers the ancestors who are the custodians of such beliefs and therefore the sustainers of the tribe's well-being. According to Theron (2006:12):

*Sickness is always a reaction of the total person to influences such as bacterial, spiritual, social or other factors. Simply because of our humanity every person reacts to, is part of, and becomes co-responsible for the dysfunction.*

In the case such as cholera when the sickness affects the entire community it is usually linked to a great-great ancestor or chief or non deity (Munthali 2005:37). Sickness can also come through being *possessed by spirits*. The possession can be of bad spirits which may drive the patient mad and it is treated by exorcism. The Tumbuka call it vimbuza, the Ngoni call it vibanda, and the Shona and the Bemba call it mashabe. The sickness is associated by frequent body pains and headaches (Morris 1986:14-43).

#### **5.4.1 THE ROLE OF HEALERS**

*Diviners*: These are the discoverers of mysteries surrounding diseases. They are experts at unveiling the spiritual causes of sickness (Hestenes 2006:76). They trace the cause by manipulation of bones (Gehman 2005:92), or consultation of mediums.

*Mediums*: These are trained intermediaries who stand between the patient's relatives and the spirits who know the cause of the problem. Mediums may practice on their own, or they may assist the diviners, priests or witchdoctors in unveiling root causes of diseases (Blakely 1994:82, Hestenes 2006:76).

*Disease and rain specialists*: are those concerned with specific diseases? Some are personal doctors, military doctors, rain making specialists or epidemic consultants. Others specialize in protecting or strengthening homesteads, fields or crops.

*Priests*: Priests serve at shrines of family or clan ancestors and of kings nature spirits but can also practice medicine. They mediate between the people and the spirits (Gehman 2005:104, Morris 1989:34-54).

*Destructive specialists* (witches, wizards sorcerers, magicians etc.): These are enemies of the community, whose practices are mysterious and secret. They cause malicious harm. To take revenge, one is expected to consult a witch, sorcerer or magicians. A witch (woman) and a wizard (man) use supernatural techniques (e.g. spells) or natural means (herbs) (Gehman 2005:94).

#### **5.4.2 SOLUTION TO SUFFERING**

African's response and suffering may be classified under protective and preventive measures. *Protective measures* are those involving use of various types of charms and medicines whilst preventive avoidance mainly consist of avoidance and observance of taboos and other prohibition. *Avoidance* includes contact with persons in a state of impurity (e.g. a woman who has just given birth) or avoidance between in-laws (e.g. between daughter-in-law and father-in-law). Other forms of avoidance include abstinence from certain foods or from killing certain animals. States of impurity and violation of any form of avoidance are believed to be potentially dangerous to others or the agent unless appropriate measures are quickly affected. Sacrifices or rites must be carried out (Blakely 1994: 80).

The main purpose of protective and preventive measures is to deter suffering before it is experienced, the purpose of counter measures is to fight or neutralise the magic before it causes harm. To achieve this is by consulting the diviner to detect what or who is causing the suffering or threatening to inflict suffering. Once the cause has been detected, a counter attack is then launched. If the root cause is violation of a taboo, an appropriate rite of purification or reconciliation with the angered ancestor/god is performed. But if the root cause is a malicious person, a counter-attack is launched if it is a spirit or spirits, a ritual must be performed to destroy or ward them off (Munthali 2005:26-27).

## 5.5 CHRISTIAN'S VIEW OF SICKNESS AND HEALING

This depends on the correct understanding of God's dealings and healing which are theological experiences, not merely clinical perceptions. Although sickness and disease came into the world through man's fall according to Genesis, God goes further to show that in daily life, poor hygiene and sanitation can cause sickness. To help the Israelites live a disease free life God gave them a code of good sanitation and hygiene (Lev. 15). Hestenes (2006:70) states that:

*Suffering and illness are believed to be caused by a negative movement of the powers. This can be caused by moral transgressions, broken taboos and bad relationships within the community as well as natural powers apparent in the environment.*

The scriptures also tell us that in daily life sickness and disease can be a *direct consequence of personal sin*. The men described in Psalms 119:67 and John 5:1-16 became sick because of sin in their lives. Scripture gives good evidence to show that sicknesses can be caused *by sinful attitudes and thoughts*. James 5:16 warns Christians to confess their sins to each other so that they may be healed Blakely (1994:.85) says, those who have sinned the diviner (ng'anga) will lead them to confession to free themselves.

Some sicknesses come *from direct attacks from Satan*, For example, demon possession and deformation and all forms of harm caused by witchcraft and magic are (Matt.9:32; 12:22; Luke 9:37; 13:10-17). Many sicknesses and diseases can also be caused by other people's carelessness, sinful behavior and ignorance. In this case many innocent people suffer. The AIDS scourge, for example, is spread to thousands of children and adults mainly due to immoral behavior. Other people's carelessness and ignorance about good sanitation and hygiene can also lead to widespread sickness and diseases, e.g. cholera. In the Old Testament God promised to send diseases upon Israel if she departed from

the covenant, and good health and long life, if she obeyed God's command for example the book of Job.

Also sickness can be a result of *God's visitation*, either as judgment, chastisement or as a way of demonstrating His sovereign power and glory for example the book of Job. God wanted to show the excellence of his servant Job.

The scriptures are very clear about whom Christians should go to when they are sick. Christians can seek help from non-superstitious or non-occult herbalists and medicine men. Seeking help from medicine men was encouraged even if a Jew always had to remember that it was God who healed all diseases (Ex.15:26). Moses gave instructions on how they were to handle certain types of diseases, e.g. infectious skin diseases (Lev. 13,14 and 15). The Bible forbids a Christian to turn to witchdoctors, diviners, magicians, astrologers or fortune tellers (Deut.18:10-13, Blakely 1994:85).

The Meaning of Healing: Healing means the restoration of one to full health. This includes both physical and spiritual healing, for the Scriptures do not separate the two. The Lord Jesus' healing ministry was not just aimed at physical sickness but spiritual sickness as well (Blakely 1994:72). Sickness is a form of suffering which people go through throughout their life. Paul's thorn could have been chronic illness. Biblical healing talks about confession of sins, prayer and anointing of oil as in James 5:14-16, healing by the laying on of hands, and also use of sacraments in the second century (Hestens 2006:73).

With regard to the *use of herbs* or medicines to cure physical sickness, there are sufficient examples to show that this is a good and acceptable practice. Timothy for example was encouraged to take a little wine to relieve his stomach ailments (1st Tim.5:23). Hezekiah used a fig cake on his boil. The Good Samaritan used wine and oil to dress up the wounds of a man (Blakely 1994:42).

The second type of healing recorded in Scripture is *faith healing*. Faith healing means healing that is based on true faith in God as the Healer and may occur without the use of any herbs or medicines (Blakely1994:43). Prayer alone may be sufficient. The healing may be sudden or gradual. The purpose of miraculous healing in both Old and New Testament was to teach a double lesson: to show authority through the word of a person who performed them and to illustrate the word. God performed such miracles to demonstrate His power and glory or to chastise and teach His people. Theron (1983:110) stated that:

*Wholeness is God's perfect will. He is both the Creator and Restorer of his creation. While we are waiting for our adoption as sons and daughters and the redemption of our bodies (Rom.28:23), we have to fulfill the church's call to practice healing as an integral witness to Christ 'in order to concretize his salvation and loving care and thus to glorify God (Du Toit 1883:110)'.*

## **5.6 CHRISTIAN VIEW OF GOD**

A Christian who has just known God through Jesus Christ as his personal savior, understands that, God is invisible, pure spirit. He is God, but reveals Himself or manifests His being in three distinct persons - God the Father, the Son and the Holy Spirit. In other words, God is truly one in three persons. Each person is self-conscious and self-directing, yet never acts independently or opposite to each other's will. Through His death on the cross Christ became a perfect sacrifice for our sins. God the Holy Spirit is associated with revealing truth to man. Without Him, all men cannot come to the true knowledge of God (John 14:26, 1 Cor.2:13). He convicts men of sins (Blakely 1994:44).

Christians look forward to a better and permanent life. When a Christian dies he goes to be with the Lord, waiting to be resurrected into immortality by the Lord. Between death and beyond the resurrection, the Christian knows no suffering of

any kind and cannot incarnate into another earthly person or living thing (John 11:11, Rev. 21:4) (Blakely 1994:29, Hestenes 2006:76).

Naidoo talks about the healing work of spiritual direction he explains that, Spiritual direction occurs in the context of prayer, and priority is placed on discernment of spiritual experiences (2006:141).

## **5.7 RITES OF PASSAGE**

### **5.7.1 PUBERTY**

#### **5.7.1.1 CIRCUMCISION**

In Genesis 17, 21, 34:15, Ex. 12:44, Jos. 5:2, circumcision is referred to as the sign of God's special covenant with his people. Submitting to this new rite was required for all Jewish males (Gen 17:14). According to Paul, being a Jew (being circumcised) meant nothing if the person did not obey God's laws. On the other hand, the Gentiles (the circumcised) would receive God's love and approval if they kept the laws requirement. Paul's goes on to explain that the real Jew (one who pleases God) is not only someone who has been circumcised (a Jew outwardly) but someone whose heart is right with God and obeys him a Jew inwardly (Saakana 1991:66).

Circumcision is to remove the fore skin of male children as a way of signifying Israelites' covenant relationship with God (Gen 17:10). Circumcision has value if you observe the law (Rom 2:25) circumcision is circumcision of the heart by the spirit (Rom 2:29). The circumcised believers could be translated as the Jewish believers (John 7:22). Circumcision was to be performed eight days after a baby's birth (Gen 17: 9-14, Lev 12:3). This rite was carried out on all Jewish males to demonstrate their identity as part of God's covenant people. If the

eighth day after birth was a Sabbath, the circumcision would still be performed (Saakana 1991:66).

God required circumcision (1) as a sign of obedience to him in all matters, (2) as a sign of belonging to his covenant people. Once circumcised, there was no turning back. The man would be identified as a Jew forever, (3) as a symbol of “cutting off” the old life of sin, purifying one’s heart and dedicating oneself to God, and (4) possibly as a health measure. Circumcision, more than any other practice separated God’s people from their pagan neighbors. In Abraham’s day it was essential to develop the pure worship of the one true God (Saakana 1991:67).

During the council at Jerusalem there were new teachings. Peter had to address the disciples (Acts 15:7-20) that, “unless you are circumcised, you cannot be saved.” This was applied to all Gentiles obey the laws of Moses. This brought some disputes and debate among the disciples when Peter addressed them that, God made a choice among them that the Gentiles might hear from their lips the message of the gospel and believe. God, who knew their heart, showed that he accepted them by giving the Holy Spirit to them, just as he did to the disciples. He made no distinction between the disciples and the gentiles, for he purified their hearts by faith. They believed it was through the grace of our Lord Jesus Christ that they were saved, just as they did. According to Wainwright (2002:41):

*Christian baptism and the Jewish rite of circumcision since Christian baptism is there regarded as mediating the “circumcision of the heart” for which the prophets had hoped rather than as fulfilling the external rite of circumcision which did not possess that spiritual meaning. In the passage Paul stresses the place of faith in the operation of baptism.*

The physical circumcision was not regarded as very important for every believer to go through it. Therefore they came into an agreement that, they shouldn’t make things difficult for those who were turning to God. They just told them to abstain from food pollution by idols, from sexual immorality, from the meat of strangled animals and from blood.

In Zambia we have the Namwanga, the Kaondes and the Muslem communities who are the ones who are known for this custom. They have almost similar reasons for performing this ritual. Those who have gone through it are seen as moving from one stage to another higher stage, where they are being entrusted with adult issues, which they should not disclose to those who are not circumcised. It instills and reinforces the general values which keep society going. Ideals like courage, endurance, and traditional learning are embodied in the rituals. They are also being taught their rights privileges, responsibilities, and duties as adult members of the communities (Bourdillon 1990:48). It also gives the family and the community pride to produce such courageous boys who have gone through tough conditions. This is a cooperate custom, which the chief or the headman has to be told so that he can bless the boys and also observe sexual relationship with his wife to save the boys. In this post-modern world there is a need to re-construct the traditional way of doing circumcision and the teaching which should include the dangers of HIV/AIDS (Saakana 1991:67).

### **5.8.1 MARRIAGE**

In order to understand marriage we need to understand the institution of family. What is a family? According to Steinmetz, Clavan & Stein, (1990:12) the definition of a family is a unit of intimate, transacting, and interdependent persons who share some values, goals, resources, and responsibilities for decisions as well as a commitment to one another over time. The functions of a family are universal because it fulfills the four functional prerequisites that a society needs in order to survive: sexual intimacy, mutual interdependence and the sharing of resources, goals and values. Marriage comes from this institution called family. The scriptures in Genesis talks of a man shall leave his family and join the woman who also leaves her family to join the man. Then they make their own family through God's blessing. There is a strong covenantal implication in the foundational text of Gen. 2:24: 'that is why a man leaves his father and mother

and attaches himself to his wife, and the two become one.’ The man who leaves his father and mother is said to sever a covenant with them. When he attaches himself to his wife, he creates himself a covenant (Thatcher 1999: 68).

Joubert (1996:45) understands that, Christian marriage where men and women are equal before God, that marriage is a religious institution which is placed within the framework of the couple’s relationship with God and that marriage has an eschatological dimension which implies the temporality of marriage subject to the fullness of the coming of the Kingdom of God. Marriage is seen as a divine vocation, a calling to provide a family home whereby God is educating the human race for the coming of his kingdom and the doing of his will. Indeed sick homes and families are symbols of the kingdom of God, a variation on the sacramental theme (Airhart & Bendroth 1996 97).

Since God arranged an unbreakable connection between procreation and union, the attempt to separate them is a grave sin against God. Conjugal love is a very special form of friendship whereby the spouses generously share everything with each other. Thatcher (1999:191) pointed out that, A good relationship provides support, good communication, good sexual expression, companionship and eventually an opportunity to build a joint life together. God ordained marriage for the couple’s happy moments, which provides the service of the kingdom of God. Joubert 1996:45 further pointed out that sexuality is a matter in which man and wife carry equal responsibility. The Christian marriage carries an accountability and responsibility before God. Marriage is supposed to be lived in respecting the autonomy of each individual. Marriage in the post-modernity is becoming more and more independent, associated with romance and freedom of choosing partners. Couples exercise their freedom even in decision making. They realize that this is a covenant between a man and a woman and also before God.

## 5.8.2 POLYGAMY

According to Storkey, polygamy and polyandry relate situations which certain men or women have power over the opposite sex (1979:208). Polygamy is common in Zambia among the Ngoni, Tumbuka and Tonga people. A man marries many wives as a sign of power and wealth and also having more children is an admirable achievement in society. God's intention of marriage in (Gen 2:24) was one husband, one wife. Cornes (1993:56) states that:

*Not particularly because he wanted to tell us about one particular marriage, that of Adam and Eve; not only because he wanted to prepare for the story of the Fall in chapter 3. But principally because he wanted to explain human marriage, marriage of his one day since the expulsion from Paradise. God created men and women in a certain way, to fulfill certain purposes, and this is why marriage is as it is.*

The Bible contains the gospel but this gospel was revealed in the context of human cultures. One therefore needs to distinguish between the gospel that leads to salvation and the culture of the people that God was dealing with. Polygamy was a feature of the culture within which the gospel was revealed. The first biblical incident of polygamy is Lamech's marriage to two women, Adah and Zillah (Gen 4:19-20). May be Lamech married two wives to display pride and lack of dependence on God.

Sarai and Hagar were the two wives of Abraham although the Bible does not present this as a polygamous marriage but rather Sarai's desire to have a male child to inherit her father's property. This is what forced Sarai to let Abraham take Hagar as his second wife. Sarai's action was unacceptable cultural practice in Assyria (Gen.16:7-12, 17-20). Polygamy could result from the Levirate marriages which entered into to raise sons for a brother or relative who had died without leaving an heir. This cultural practice is found in many African societies, e.g. the Ngoni people, the Tumbukas, the Tonga people.

Even though polygamy is being practiced, it had its own problems such as insecurity among the wives and competitive lives among the wives, even going to an extent of applying a love potion to win the husband's heart. (Gen 29:16). In Africa it is very common especially in polygamous marriages for women to win their husbands' hearts by using some roots or leaves from trees. It brings hatred among the wives. It brings exertions on the part of the husband. Most times children are rivals too to name a few problems. Paul discusses the qualification of a deacon: he must be in a monogamous marriage. This suggests there was still the existence of polygamy. In Mark 10:1-2, 6, Jesus refers back to the creation of one man and one woman as representing God's ideal marriage in Gen 3:1-8 Hay & Stichter (1995:90) stated that, that is why most women have resolved to marry in church or legal marriage so that they can avoid conflicts.

Storkey (1979: 207) explains that, "Thus the male does not equal man, nor does the female; both are needed for the completeness of mankind. This complement is not narrowly sexual, but enters into all the groups and activities in which men and women participate." And when he talked about sexual truth which should be between husband and wife he concluded that, "sexual joy that lasts is only to be found when the act of sexual union tell the truth, and that means within it is a statement of a full, unconditional union of man and woman" (Storkey 1979:206). This is why polygamous marriages have a problem because truth among the husband and wives can never be achieved. There is always one who is always hurt.

Storkey explains the basic element in the Christian understanding of marriage is that it is a created structure of two people leaving, a man leaves his father and his mother and cleaves to his wife, and they become one flesh (Gen 2:24). There is a structural union, a holy estate into which partners enter. A man and woman recognize that God has made them for each other where they enter into a union

which they both need to respect. Each one's body becomes for the other (1 Cor 7:4). There is no room for polygamy or polyandry (:1979:208).

(1Cor. 6: 15-18) Do you know that your bodies are members of Christ himself? Shall I then take the members of Christ and unite them with a prostitute? Never! (16) Do you know that he who unites himself with a prostitute is one with her in body? For it is said, the two will become one flesh (Gen 2:24). (17) But he who unites himself with the Lord is one with him in spirit. (18) Free from sexual immorality. Cornes explains what, Paul (16) is saying that they are much more deeply involved with the prostitute than they imagine. Certainly they are not married to them, but they have gone a long way towards the full union that marriage is. This is misalliance, this extramarital union, would be bad enough for anyone; but it is particularly ugly and morally obnoxious when it involves a Christian's body, since that body is a member of Christ (15). This can also concern a polygamous marriage. One man plus three wives cannot be one but four (Gen. 2:24). These other wives in a polygamous marriage according 1Cor (16) are regarded as prostitutes. Therefore, these cultural practices, of allowing a wife or a husband to sleep with another person to achieve certain purposes, violate the scripture's Christian principles (Cornes 1993:67).

### **5.8.3 THE FAMILY AS A VICTIM OF CULTURAL PRACTICES**

There are so many things which have over run the family in this post modern world of social constructivism. Every member of the family is at risk, things are just getting too fast to take people to the world of unknown. When something is wrong there is always someone to blame but if something good happens it is always I did it. With family issues who is to blame or reward? Let us understand what is a family? A family is more than two people related to each other by blood or marriage. African communities value the roles of an extended family where an individual does not exist. It is believed that an individual exists because of people. Joe Kapolyo a Zambian pointed out that:

*An extended family in Zambia is infused of all benefits of a fully-fledged social security without any bewildering red tape. The family is a refuge in both urban and rural areas, and the only institution providing some form of social security (2005:131).*

Zambia is at the moment going through social problems such as. HIV and AIDS, poverty and patriarchal crisis which are rising e.g. child defilement, rape, domestic violence etc. Looking at some named problems above, all involve the family. How does society survive if the family is the one which is in trouble? Can the church alone stand up and take up the task of putting the family in its proper place in God's intended plan? Therefore, Magezi and Rouw (2006:64-79) suggested that: "Merging the African family and the church family systems" can provide an urgent need for Practical Theology in the context of cultural practice, poverty and HIV and AIDS in Africa.

An African Extended family is the same as the biblical Abraham's extended family comparing to Genesis 12:5. Abraham took his wife Sarai and Lot his nephew when going to Canaan. An inclusion of someone into the family or the family of faith brings a big commitment in one's kinship or body of Christ. It demands encouragement, support, and sharing with fellow members. The Bible portrays the family of God made up of brothers and sister saved by the blood of Jesus who are called the children of God (John 1:12).

The extended family emphasis is on sharing, meeting needs equally, and generosity strongly recalls the economic ethic of society and has roots in its household ethos. In this way even the body of believers is about to support the people in need. Kapolyo (2005:133) commented that:

*One would have assumed that the similarity in attributes between the African extended family and the body of Christ the Church would make it easier for the African Church to live out the concept of fellowship*

*more fully. But sadly the reality in many places is that the experience of 'fellowship' in the natural family is so real and exclusive that it hinders and discourages fellowship in the church. The sense of solidarity stemming from common ancestry is so strong that it acts as a barrier to the idea of extending the same sense of community to total strangers. Tribal churches live on this weakness.*

There are some cultural practices in the Zambian extended family which are distorted especially in marriage, where a wife is always treated as a stranger while the relatives takes the prime role in decision making. The aunts, grandmothers, members of society have to decide who should do what to whom? why? For example Tiyike's grandmother had to determine who had to do the ritual of *kuika mwana kumphasa*(strengthening the baby) with Tiyike, and also Malumbase's aunt had to decide for Malumbese to go for the initiation ceremony to the village where she was sexually abused by the *fisi*.

Barrenness has been an issue in most African families and is mostly the woman's fault. "Among the Batwana people they never believe a man can be infertile" (Gabobonwe 2005:68). A man is believed to be perfect and nobody can suspect him to be infertile. Only if he marries a woman who has a child already. This is where the top secret of *fisi* comes in to play. It is unfortunate that Tibale is blamed at the same time she is HIV positive. How does Practical Theology address such issues? According to Bujo (1992:115):

*When marriage is discussed in Christian circles in Africa, the subject of "trial marriages" nearly always crops up a major stumbling-block. The reason for this is that, in African society, the achievement of life, as commanded by the ancestors, is an affair of the whole community. In the societies of Africa, a man who dies childless falls into oblivion. He will be unable to find happiness in the next world because, having no children to honor him, he is cut off from the family community.*

*Although trial-marriage (testing of the fertility of the woman before marriage) was a violation of Christian principle which says no sex before marriage, many theologians tried to solve this problem but they ended up with the attitude that they should not be very harsh on people within trial marriages since they are going to be married. Buhlmann was regarded to be too uncritical in deciding with the defenders of trial marriages, who suggested that marriage should be*

*done in stages of having a trial then later the church should accompany the couple until the official marriage (Bujo 1992:117).*

It seems infertility is still a problem which the church is finding difficulty to address, as a result some marriages have resulted in divorce or polygamy (Bujo 1992:199). Gabobonwe after hearing the grievances of some couples with infertility problems suggested that: The church should take a crucial role to help the affected couples, move beyond an experience of barrenness and find meaning and purpose in a new life blessed and filled with God's grace. By being aware, the church must reach out more and bring new awareness every time and to every 'special day' that comes in a year e. g. Mother's day, Women's days, Christmas days and other such days. Such awareness will easily unlock doors of communications among members of congregations about this subject (2005:73). Since barrenness has psycho-social effects and the church can journey with the affected and ease these effects on individuals and their emotional functioning, emotional reactions and marital relationships (2005:88). This would help to calm down the pain from society. Selling expressed that, "before one spoke of a man planting seeds in a woman, we even still use the word semen in our vocabulary. Women, on the other hand provided fertile ground (2001:152).

Society accepts and even promotes a culture where the control of fertility and sexual experiences before and outside marriage are seen as legitimate. Many young people find themselves drawn into this culture and find it deeply attractive. The church in contrast to these trends, champions the values of fidelity, sexual dignity and the need to practice periods of celibacy and abstinence. It highlights the danger to the individual's integrity and dignity involved in the exploitation of the gift of sexuality. The church promotes the institution of life long, monogamous marriage and the place of a fruitful sexual union in this context (Selling 2001:157).

#### 5.8.4 DEATH

Death is scary, death drains ones energy the moment one hears a loved one is dead. In most African cultures the body cannot be touched, the house where death has visited has to go through cleansing, even the members of the family have to bathe with some medicine to clean themselves. In the scriptures, Aaron's position among the Israelites was of standing between the living and the dead. This was a role of a priest as an intermediary (Numbers 16:47-48). His actions prevented further death among the people. Cleansing after contact with death (Num. 11:33, 14:37, 16:33-35) bodies had to be done. To come in contact with a dead body was seen as a major threat to the holiness of the camp along with the fear of uncleanness reaching near the tent of meeting (Num.17:13).

So God provided a ritual that would cleanse people who had been contaminated and enable them to approach the tent of meeting without fear of death. The ritual for cleansing is described in detail (Num. 19:1-22). Cleansing (Eze. 36:25) I will sprinkle clean water on you, and you will be clean, I will cleanse you from all your impurities and from all your idols.

Death is considered to be the last stage of someone life while for others it is a transit to another life after this death. Most Christians believe in the resurrection of the body to eternal life for those who lived a life of faith in Christ. Bujo states that, "Through his death Jesus became the means of salvation. His resurrection also belongs essentially to the same message" (1992:81). The death and the resurrection of Jesus gives hope to Christians even as they are dying.

If the dying person is unconscious, the commendation may be to pray for the family and friends gathered around, as a way of their saying goodbye. People have been known to remember things said while they were unconscious; thus the dying person may be more present in the ritual than you think. If the person is conscious, some songs, prayers, and words leading to salvation can be shared,

and also words of encouragement from the Bible may provide one dimension of a deeply personal communication among those gathered.

When death is foreseen, the ritual care of the dying person's circle of friends and family can say some of the things to the dying person such as what they value most about her, what their favorite memories are, why they would want to sing a certain song. The pastor or family members can take this time to make sure that children also get a chance to tell how they feel about saying good-bye. According to Power (1990:146) "Christians who died continued to be partners in this hope, and this was the basis for their commemoration in the gatherings of the church liturgy or in visits to their places of burial." Christians remain hopeful to meet their beloved in an after life when they die too. Power (1990:147) encourages Christians that:

*In short, devotion to the dead in this early period of church history is an expression of the abiding communion in a common hope that transcends the boundaries of death and that is rooted in the remembrance of the paschal mystery. This hope is expressed in such images as priestly people, parousia, final judgment, resurrection from the dead, the new heaven and the new earth, and the defeat of the ultimate enemy which is death itself. This is the most powerful and important of all.*

This death is not seen simply as the physical ending of the life span but as a destructive force of storm which surprises and shocks the people always. According to Bregman, (1999:47). "Death is natural: it is a part of life. We should accept death as a natural part of life. Like birth, death is a natural event." He continued by saying it was faith and the liturgical expression of that faith that makes Christian funerals different from that of pagan. It was faith that saw to the preparation of the corpse in a setting of prayer; it was faith that expressed itself in psalms during the procession with the body; it was faith that rendered the church its immediate surroundings the Christian place of burial (1999:48).

Death does not simply end life. When it conquers, it is a power that makes nothing out of life, or makes life nothing. Today people more readily believe that hope for the overpowering of this destructive force on earth is closely allied with eschatological hope, in whatever this promises by way of divine finality.

## 5.9 THE DEMAND FOR PHYSICAL AND SPIRITUAL CLEANSING

### 1.9.2 Clean and unclean

According to Exodus 21:23, clean is distinguished from “holy” clean as the condition of doing what is right with all society, while “holy” is the approach to God. Being clean simply makes a person fit and suitable for entering into the worship of God. Cleanliness is not the same as holiness. Without cleanliness there can be no Holiness. Thus to be holy one has to first experience the condition of ritual and ceremonial cleanliness by means of washing, fasting and abstaining from certain foods or sexual union. When we talk of holiness, it means a person is totally set apart for God’s use (Blakely 1994:405-407).

Most African societies believe that being “clean” brings blessings to the community while being “unclean” brings a curse to the society. Or why a mother may be unclean for forty days after the birth of a boy, eight days after the birth of a girl. After childbirth a woman is considered unclean, she is bleeding, child birth blood or menstrual blood is seen as dirty or contaminated. Approaching a wife after childbirth was violating the customs of the society. That is why when a baby is born it had to go through a ritual of *kuika mwana kumphasa* so that the baby can be protected from the sickness called ‘*mdulo*.’ The ancestors will be angry and will leave the baby without protection together with the mother. Tiyyike’s obedience to do the ritual was a sign of obedience even if she was putting herself in danger of HIV (Blakely 1994:405).

The period of uncleanness used to last twice as long after the birth of a girl in the Jewish culture. After the first week, the uncleanness may be said to be milder for the child if a boy, who must be circumcised. At the end of her purifying of the children of either sex sacrifices are to be offered, which are a combination of burnt and sin offerings to make atonement for her. These may be a lamb and a pigeon or a dove except in the case of poverty, when two pigeons or doves may be substituted. Birth, like menstruation, is naturally regarded as unclean and sometimes as demon-caused. (Gen. 17, 24:4, and 34:15). Hence the woman must be set apart for hygienic reasons.

According to African belief, “hot” can be compared to uncleanness and “cold” can be compared to cleanliness. *Mdulo* is a punishment inflicted by the ancestral spirits. It’s thought of as an automatic consequence of certain misbehavior. It is believed to be inflicted by the *mizimu* (spirits) and not caused by impersonal forces. Therefore if you commit adultery your child will die, a pregnant woman will die in child-birth, moreover God will be angry. This belief is rooted among many African cultures, e g. Chewas, Ngonis, Tumbukas, and Bembas etc. The symptoms of *mdulo* are said to be swelling of the cheeks, legs, swelling and hardening of the abdomen, even if the doctors diagnosed anemia due to hookworms, malaria, dysentery, bilharzias and chronic malnutrition (Blakely 1994:75).

Usually sexual activity, sexual fluids and especially menstruation are believed to be highly mysterious and powerful and therefore dangerous. This is expressed by classifying them as “hot”. People who have abstained for some time and above all small children are on the contrary “cool.

Among the Chewa and some other societies is the belief that salt is a medium by which the mysterious power spread from someone who is hot and can reach out to other people and cause *mdulo* (Masinga1995:12). A menstruating woman for

example is not allowed to put salt in the food she is preparing for her family. To put salt would cause *mdulo*. Salt was chosen to be a medium because it was an everyday and indispensable commodity. Salt is like the blood of the food and is associated with the bad blood of the woman during her periods. If a woman is adding bad blood, the salt also turns bad and has the same effect as the bad blood of the woman. Young girls who get mature with their first menstrual period are not to eat salt things until some roots are added to their food. They are not allowed to eat with anyone because they are believed to be contaminated with blood.

Some Christians believe they are delivered by the blood of Jesus. They feel salt has no effect upon them or any member of the family. Hygienically they observe cleanliness. Some women use a teaspoon to apply salt to some food.

### **5.9.3 HIV AND AIDS THE LEPROCY OF TODAY**

Many human beings in all societies have bodily defects that cause them to suffer exclusion and isolation. In some African cultures, disability of any kind is seen as a punishment for evil deeds and as a result it leads to rejection. Orphanages are mostly full of disabled children who have been abandoned. Millions of people in Africa who suffer from HIV/ and AIDS are often treated as outcasts (Mash et al 2009:4-5). According to Matthew 8:1-4, we see that, in Israel, leprosy was ground for rejection. People with leprosy were officially certified unclean and excluded from society. When approaching healthy people, they were obliged to shout, 'unclean! Unclean!' so that the others could avoid being contaminated by contact (Lev 13:45-46).

The man with leprosy came to Jesus boldly and humbly although he risked ridicule and worse. In humility he knelt before Jesus and asked him to do what only He could. In response Jesus healed the man. He reached out and touched

him, something that no healthy man would do to a leper (Matt.8:3, Lev 5:3). Jesus also showed his respect for the law by directing the man to go to the priest in order to be restored to his true social status of being clean. This passage shows that Jesus has the power to deal with apparently incurable diseases and the compassion to restore desperate human beings struggling with social stigma, isolation, and loneliness (Mash et. al. 2009:27).

Mash et. al. (2009:21) Says discrimination, fear, denial stigma and rejection are some of the negative social responses that people living with HIV and AIDS and their affected families get from those close to them; in families, communities, places of work and churches. Such negative responses lead to anxiety and prejudice against the infected and affected groups. Both the infected and affected or even those suspected of having the HIV virus are rejected by their families, loved ones, communities, employers or churches Mash et. al. (2009:24) Says Christians must confront the sinful nature of stigma and then find hope in our scriptures and the traditions in order to communicate God's grace mercy and compassion in our actions. Our challenge is to act on what we believe in order that all may have life and have it abundantly.

#### **5.9.4 A CONTAMINATED PARTNER**

In 1 Corinthians 7:12-14, Paul rules that believing partners should not separate from their unbelieving partners simply because they are unbelievers. He argues that in marriage, as far as he is concerned, the unbelieving partner becomes sanctified through the believing partner. This type of sanctification is the fear of the defilement he is referring in 6:15 and is thinking of the way in which objects were sanctified by being in contact with priests in Exodus 29:27; Lev 6:18. He also sets to rest any fear that children of such mixed marriages are ceremonially unclean, stressing that they, too, are holy.

Mash et al. ( 2009:26) Says, Jesus Christ is the model of what it means to live a life that demonstrates the sinfulness of stigma. He himself was stigmatized. He bore the wounds of stigma on his body. Yet his entire life, his ministry, death and resurrection offer us a great resource for countering stigma. The Gospel show us a person who has a particular concern for the suffering, the sick and the marginalized, who moves with ease across social barriers, whose compassion is so profound that it touches, heals and gives new life to those who experience stigma disease and exclusion.

### **5.9.5 THE NAZIRITE**

According to Acts 21:23-24, four men had made a religious vow because Paul was going to participate with them in the vow, (it seems Paul was asked to pay for some of the required expenses), he would need to take part in the purification ceremony for entering the temple. Paul submitted himself to this Jewish custom to keep peace in the Jerusalem church.

God instituted the Nazirite vow for people who wanted to devote some time exclusively to serving him. This vow could be taken for as little as thirty days or as long as a lifetime. It was voluntary. The vow included three distinct restrictions: (1) he must abstain from wine and fermented drink; (2) the hair could not be cut and the beard could not be shaved, but if someone dies suddenly in his presence, thus defiling the hair he has dedicated, he must shave his head on the day of cleansing, the seventh day, (Numbers 6:9) (3) Touching a dead body was prohibited. The purpose of a Nazirite vow was to raise up a group of leaders devoted completely to God. This was a way of maintaining purification (Blakely 1994:442).

In most African societies, shaving of the hair is done the following day after the burial. All the family members gather together, men, women and children of that

family. Two scissors are prepared, one for the men and boys and one for women and girls. It is believed that this is a way of cleansing the community of the dead man's spirit. All the hair being cut is collected and is being thrown in an endless deep hole. Some families even introduce some herbal water for everyone present to wash their hands. This is for protection of individuals from the dead man's spirit. This is also a way of purifying the family from the contamination of a corpse which has been present in one of the homes (Blakely 1994:402).

## **5.10 CHRIST ORDER FOR RITE OF PASSAGE**

**5.10.1 Luke 4:1-13;** In nearly all religions the most important occasions in the natural progression from birth to death (rites of passage) are marked with special ceremonies and celebrations. In Christianity these rites include baptism, confirmation, marriage, and funerals. The ceremonies associated with rites of passage from one stage of life to another generally involve the separation of the person from his or her usual surroundings, his or her preparation for a new task or way of life in society, and finally his or her reception into this group, community or society. During such rites of passage the person may be exposed to danger in order to test whether he or she is mature enough to face this new life. In the case of the encounter between Jesus and the devil, the devil tested Jesus before the face of God in order to determine whether Jesus was truly human and truly the son of God.

In Luke 2: 21-23, it is a time of crisis in Jesus life and a point of transition. It marks a rite of passage. In Luke 2:42 and 2:52, Jesus was a twelve year-old child, who was increasing in wisdom and in years. In Luke 3:21, when he presents himself for baptism, he is thirty years old but still a private person. But In Luke 4:14, after completing the rites of passage, a dramatic change has taken place: he has become a public figure, a prophet in Israel, with a new, clearly defined role and status. Then there was an encounter between Jesus and the

devil (Luke 4:2). During this confrontation, Jesus demonstrated that he is worthy to bear the titles of Savior, Christ and Lord; that is he is totally loyal to God's affairs and able to function worthily. Therefore immediately after this rite of passage, Jesus unrolled the scroll, read from Isaiah 61:1-2, and declared, "Today this scripture is fulfilled in your hearing" (4:21).

### **5.10.2 BAPTISM**

According to Ramshaw (1987:35-36), baptism is a ground of our identity as Christians. Baptism establishes that identity by incorporating us individually into the body of Christ, which includes both the community that stands as surety for us and the worldwide church. All worship is a celebration of our common baptism, for it is a corporate enactment of our identity as those united in the death and resurrection of Christ (Weil 1983:45-46) The resurrection God's validation of Jesus as focus and symbol of the household from the onset of the gospels, Jesus total immersion in the changes initiated through his baptism underscored the belief that he did not exist apart from God and the establishment of God's household (Malina 1993:113).

John was baptizing the Jews. A strict, monastic sect of Judaism practiced baptism for purification, but normally only for non-Jews. (Gentiles were baptized when they converted to Judaism). When the Pharisees questioned John as who gave him authority to baptize people of God as if they were Gentiles, John said, "I baptize with water. "John was merely helping the people perform," symbolic act of repentance. But soon one would come who would truly forgive sins and something only the son of God, the Messiah, could do (Jn1:25-26). In Matt.3:6, Christian sacrament, was a ritual washing with water, symbolizing a cleansing from sin, linked with repentance and admission into the community of faith, symbolic for being filled with the Holy Spirit. In baptism a person makes the transition from being outside to being inside the Christian community, or as in when two people move from one relationship to another. The rite is ceremonious

or ritualistic, which marks a person's passage from one category to another (Weil 1983:70).

A religion has a ritual dimension. Christianity usually involves its followers in acts of worship, praying, singing, hymns, hearing the appointed passages from the Bible and such sacraments (rituals) in which God's grace is conveyed, as baptism and communion (the Lords' supper). Whoever is taking these two sacraments should go through a special heart cleansing (confession of the past deeds against God). The Bible talks about consecration or purification (Weil 1983:69).

### **5.10.3 LORD'S SUPPER OR HOLY COMMUNION**

If baptism is the core of Christian identity, then Holy Communion is the banquet in which we receive the festal robe, the family meal to which our adoption entitles us. In it, we as the people of God exercise the priestly function to which we were anointed (Ramshaw 1987: 38).

The Lord's Supper began with Jesus taking some bread and offering a prayer of thanksgiving, followed by the declaration, "this is my body, which is for you and a command, do this in remembrance of me, which means that the practice will carry on (1Corinthians 11:23b-24). Then Jesus took the wine and made the remarkable statement that this cup is the new covenant in my blood (11:25). The bread and wine symbolize the start of a covenant that God is now entering into with human beings, a covenant that is very different from the old one. It is sealed with Jesus own blood. Jesus makes it clear that the passing of the cup should also be a regular practice, although he does not specify how often it should be done (Weil 1983:53). The partakers of Holy Communion should be careful not to eat the Lord's Supper in an unworthy manner (11:27) through their lack of love, facetious spirit, and contempt for one another. To do this would be to sin against

Christ himself as much as it would be to sin against his church. It is thus important that before taking part in the meal they each check their motives as well as their moral and spiritual condition (11:28) (Weil 1983:43).

## **5.11 THE MOTIVATIONAL FACTORS WHICH PROPEL A PERSON TO DO THESE CULTURAL PRACTICES.**

### **5.11.1 CULTURAL FACTORS**

Culture plays a very important role in the society where beliefs and customs are concerned. As we know that culture is not static but it is dynamic, what was valued then may be discarded this time. The big black licking pot of these cultural practices, need to be addressed and responsibly acknowledged and faced. The cultural motives propel when the cultural interests are threatened, it is possible that the ritual maybe sought to achieve the communal stability then culture will dictate that the ritual should be done in order to bring harmony.

Blakely (1994:142-143) writes about tribal world view that “life is mysteriously rooted in and can be traced back to the supernatural world which is a part of the cosmic order.” Therefore Blakely argues that “the stability to commune with the spirit world, will determine how much, one can acquire and be able to control one’s own destiny, events, and nature.” In some African cultures the dead communicate with the living through dreams or spiritual visions as they dance and sing. Those who do not want misfortunes, follow these messages more serious than the Bible. The cultural practices may still be believed in by some older people who still pay allegiance to old traditions. It is also clear that, since the dawn of the new young and God fearing people, society may let the practice fade away.

### **5.11.2 RELIGIOUS FACTORS**

African Traditional Religions sometimes attests to the belief among Africans of powerful dead or the living dead. Moreau (2002:166) states that it is a world of dos and don'ts and secrecy and scheming. In the quest to please the ancestors the African person can go a mile to sleep (sexual cleansing) with the person he does not love in order to appease the spirits which are very much feared in society. Sometimes they believe in washing themselves in medicines given by the witch doctors or herbalists According to Brakely et al (1994:199-202) an animal or chicken blood is needed for a sacrifice to purify the family or the community.

### **5.11.3 ECONOMIC FACTORS**

Hunger for money, the business and economic world has been one of the most serious and common motivations. I Timothy 6: 10 states clearly that, "For the love of money is a root of all kinds of evil. Some people, eager for money, have wondered from the faith and pierced themselves with many grief's." Here it is not money per say which is evil but the love that sends many money seekers to go out of their way. For example July 2009, on Zambia National Broad Cooperation (ZNBC) a witch doctor gave two money seekers from Angola poisonous medicine. One man died at the grave yard where they performed a ritual and the other was hospitalized and the witch doctor was brought to book by the policemen. Moreau (2002:166) stated that, a majority of business men are afraid of mysterious natural catastrophic happenings that render them out of control thus resort to economic motivation that promises more returns. In this world of economy, money ties up with power. Money speaks more than works.

### **5.11.4 PERSONAL FACTORS**

According to Moreau (2002:169)

Many terms are used to describe power, power such as life force, vital force, life essence and dynamism. Power can be obtained by rituals, charms fetishes, ceremonies, witchcraft and sorcery or directly from powerful people or the spirits, and it is transferable. This all consuming concept of power is critical in our understanding of how traditional Africans assess the potency or the efficacy of any new religion. Christianity must develop a theology of power that addresses the traditional theological conception of power and recognizes how this law of power operates in traditional Africa.

In Africa many ordinary people also long for much such power and those who have gone deeper in their consultation with witchdoctors end up winning by scaring other people through magic power. This is scary as others have ended up bound to evil spirits and being slaves of darkness. Practical Theology through pastoral care and counseling should mobilize the powerful skills of empowering believers to discover their power store house in looking to Christ and his Lordship. In Christianity the Lordship of Christ is supposed to cover the need for power. The Scripture states that, “You dear children, are from God and have overcome them, because the one who is in you is greater than the one who is in the world (1<sup>st</sup> John 4:4).” People of the community are ruled by fear and are looking in wrong places for power. Therefore there is need for the church to develop a theology that addresses this power which scares the community.

## **5.12 EVIL AGAINST GOOD**

Means (2000:98) describes the way “Evil creates and builds on brokenness in the world by threatening attacking, destroying, and desecrating the integrity of the relational nature of life. Further, exploiting the natural occurring divisions within and between people, evil leads to increased fragmentation, alienation, and polarization which turn people against themselves, others and their natural environments, and their God. Evil works against reconciliation and healing is the chief obstacle and threat to the wholeness and interconnectedness of God’s

creation. Alienation becomes the order of the day when harmony is disturbed by cultural practices which cause pain in people's lives. Therefore the church through Practical Theology needs to care and counsel its people. "The ministry of oversight and nurture offered by a church community to its members, including acts of discipline, support, comfort, and celebration" (Gerkin 1997:126).

In most cases to talk about salient cultural practices is a taboo, it is like you are bringing a bad omen to the people who are affected. As a result this brings loneliness to a person who was involved in such a practice such as a sexual cleansing ritual which concerns someone having sex with the remaining spouse of the deceased. Guilt will also be the order of day. Such a person will need help and healing that even the church finds it to be a problem to deal with. Gerkin suggests "A primary function of the Christian Community is that of creating and maintaining a climate of relationship within which all members of the community are understood and cared for. To experience such a community is to overcome the loneliness that pervades contemporary culture" Gerkin 1997:126).

### **5.13 A THEOLOGICAL INTERPRETATION ON RITES OF PASSAGE**

There are many fears which surround people today and the way they behave or act. We have seen the similarities which trigger certain behavior which is found in the Bible and also in our culture. According to the creation story in Genesis One, we see ourselves created in the image of God, which means we are special people before God. God used soil to create humans (Gen1:26-27). God shared his responsibility towards nature with humans. Humans were told to care for nature and not to destroy it. There was a good relationship between humans and nature until the time when humans sinned against God. Fear developed and they started running away from God's presence. It is this very fear which has made humans to do certain rituals to purify themselves.

God loved humans so much that he provided a redemption story through Jesus Christ (Genesis 3:15, John 3:16). Humans needed liberation from so many cultural practices which have led so many people to death. As humans, we are always tempted to be misled by our heritage and so be blinded to the will of God. People need detailed explanations about the kind of righteousness that pleases God (Romans 9:30-10:4). Paul explains how one can achieve this righteousness which brings true purification.

By faith in Christ, the way of salvation is not difficult and inaccessible, but easy to attain (Rom 10:5). What is required is to respond in faith to the gospel message by confessing that Jesus is Lord and by believing that God raised him from the dead (10:8-10). This righteousness is accessible to anyone who believes; Paul quotes from Joel 2:32, making the point that everyone who calls on the name of the Lord will be saved. Accepting Christ is the factor that unites people of all backgrounds. In order to attain this righteousness one has to hear the gospel and will be used by God to help others hear the same message (Romans 10:15b). Young (1986:48) quotes Robert who believed in the Christology to reach so many communities even in Africa. He saw Jesus identifying himself with the oppressed.

Practical Theology should come up with alternative rites or Christian symbols people can use to re-story the traditional cultural practices and rituals. Practices which deals with protection from mdulo (chest pains) evil spirits, witchcraft, dead person spirits etc such as kuika mwana ku mphasa, kutha cinamwali, sexual cleansing etc Instead of putting the baby to the mat, the baby can go through prayers with the parents and then anoint the baby with oil, or sprinkling water on both parents and the baby since water symbolizes cleansing. The same can be done to a new initiate and also to a widow or widower. Also Baptism and Holy Communion can be taken too by new initiate and also by widows or widowers since all these deals with cleansing of ones heart.

Cultural Practices which deals with pleasure like pulling of labia manola, dry sex, circumcision, and polygamy Bible studies, should be conducted to discuss cultural practices and the gospel. Then people will realize where they go wrong as a result they will treat their partners with respect and love.

Now people can confess their sins through Jesus Christ who is faithful and just to forgive them. The death of Jesus Christ was a very big sacrifice made for the entire human race. Jesus paid by his blood for human beings to be set free. He brought hope into their lives. Therefore many people who were still bound to rituals, sacrifices, purification rituals are now free in Jesus Christ. Jesus treated the marginalized equally. That is why he ate with women, touched them, healed them, spoke to them, although society treated them as nothing (Mash et al 2009:32).

In the ritual systems most of the Christians grew up in the church with Christian life-cycle rites which were provided for adults, such as marriage, child baptism etc. The normative pattern implied by the Christian ritual structure was baptism, confirmation, marriage, children, death (Ramshaw 1987:49). Most women who have been delivered by believing in Jesus Christ are now free indeed. Fear is no longer with them.

### **5.15. THE ROLE OF THE CHURCH IN ADDRESSING CULTURAL PRACTICES**

In order for us to assign or expect the church to do something for the people we need to understand what the church is ? A Systematic Theologian Wayne Gruden (1994:853) defines the term “Church” as “the community of believers for all times.” This definition qualifies only those believers who are really born again. Grudem (1994:855-856) states that the “Church is both the visible and the

invisible.” The visible church is what people can see when one is led by the Holy Spirit for example the assembly of the believers to worship God where the fruits of the Holy Spirit are portrayed. The invisible is mainly appreciated by God who sees the true heart of man if it has a genuine motive to worship God in Truth. The Christians who are led by the Holy Spirit to do God’s will. Erickson (2002:1041) points out that the word church means “belonging to God” or “gathering of God’s people” God’s people are those who have been sanctified by the blood of Jesus who died on the cross, through faith in him they are called children of God (John 3:12).

---

Erickson (2002:1044) pointed out that the church has a purpose to fulfill, while Brudem states the three functions of the church namely, “ministry of God, ministry to believers, and ministry to the world.” Ministry to God, worshiping God in truth and in spirit and having fellowship with God. Psalms 100:1-4 these verses express man’s position of exaltation to God. We also have a duty to serve the body of Christ, the believers we are accountable to God for their spiritual growth until they reach the stage when they can also care for others. Matt.12 28-31 talks about loving both God and man. Evangelism is to reach out to the lost people. This pleases God so much since He cares for each lost soul. That is why he gave each believer a task to fulfill which is to “go, teach people of all nations and baptize them in the name of the Father, and the Son and the Holy Spirit...I will be with you” (Matt 28:19-20). As believers we need to care for others so that they can know who God is. Christians should take this task seriously so that even people who have AIDS can know God.

Practical Theology is to live and do theology with the people. When people are victims of cultural practices and are HIV positive what should be the response of the church to sustain people with the word of Hope. The church should provide its believers with an opportunity to walk with those who are suffering, to be

compassionate towards those who are called the “Eve” of this modern era who are looked on as if they are the ones who brought suffering in this world. When death is about to visit them they should be supported, strengthened and receive hope for the next life. The church is challenged to be a healing community of both body and spirit. The healing Community itself will need to be healed by the forgiveness of Christ.

Richardson (2006:50) urges the Church, “as an integral, responsible and caring part of the body of politic, the Christian Community must operate proactively and collaboratively in seeking improved structural provision for people living with HIV and AIDS. This can also include people who have been the victims of Sexual harassment, and divorce because they are infertile. Hendricks feels that people are called by God, to fulfill a purpose at a particular time and particular place where ever they are (2002:57).

The church and its theology are the conscience of society in setting moral and ethical standards. When a traumatic issue has transpired in a given situation of an individual upon hearing that he/she is HIV positive or he/she has gone through a traumatic cultural practice, family and society should act as mentors in some areas of life, the church must proclaim and profile the sanctity of life to be one word in programs of Christian education. Healing has to do with bringing wholeness, restoration and completeness, and bringing perfect health.

In this case of transforming societal values and purge the unwanted practices, time and space must be given to people and specify the issue from which they must refrain, otherwise the process can be self defeating. The process of talking to people about what they hold dearly and after that help them to renounce their bad ways at a voluntary level is a big success for deconstruction. The process of deconstruction must be given a chance, but somehow be controlled, as some may forever be begging for space and time to decide. Pollard (1997:73) is right to say, that insisting in giving people space and time for the process of change will

occur smoothly. Reason with the person or the people until the person is convinced to make a change. Practical Theology can help to develop a new paradigm within itself to enable appropriate counseling to address African cultural practices and to assist the people who have gone through these practices through Bible studies, conversation and discussion.

#### **5.16 GENERAL CONCLUSION OF THE RESEARCH STUDY**

The social-constructionist and narrative research sets the scene in motion and waits anxiously for the alternatives to develop. This is the action of hope in the lives of the hopeless. This is more like a Cinderella narrative which ends with a life of hope and joy. The Post Modern theology aims to provide fresh insights, answering the existing anomalies and providing new meaning by moving beyond modernism (Herholdt 1998:218). The whole world has been shaken with the coming of HIV and AIDS.

The study was divided into two main parts (a) Literature study and Empirical Research Interpretation. HIV and AIDS in Africa. Relevance and Contributions, Research aims and objectives, Research Question, Research Paradigm, Methodology and Research Design. The main aim of the research was to reach a holistic understanding of women's untold stories about salient cultural practices of African rites of passage, which promotes and hinders the spread of HIV and AIDS. Since culture is important for individuals as well as society, therefore HIV and AIDS programmers should incorporate culture into their programs of prevention, intervention and care. I therefore had to break down the main aim into the following objectives for discussion:

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 women and also the people of Zambia. Most people are very much affected by the influence

of their culture. This research was a bit tricky for me because to let people speak on salient culture practices is more like a taboo. Because most African cultures don't discuss sexual issues, these are things which a person might think do not exist and yet they are the top secrets which are swept under the carpet in most African societies. At first it was very tough for me to find some people who would open up and talk about these salient cultural practices described in chapter two.

After hearing the statistics of our Zambian community how it is burying people everyday, it has now become everyone's concern the way in which the community is losing its young people, our children and grand children. In order for me to seek the hidden stories of women I did not see the need for the people to continue keeping quiet hiding some root causes of death in their communities. Therefore I used the Reformed Church in Zambia Bible study approach to explore cultural practices and narrative approach to gather the stories of women who were victims of cultural practices.

To my surprise after the sub groups focus group discussions, most women came up and opened up to tell their stories of how some of their family members became victims of these cultural practices. The focus groups described how these cultural practices affected people's lives especially in this time of HIV and AIDS. I thought it would be important for Practical Theology to come up with a model which will address people's issues which they don't want to disclose, the real hidden story in them. Perhaps this model of focus group discussions can be a good model to let the sub-groups focus discuss the culture practices at length as people open up. It also enables all the group members see the areas of weakness in their lives which need to adjustment.

This is another way of seeing things through another eye where discrimination of age or gender is excluded. I deliberately included men in the first focus group because nearly all cultural practices are done by both men and women and in

some cultural practices men are indirectly involved e.g. *kukuna* the motive for women to do this is to please their partners to enjoy sex. If you wait to teach the youth tomorrow it might be too late.

The media is always faster than we expect, it is thus the right tool to use in order to disclose things of concern in our children lives. The sub-group focus group discussion allows an individual participant to know that she/he is not the only one who is going through such problems. It also encourages an individual to open up, as others shared their stories. There is a saying among the Ngoni people which says that “the person who is stepping on the other person won’t know until the person who is stepped on shouts, “you have stepped on me.” Not until the men in the patriarchal world are told that what they are doing to women is not right, (by the women themselves), the men will not realize their mistakes.

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. Culture may differ but contain the same practices. Some elements of culture are universal. Culture gives the members of a society a feeling of unity with the group and enables them to live and work together without too much confusion and mutual interference. A rite of passage is a transition from one state to another. The whole life of humanity is associated in the four stages birth, puberty, marriage and death. It is believed that a person passes through three major phases of rite of passage, Separation, Transition, and Incorporation. Transition goes with pregnancy and initiation. Separation goes with funeral ceremonies and Incorporation goes with marriages.

To interpret the women’s untold stories of how cultural practices relate with the spread or the hindrance of HIV and AIDS. Rites of passage are performed differently in each society. Most of chapter two discussed some of the cultural

practices which promote the spread of HIV and AIDS and also some individuals gave their own personal stories as victims of a particular cultural practice. Some possible ways in which one can transmit HIV were discussed. Some alternative ways of achieving the motive behind that particular cultural practice without infecting the other person were discussed. The following are some of the cultural practices relating to “birth, puberty, marriage, and death: Many women, who have shared their stories in the second chapter, reflected how cultural practices had an effect on them. Many have died due to HIV and AIDS and left many orphans who need love, food, shelter and education. According to Muller (2000) people are not objects to use but are subjects who are to be respected and are loved by God.

When going through the passage of birth during Pregnancy faithfulness should be observed. Most African societies promote faithfulness when the wife is expecting after that the man can move with any woman as he wishes to. Also for the fear of sexual transmitted infection (STI’s), that can infect the mother and the baby. Long time abstinence which was seen as a way of family planning has now become a danger to people’s lives. A man was allowed to have another wife or extra marital affair as they waited for the baby to grow. Faithfulness to one partner promoted true love. The baby grows in a happy home and a good atmosphere. Most Christians are taught the advantages of one husband one wife. It pleases God and there is no life risk due to HIV and AIDS. Masturbation (self pleasure sex) was seen as an HIV and AIDS free practice, although some Christians saw it as destructive to the mind.

Initiation of boys and girls is done in most African societies when a boy or a girl has reached puberty stage he/she has to be initiated. This is a ritual integrating the child formally into a marital adult world. Initiation marked and effected the transition from adolescence to adulthood. Circumcision is the removal of the foreskin of manhood. Initiation ceremonies which are still done in some Zambian communities were looked as a good ground for moral and spiritual teachings.

The counselor needs to be updated with the latest information concerning HIV and AIDS. According to Sechefo (1981:17-18):

*Circumcision stood foremost over any other performance it being the back bone of the nation itself. An adult failing to under go this ritual was looked upon as a renegade in the family, and an outcast in society... such a lad was utterly despised and condemned by all. He was excluded from any matter of social importance and maidens refused to offer him a hand in marriage.*

The people who went through circumcision were the most important people, because they were now old enough to take care of their families, the society respected them because of their good behavior. They are taught how to care for their families especially wives. Therefore sex education needs to be taught in schools and in families, Christian parents need to play a very important role in providing sex education for children including HIV and AIDS, bad cultural practices which brings pain to the child. Children need to be empowered so that they can be assertive and make decisions in their social lives. Early marriages are quite an issue because most young girls are married to elderly men, this should be discouraged at all cost. Parents need to be addressed on the importance of education for their children.

Chapter three dealt with the interpretation of cultural practices and the stories of women who have been victims of cultural practices. The sub-focus groups pointed out some cultural practices which have influence on the spread of HIV and AIDS such as: Children are of special value to both men and women in African societies. Marriage without children is seen as if it is incomplete that is why the *fisi* practice is encouraged. This *fisi* practice was seen as dehumanizing to the woman who had to sleep with someone else. It was agreed that it had to be discouraged since it was seen as a clear mode of HIV transmission.

Polygamy is still practiced in Zambia in most patriarchal systems, it was seen as a mode of HIV transmission if one partner is unfaithful. People from different

societies are still doing the ritual of *kuika mwana ku mphasa* especially those not educated and are not strong Christians. *Initiation ceremonies* should be encouraged but balanced programmes should be taught to both boys and girls so that they can both learn their responsibilities. The counselors should be updated with new information about HIV and AIDS and the word of God should be stressed for character building. *Kutha cinamwali* ( this cultural practice is now dying because of HIV and AIDS even though some people among the Chewa people feel it is good to prove that someone learnt what he was taught during a seclusion period it also dehumanizes a girl like Malumbase who went through pain. Pulling of labia manola is done by three quarters of Zambian women. Young girls are being encouraged to do it for future a purpose which they can't understand now. If one does not do it when she is young she is forced to do it before the wedding day. Some women pointed out that it devalues the position and the state of girls and women as though God did not finish making them and also the pain they go through to achieve this is not necessary.

It was suggested that both Christian men and pagan men should be addressed on the ills women go through in order for them to enjoy sex. So that they should not demand it if a woman is as natural as God made her. Some men folks pointed out that women should be free with their bodies not just to please the men folks. *Dry sex*, three quarters of men want their wives to be dry, even if most women don't like it. Most women fear that their marriages can end up in divorce if their men try to sleep with women who use herbs. as a result they are forced to serve their marriages even if they do not like it or are risking their lives through contracting the AIDS virus which can enter through bruises. *Sexual cleansing* is still happening in Zambia, even if some of the chiefs are discouraging it because of HIV, instead there are some suggested alternatives for the people to do without sexual ritual which is free from HIV infection.

*Solorate* (a substitute husband) after the death of a husband. It should be advised that the couple to be should first go for VCT so that they can know their

status or else it can be proper to discourage the practice. *Levirate* (substitute wife) is still happening in Zambia even if it is being discouraged because many women have died because of AIDS. It is expected that the couple to be should go for VCT before they marry. Most women should learn to break the silence in order to seek help. They should just maintain their good morals which will give them true freedom. Christians should set good examples to live clean lives as people who are exercising true freedom in Jesus Christ.

Some cultural practices which were regarded as good since they don't transmit HIV are as follows: *Masturbation* is proved to be a safer sex method even though Christians do not approve it. They feel one's minds should be set on things of God not on self pleasure which tortures the mind. Faithfulness during pregnancy is encouraged because they fear a partner who goes out with other women might bring some disease or death. *Red beads and white beads* as a sexual communication this is regarded as a good practice because it empowers a woman to say no when she does not want to have sex. This is something which most women cannot tell their husbands directly.

Chapter four explored some areas of life which need 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 HIV/AIDS. Gender has been taken as an issue in nearly all the societies in the world. Gender refers to the culturally constituted forms of masculinity and femininity that produce the specific ways in which men and women are somewhat treated. There is sexual division of labor in various cultures, which makes women to be oppressed by their male folks. Women have been treated as second class citizens. African women theologians have voiced out on the injustice and violence against women. They are trying to empower women to break the silence which they were taught to keep quiet because it will embarrass their men folks. This is why most women need to go through traumatic healing. It starts in their homes, at school, colleges,

place of work boys/men are treated differently while girls/women are treated as if they don't exist.

Gender is the area where women are unfairly treated concerning so many issues. Women need empowerment for them to understand themselves and God's love for them. Therefore a solution needs to be found on how Zambian women can exercise their faith in God without fear in their hearts. We have seen similarities which triggers certain cultural influences found both in the Bible and also in African culture.

Gender sensitivity has exposed that, very few women reach the top levels as managers at their places of work, because there are so many factors which pull them down for example child bearing, and other home conflicts, negative mental and physiological health outcome. Most women have been sexually harassed, or their promotions bring rumors that they have slept with some bosses, husband mistrusts their wives which limits their freedom and movement in their jobs. The majority of women in Zambia have very little say when it comes to issues of sexual relationship. They even experience domestic violence directly and indirectly.

Women are discriminated from the time they are born, in the home at school at place of work. Most women are treated as sex workers and child bearers by men folks. When passing through a transition from one stage to another, serious moral teachings should take place so that nobody should die without full knowledge of what is happening in there lives. In cultural practices which dehumanize human beings, the church should take a major role to discourage them through Congregational bible studies, Men's leagues, Women's league and Youth fellowship groups.

The church by understanding the theology of God it should promote women's decision-making in the house-hold, community and national level by supporting their leadership and participation. To provide women with a voice with the opportunity to create a group identity separate from that of the family, since for many women, the family is often the social institution that enforces strict adherence to traditional gender norms.

Chapter five focused on the rites of passage as a theological reflection. Every human being wants to be known for being clean or righteous before others and before God. That is why people do certain rituals in order to achieve purity. Jesus Christ is known as a sacrificial lamb for humans so that all those who have faith in Him are set free from certain rituals. Christians follow the two sacraments which the Lord Jesus left for His believers who are Baptism and take Holy Communion.

Many people who are HIV positive have gone through many rituals to take away the unknown fear of stigma and discrimination. Some people have even learnt that when they sleep with a minor they will be healed from AIDS. Zambian pastors should exercise their authority to discourage all cultural practices which puts people in danger in order to achieve purity or cleansing. It is only through faith in Jesus Christ that we can really be clean before God.

Churches and religious leaders should play an active role in educating and counseling the community about HIV and AIDS and strategies. Christians should be involved in life skills programs focusing on assertiveness and skills development so that they can empower themselves and be independent and be able to take responsibility and make decisions about their lives. Different skill training projects such as needlework, sewing, tailoring and designing etc, should be introduced in congregations so that women can learn to be self dependence. HIV and AIDS prevention and care strategies should take cultural practices of the

Zambian people into consideration so that society can fight together against HIV and AIDS. Christians should learn to be gender sensitive not to treat women as objects but equal partners.

Recommendation, I wish a specific research should be conducted for future research to study stories of women who have overcome some of these cultural practices should be collected and be heard by many women as an example of breaking the fears of the unknown. And also why Sub-Saharan Africa which is Christian mostly countries is more infected than Northern Africa which is mostly Moslem is less infected? Is it anything to do with cultural beliefs or what?

This research concludes that: Sub-Saharan Africa is the most infected part of Africa and women are more infected than men. The socio-economic and cultural practices have been an influence on the spread of HIV and AIDS in Zambia and many African countries. It seems scientific empirical evidence of the current cultural practices of the Zambian people, play a role in the spread of HIV infection. A narrative research approach was used and was effective to draw information and also the sub-group focus group discussions which had limited numbers of participants. The exploratory research design was used to gain insight into the role played by cultural practices in the spread of HIV infection in Zambia. This study looked much into the alternative stories which came up as substitute of certain cultural practices which triggers the transmission for HIV and AIDS. I will end up my thesis by quoting, Freedman & Combs (1996:11) who said:

*It was through Erickson that we first encountered the belief that people can continually and actively re-author their lives. While the story of our relationship with the systems metaphor is one of change leading to an eventual parting of the ways, the story of our relationship with the re-authoring metaphor is one of consistence.*

It seems Erickson was very much aware of the constitutive power of language. That is why an alternative story was very important to him because it brought



hope into the lives of the hopeless. Christian hope is in trusting Jesus Christ who died for all mankind. We can see how the family has been invaded by these cultural practices. All the victims of these practices feel guilty, unfaithful to the other partner, disobedient before God. Although some people like Akacha enjoys being a cleanser but the consequences are very bad if he becomes infected by HIV or the eschatological results of disobeying God. That is why there is a need for Practical Theology through Church leaders to address issues concerning cultural practices before one falls into them. The Reformed Church in Zambia Bible Study Method of addressing such issues is significant since every person is involved and can express their feelings towards these issues.

## BIBLIOGRAPHY

Adeyemo, T. 1979. *Salvation in African Tradition*. Nairobi: Evangel Publishing House.

Anderson, H. & Goolishian, H. 1988. *Human systems as Linguistic systems: Preliminary involving ideas about the implications for clinical theory*. *Family process* 27 (4): 371-393.

Airhart, P. D. & Bendroth, M .L. 1996. *Faith Traditions and the Family: The family, Religion, and Culture*. Louisville: Westminster John Knox Press.

Arnold, W. G. 1973. *Sociology*. New York: Hill Brock Company.  
*An Anthropological Perspective*. Philadelphia: University of Pennsylvania Press.

Banda, R. 2007. *Sex Negotiations*. Lusaka: Misisi Compound.(oral contribution).

Banda, P. 2007. *An abuse of women hospitality*. Muchinji: Malawi (oral contribution).

Becker, C. E. 1996. *Leading Women: How Church Women Can Avoid Leadership traps and Negotiate the Gender Maze*. Nashville: Abingdon Press.

Berer, M. & Ray, S. 1993. *Women and HIV/AIDS: An International Resource Book. Information Action, Resource Book. Information Action and Resources on Women and HIV/ AIDS, Reproductive Health and Sexual Relationship*. London: Pandora Press.

Blakely, T. D., Van Beek, W. E. A. & Thomson, D. L. 1994. *Religion In Africa: Experience and Expression*. London: Porthmouth, NH.

Bless, C. L. & Higson- Smith , C. 1995. *Fundamentals of Social Research Methods. An African Perspective* 2<sup>nd</sup> Ed. Lusaka: Juta & Co. Ltd.

Bloom, M. & Fisher, J. 1982. *Evaluating Practice: Guidelines for the Accountable Professional*. New Jersey: Prentice Hall Inc.

Bourdillon, F. C. 1993, *Changing Culture in Zimbabwe*. Harare: University of Zimbabwe. Publication.

Bujo, B. 1992. *African Theology in Social Context*. Maryknoll: Orbis Books.

Bregman, L. 1999. *Beyond Silence and Denial: Death and Dying Reconsidered*. Louisville, Westminister John Knox Press.

Bruegal, J. W.M 2001. *Chewa Traditional Religion*. Blantyre: Claim.

Bruner, J. 1991. *The Narrative Construction of reality. Critical Inquiry*, 18: 1-21.

Chewe, P. 1989. *Women National Policy*. Lusaka: Zambia Press

Chikanza, J. C. 2004. *Research in African Traditional Religion: Initiation Rites for Boys in Lomwe Society and other Essays* .Zomba: Kachere.

Choondoka, Y.Z. A, 1988. *Traditional marriages in Zambia*. Mission Press: Ndola.

Chitando, E. 2007. *Acting in Hope: African Churches and HIV/AIDS 1*. Geneva: WCC.

Chitando, E. 2007. *Acting in Hope: African Churches and HIV/AIDS 2*. Geneva: WCC.

Chitando, E. 2008. *Mainstreaming HIV and AIDS In Theological Education: Experiences and Explorations*. Geneva: WCC.

Chulu, M. 2004 *the Post Newspaper of Monday 4<sup>th</sup> October*. Lusaka.

Clandinin, D. J. & Connelly, F. M. 2000. *Narrative inquiry: Experience and Story in Qualitative Research*. San Francisco: Jossey Bass Publishers.

Collins, K. J. 1998. *Social Work Research: Only Study Guide for MWK 304-G. Social Work Research*. Pretoria: Protea Book House Research.

Connor, S. 1989. *Postmodernism Culture: An Introduction to Theories of the Contemporary*. Malden: Blackwell Publishers.

Cox, J. L. 1996. *Rite of Passage in Contemporary Africa*. Fairwater: Cardiff Academic Press.

Cox, J. L. 1996. *Expressing the Secret: An Introduction to phenomenology of religion*, Harare: University of Zimbabwe.

Crouch, M. 2002. *Home care Handbook* Nairobi Giant Printers.

Daka, L. 2007. Pre-mature baby burial. Mandevu Compound.

De Bruyn, M. 2000 *Women and Aids in Developing Countries: Social Science and Medicine*.

De Vos, A. S. & Fouche, C. B. 1998. *Data Analysis and Interpretation: University analysis*. Pretoria: Van Shaik.

Dolphyne, F. A. 1991. *The Emancipation of Women an African Perspective*. Accra: Ghana University Press.

Dube, M. W. 2003. *HIV/AIDS and the Curriculum*. Geneva: W.C.C.

Du Toit, B. M. 1975, *Akuna Anew Guinea Village Community* Akuna A Balkema.  
Drews, A. 1995. *Words And Silence: Communication about pregnancy and birth among the Kunda of Zambia*. Amsterdam: Geboren te Braunschweig.

Emily, W. 2003. *Women Blame Cleansing Custom for Spreading of HIV on the Star* Wednesday August 20<sup>th</sup> 2003.

Erickson, M. J. 2002. *Christian Theology 2<sup>nd</sup> Edition*. Beaker Books Grand Rapids, MI.

Erickson, M. J. 2001. *Christian Theology*. Grand Rapids. Michigan: Baker books.

Ferdinando, K. 1999. *The Triumph of Christ in African Perspective*. Petermpster Press.

Filumba, M. A. M. 1992. *Men's View On Dry Sex. In relationship to HIV/AIDS*, Lusaka: University of Zambia.

Fisher, Wendy. 2003. *The Psychosocial Context of Sex Work: Report on the Formative Assessment for the Zambia Cross Border Initiative*. Lusaka: World Visions.

Fouche, C.B. & De Vos, A.S. 1998. *Selection of a Research Design*, In De Vos, A.S., Strydom, H., Fouche,

Freedman, J. & Combs, G. 1996. *Narrative Therapy: The Social Construction of the Preferred Realities*. New York: Norton & Company.

Friday Edition News Paper, 15<sup>th</sup> October 2004. Lusaka: Zambia.

Fox, Nicholas J. 1995. *Postmodernism, Sociology and Health*. Philadelphia: Open University Press.

Gabobonwe O. H. 2005. *Barrenness In Marriage: A challenge to Pastoral Care*. Pretoria: University of Pretoria.

Gaskiyane, I. 2000. *Polygamy a Cultural and Biblical Perspective* London: Garzelle Creative Productions Ltd.

Gehman, R. J. 2005. *African Traditional Religion In Biblical Perspective*. Nairobi: East African Educational Publishers.

Gergen, K. 1985. The Social Construction Movement, *Modern Psychology*. *American Psychology*, 40: 266-275.

Gergen, K. 1991. Therapeutic professions and the diffusions of deficit. *Journal of Mind and Behavior*. 11, 353-368.

Gerkin C. V. 1997. *An Introduction to Pastoral Care*. Nashville: Abingdon

GRZ, & UNFPA, 2005. *Rapid Social Cultural Research as a Methodology for Informing Sexual and Reproductive Health HIV/AIDS Programming In Northern Province*. Kasama: Government Printers.

Green, E.A. 1973. *AIDS and STDs In Africa: Bringing the Gap between Traditional Healing and Modern Medicine*. Pietermaritzburg: University of Natal Press.

Gutek, B. A. 1985. *Sex and the work place: Impact of Sexual Behavior and harassment on Women and Organization*. San Francisco: Jessey Bass

Grudem, D.1994. *Systematic Theology: An Introduction to Biblical Doctrine*. Grand Rapids, Michigan: Zondervan Publishing House.

Hale-Mustin, R. 1978. *A Feminist Approach to family Therapy*. Family process. 17: 181-194.

Hammond-Tooke, D. 1989. *Rituals and Medicines*. Cape Town: Crade Press.

Hay, M. J. 1989. *African Women South of the Sahara*. London: Longman.

Healey, J. & Sybertz, D. 1996. *Towards African Narrative Theology*. Maryknoll: Orbis Books.

Hendriks, H. J. 2002. *Doing Missionary Theology in Africa*. Stellenbosch: University of Stellenbosch.

Henslin, J. M. 1980. *Marriage and Family in a Changing Society*. New York: The Free Press.

Hestenes, M. E. 2006. Different perspectives of Suffering and Healing: An Overview. University of Pretoria: Practical Theology in South Africa vol. 21 (no. 3, December): 68-85.

Hoffman, W.W., Grenz, S.J. 1990. *Aids Ministry in the midst of an Epidemic*. GrandRapids: Baker Book House.

Horward, G. S. 1991. Culture Tells. A narrative Approach to thinking. Cross-Cultural Psychology, and Psychotherapy. *American Psychology* 40:197-197.

Houten, R. 2002. *REC Focus HIV/AIDS: Commission for Human Relations*. vol.2 No.1. *GrandRapids*: Reformed Ecumenical Council.

Ittmann, K. 1995 *Work, Gender and Family in Victoria in England*. New York: University Press.

Jardim, A. 1996 *Gender and Leadership Talk at Work*. New York Blackwell publishers.

Jencks, C. 1992. *The Post Modern Reader*. New York: St Martin Press.

Kapolyo, J. M. 2005. *The Human Condition: Christian perspective through Africa Eyes*. Leicester: Inter-varsity Press.

Kapungwe, A. 1997. *Traditional Channels of sex Information Communication and Fight Against HIV/AIDS*. Lusaka: UNCEF Publication.

Kasambala, A. 2003. *HIV/AIDS Awareness Seminar Breaking the Silence* Stellenbosch: NetAct.

- Kasembo B & Mogesa, L 1977 *African Christian Marriage* London: Dublin press.
- Kathuria, R. and Wilson, D. 1995. *Community Peer Education to prevent STD/HIV/AIDS among Women In Zambia and Zimbabwe* Lusaka: University publishers.
- Kiremire, M. K. 1996. *Assessing Issues of Women Vulnerability, Prostitution, STDs and HIV/AIDS*. Lusaka: UNICEF Publication.
- Kumbirani, J 1977. *Kulova Guwa and Christianity*, in M.F.C. Bourdillon (ed) *Christianity South of Zambia* vol.2 Gweru: Mambo Press.
- Kung H, 2001. *On being a Christian*. London: Doubleday and Company.
- Kung, H. & Tracy, D. 1989. *Paradigm Change In Theology: A Symposium for the Future*. New York: Crossroad.
- Kung, H.2001. *Women In Christianity*. New York: Continuum.
- Lamotte, A.1995. *Bird by Bird:Some Instruction on Writing*. New York: Anchor Books.
- Lauer, R. H. & Lauer, J.C. 1997. *Marriage & Family: The Quest for Intimacy*. Chicago: Brown and Benchmark.
- Lasswell, M & Lasswell, T. 1987. *Marriage and the Family*. Belmont: Wadsworth Publishing Company.
- Lieblich, A. 1998. *Narrative Research: Reading Analysis and Interpretation; Applied Social Research Methods Series*. Volume 47. London: Sage Publications.
- Linden, I. 1975. "Chewa Initiation Rites and *Nyau* Societies: the use of Religious Institutions in local politics at Mau", in: T.O. Ranger & J.Weller (eds.), *Themes in the Christian History of Central Africa*, London: Heinemann: 30-44.
- Longwe, S. and Clerk R. 1993. *The need for NGOs to address Gender issues in Aids Prevention and Control*. Leiden: Leiden University Publication.
- Lorraine, H. Radke & Stam, H. M. 1995. *Power and Gender, Social Relations In Theory and Practice*. London: Sage publications.
- Louw, D. J. 2006. The HIV pandemic from the Perspective of theological Resurrections: Hope as a Pastoral Critique on the Punishment and Stigma Paradigm". *The Journal of Theology for Southern Africa* 126 : 100-114.

Louw, D. J. 1995 *Pastoral Hermeneutics of care and encounter*. Cape Town: Lux Verbi.

Luo, N. 1996. *The Challenges, Hopes and Responsibilities Facing Women in the HIV/AIDS Pandemic*. Lusaka: Zambia National Aids Network.

Nadah S. 2006. *The Text of Terror. Durban: African Women Religion and Health*. Maryknoll: Orbis Press.

Ndlazi, T. 2000. Tamar Biblical Narrative: Women Abuse. *Journal of Theology for Southern Africa*. Vol 9 No 2 Dec. 2003.

Macwangi, M. 1994. *Women and Aids In Zambia Assistance*. Lusaka: UNICEF Publishers.

Magesa, L. 1997 *African Religion: The moral Tradition of the abundant Life*, Nairobi: Paulines Publications Africa.

Maluleke, S. T. 1992. *Struggle against Poverty in rural Settlements*. Pretoria: Debukeng.

Means, J. J. 2000. *Trauma and Evil*. Minneapolis: Fortress Press.

Messer, D. E. 2000. *Breaking the Conspiracy of Silence: Christian Churches and the Global AIDS Crisis*. Minneapolis: Fortress Press.

Malina, D.J. 1993. *Beyond Patriarchy: The Images of Family in Jesus*. New York: Paulist Press.

Malony, M. 2005. *Counseling For HIV/AIDS: The Use of Counseling Skills for HIV/AIDS*. Nairobi: Paulines Publications Africa.

Masinga, G. M. 1995 "mdulo Concept among the Chewa", CC/TRS//13

Massey, L. F. 2002. *Women In the Church*. London: Mc Forland & Company, Inc. Publishers.

Mbale, R. 2006. The importance of body exercises for women. Lusaka: U.T.H.  
Mc Grath, M. & Gregore N. 1977. *Our Way to love and Marriage*. Lumuru : African Institute.

Mbiti J. S. 1969. *African Religious and Philosophy*. London: Heinemann.

Mbiti J.S. 1975. *The Prayer of Religion*. Maryknoll New York: Orbis Books.

Mbiti, J. S. 1989. *African Religions and philosophy*. London: Heinemann.

Mead, M. 1983. *The Making and UN making of an Anthropological Myth* London/ Cambridge: Freenan Harvard University Press.

Meena R. 1992. *Gender in Southern Africa: Conceptual and Theoretical Issues*. Harare: Sapes Books.

Moreau, S. A. 2002. [et al.]. *Deliver us from evil: An uneasy frontier in Christian Mission. World Vision International*. Monrovia: California?

Morgan, A. 2000. *What is Narrative Therapy?* Adelaide: Durich Centre Publications.

Morris, B. 1986. "Chewa conceptions of disease: symptoms and etiologies", *Society of Malawi Journal* 38 no. 1: 14-43

Morris, B. 1989. "Medicine and Herbalists in Malawi", in: *Society of Malawi Journal* 42:34-54.

Moyo, F. 2005. *The Red Beads and White Beads: Malawian Women's Sexual Empowerment in the HIV/AIDS Era*. Journal of Constructive Theology, Natal: Vol. (1):53-66.

Moyo, F. 2000. The Phoebe Practice: When The Telling Itself Is a Taboo. *Journal of Constructive Theology Vol 9 NO (2) December 2005*.

Moyo, P.H. 2001 *the Bible and African Culture as Source in African Christian Ethical Decision Making*. Pretoria: University of Pretoria

Mtingiza, A.Z. 1990. *Nyau and the Initiation Rites of Girls in Lilongwe: District*", CC/TRS/21.

Mudawi, S. 1977. *The Impact of Social Economic Changes of Female circumcision*. Sudan: Medical Association Congress series No 2.

Mugambi, I. J.& Kirima, N. 1976. *African Religion Heritage*. Nairobi: Oxford University Press.

Muller, J.C. 2004. HIV/AIDS, narrative practical theology, and postfoundationalism: The emergence of a new story. *Practical Theology in South Africa* 60(1-2) : 299.

Muller, J. C. Van Deventer, W & Human, L. 2001. *Fiction Writing as Metaphor for Research: A Narrative Approach. Practical Theology in South Africa*. Vol. 16 (2): 76-96.

Munthali, R. 2005. *Traumatic ritual Murders in Venda: A Challenge to Pastoral Care*. Pretoria: University of Pretoria.

Mwaba, C. 2001. *HIV in Zambia*. Lusaka: Society for Family Health.

Mwenya, S. M. *The Cheating Husband*. Lusaka: Friday Edition News Paper. 15<sup>th</sup> October 2004.

Mwewa, S. K. 2001. *The Philosophy and Implications of Cleansing of Widows and Widowers In Zambia*. Chipata: Kolbe Press Diocese of Chipata.

Nadar, S. 2004. *Journal of Constructive Theology: "Text of Terror" Disguised as the Word of God; The Case of Esther 2:1-18, And Conspiracy of Rape in the Bible*. Vol. 10 No (2) Dec. 59-75

Naidoo, M. 2006. *The Healing Work of Spiritual Direction*. University of Pretoria. *Practical Theology in South Africa*. Vol. 21. (3, December): 139-154).

Ndlazi, T. 2003. *Journal of Constructive Theology: The Conspiracy of Silence, Breaking the Silence 2 Sam.1. 13:1-12*. Vol.9 No. (2 ) Dec. pg 21-27

Ngulube, N. M. J. 1989. *Some Aspects of Growing up in Zambia* Lusaka: Nalinga Constance/ So consult A/S Limited.

Nelson, P. 1987. *Narrative and Morality: A Theological Inquiry*. Leicester: Pennsylvania State University Press.

Nicolson, R 1995. *AIDS: A Christian Response*. Pietermaritzburg: Cluster Publishers.

Nyirongo, L. 1997. *The God's of Africa or the Gods of the Bible: The snares of African traditional religion in Biblical perspective*. Hoer Onderwys: Potchefstroomse Universities.

Oke, E. A. 1991. *An introduction to social anthropology*. Hong Kong: MacMillan.

Oyewomi, O. 2003. *African Women and Feminism: Reflecting On The Politics of Sisterhood*. Trenton: African World Press Inc.

Parrinder, G. 1961. *West African religion*. London: Epworth Press.

Parry, S. 2008. *Beacons of Hope: HIV Competent Churches: A Framework For Action*. Geneva: WCC Publications.

Paterson, G. 1996 *HIV Prevention: A Global Theological Conversation*. Geneva: Ecumenical Advocacy Alliance.

Patton, J. & Childs, B.H. 1988. *Christian Marriage & Family: Caring for Our Generations*. Nashville, Abingdon Press.

Payne. M. 2000. *Narrative Therapy: An introduction for Counselors*. London: Sage Publications.

People, J. & Bailey, G. 2000. *An Introduction to Cultural Anthropology*. Windsworth: Thomson Learning Belmont Australia.

Phiri, D. 2004 *Article Gender Development* Lusaka: Friday Edition News Paper.

Phiri, I. A. 2003. Virginity Testing. Durban: *Journal of Theology for Southern Africa* 126: 16-21.

Phiri, I. A. 2004. Dealing With the Trauma of Sexual Abuse: Gender Based Analysis of Testimonies of female. Vol.8 No. (2) Dec. 2004.

Piennar, S. 2003. *The Untold Stories of Women In Historically Disadvantaged Communities Infected and or Affected by HIV/AIDS, About Care and or the Lack of Care*. Pretoria: University of Pretoria.

Poku, N. K. 2001. *African AIDS Crisis In Context: How the Poor are Dying*. *Third World Quarterly*, Vol. 22 (2): 191-204.

Polland, N. 1997. *Evangelism made slightly less difficult*. **England:** Inter-varsity Press.

Polkinghorne, D. E. 1988. *Social Constructionist Discourse and Psychology*. Albany :State University of New York Press.

Popenoe, K. 1986. *Sociology*. 6<sup>th</sup> ed. New Jersey: Prentice – Hall.

Power, D.N. 1990. *Worship, Culture and Theology*. Washington, DC, The Pastoral Press.

Radike, H. & Hendemkus, J. S. 1995, **Title?** London: Sage Publications.

Radclif, B. Daryll, F. 1970. *African Systems of Kinship and Marriage* London: Oxford University Press.

Raffaelli, M. & Suarez-Al- Adam. 1998. *Reconsidering the HIV/AIDS Prevention Needs of Latino Women in the United States*. New York: The Harrington Park Press.

Raising, T 1996. *Passing On The Rites of Passage: Girls Initiation in the Context of an Urban Roman Catholic Community On the Zambian Copperbelt*. Leiden: African Studies Center Leiden.

Ramshaw, E.ed, Browning, D. S. 1987. *Ritual and Pastoral Care*. Philadelphia: Fortress Press.

Reyes, A. R.1991. *Scope and Difficulties of Working With Sexuality in the Dominican Republic* WGNRR, July-September.

Richardson, D. 1987. *Women and the AIDS Crisis*. London: Pandora.

Rosen, H. & Kuehlwein K. T. 1996. *Constructing Realities: Meaning- making Perspectives for Psychotherapists*. San Francisco: Jossey-Bass Publishers.

Rosenau, P.M. 1992. *Postmodernism and social science*. Princeton: Princeton University Press.

Rossouw, G. J. (ed.) 1995. *Life In A Post Modern Culture*. Pretoria: HSRC.

Roth, N.L., Fuller, L.K.1984. *Women and Aids: Negotiating Safer Practices, Care, and Representation*. New York: The Harrington Park Press.

Rubin, H. J. & Rubin, I.S. 1995. *Qualitative Interviewing. The art of hearing data*. London: Sage Publications.

Saakana, A. S. (ed) 1991. *African Origins of the Major World Religions*. London: Karnak House.

Saw, I. 1980. *Anthropological structures of Madness In Black Africa*. New York: International University Press.

Seale,C.1999. *The quality of Qualitative Research*. New Delhi: SAGE publications.

Segwape. S.K. 2004. *Pastoral Care to People Stricken by Poverty*. (Unpublished MA Thesis). Pretoria: University of Pretoria

Selling A. 2001. *Embracing Sexuality: Authority and Experience in the Catholic Church*. Aldershot: Ashgate

Siane A. 1996. *Ceremony during Initiation rites*. Amsterdam: Thera Raising.

.....  
Steinmetz, S.K. Clavan, S. & Stein, F.K. 1990. *Marriage and Family realities: Historical and Contemporary Perspectives*. New York: Harper & Row.

Stone, W. & Duke, J.O. 1996. *How to Think Theologically by Howard*. Minneapolis: Fortress Press.

Shandall Stott, J.R.W. 2999. *New Issues Facing Christians Today*. London: Marshal Pickering.

Futul, E. 1967. Circumcision and infibulations of females. *Sudan: Medical Journal* No 4: p178.

Straydom, H.1998, *The Pilot Stud,*. in De Vos, A.S., Strydom, H., Fouche, C.B.

Poggenpoel, M. & Schurink, E. W. 1998. *Research at grassroots: A primer for the Caring Profession*. Pretoria: Van Schaik Publishers.

Strydom, H., Fouche, C. B., Poggenpoel, M, & Schurink, E. W. 1998. *Research at Grass Roots a primer for the Caring Professions*. Pretoria: Van Schaik Publishers.

Tibane, E. M. C. 1995. Options of African Caretakers of Children Hospital Regarding the Linking of Traditional healers to Western Health Settings. Unpublished MSocSC dissertation. Cape Town: University of Cape Town.

Thatcher A. 1999. *Marriage after Modernity: Christian Marriage in Postmodern times*. New York: New York University Press.

Thompson, J. B, 1990. *Ideology and Modern Culture: Critical Social Theory in the Era of Mass Communication* London: Cambridge Polity Press.

Theron, J. P .J. 2006. Some are not healed: Reflecting On The Experiences of Pentecostal Belevers Who Have Not Yet Been Healed Through A Ministry of Healing To The Sick. *Practical Theology in South Africa* 21, (no. 3, December): 1-16.

Turner, V. 1967. *The Forest of Symbols*. New York: Cornell University Press.

Tylor, E. B. 1990. *Primitive Culture*, London: University of Oxford.

Taylor, M. 2003. *Christianity, Poverty And Wealth*. Geveva Swetzeland : SPCK.

UNAIDS, 1997. Women means of payment. Pretoria: Institute for Strategic Studies.

UNAIDS, 1999. Zambia's neighbours statistics. New York: United Nations.

UNAIDS, 2000. Male Domination is expressed in domestic violence. Geneva:Office of the High Commissioner for Human Rights.

UNAIDS, 2004. Older men marrying young girls. Geneva: Office of the High Commissioner for Human Rights.

UNAIDS & UNDP. 1998. Women triple oppression. Geneva: Office of High Commissioner.?

UNDP 2009. GIRAH & State of world population. New York: United Nations :9

UNDP, 2000. Overcoming Human Poverty. New York: ISBN.

UNICEF, 1994 Children and Women vulnerability to AIDS. New York: Cambridge University Press.

Valdiserri, R. 1989. *Preventing AIDS: The Design of Effective Programs*. New Brunswick: Rutgers University Press.

Van den Berg J.A. & Pudule, J. R., 2006. *Patriarchal Discourses and Marriage Conflict: Fragments of an African Narrative Pastoral Involvement*. Bloemfontein: University of Free State.

Van Dijk-Hemmes, F. 1994. *Reflections on Theology and Gender*. Kampen: Kok Pharos Publishing House.

Van Dyk, A. 2001. Traditional African Beliefs and Customs: Implications for AIDS education and prevention in Africa, *South African Journal for Psychology*, 31(2): 60-66

Van Dyk, A. 2001. *HIV/AIDS Care and Counseling: A Mult-Discipline Approach*. 2<sup>nd</sup> ed. South Africa. Cape Town: Pearson Education.

Van Dyk, A. 2001b. *Traditional African belief and Custom: Implications for AIDS Education South Africa*. Cape Town: Pearson Education.

Van Gennep, A. 1908 (1960). *The rite of Passage: The quality of Qualitative Research* London: Routledge & Kegan Paul.

Van Niekerk, A. 2001. *Moral and Social Complexities of AIDS In Africa*, *Journal of Philosophy* Vol. 22 (2): 143-162.

Verryn, T. D. 2001. *Church and Marriage in Modern Africa* Johannesburg: The Ecumenical Research Unit Publishers.

Wagner, G. 1999. *The Bantu of Western Kenya with Special Reference of the Vugusu and Logoli* London: International African Institute Oxford University Press.

Ward, D. E. 1990. *The Aim for AIDS Handbook. The Complete Guide to Understanding HIV and AIDS*. New York: W.W. Norton.

Wills, R. & Marshall D. (ed) 2002. *The AIDS Pandemic*. Lincolnshire: The Stanborough Press Ltd.

Willons, D. & Swinton, J. (edd), 2000. *Spiritual Dimensions of Pastoral Care. Practical Theology in a multidisciplinary Context*. London: Jessica Kingsley Publishers.

Wilson, M. 1970. *Ritual of Kinship among the Nyakyusa* International African Institute: Oxford: University Press.

White, M. 1995. *Re-authoring Lives: Interviews and Essays*. Adelaide: Dulwich Centre Publications.

WHO, 2003. *Child Adolescent health HIV*. Geneva: World Health Organisation

Young, J. U. 1986. *Black and African Theologies: Siblings or Distant Cousins?* New York: Orbis Books.

Zombi, M. 2007. *Divorced Childless Woman*. Lusaka: Kafue Compound

## **APPENDIX 1: Consent Form**

Participants name:.....Date.....

Researcher's Name: Nolipher Jere Moyo  
University of Pretoria  
Hatfield  
Pretoria  
0001  
South Africa



OR

Justo Mwale Theological Collage  
P.O.Box 310199  
Lusaka  
Zambia

OR

Chamba Valley Basic School  
P/Bag 1  
Chelstone  
Lusaka  
Zambia

### Informed Consent

Title of study: THE INFLUENCE OF CULTURAL PRACTICES ON THE SPREAD OF HIV/AIDS IN ZAMBIA

#### 2. Purpose of study:

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

Procedures: I will be asked questions concerning cultural element of the Zambians in relation to the transmission of HIV and AIDS. I will also be asked to give person details such as age, sex, marital status, level of education, but not my personal name and address. The questions asked will not take more than 30 minutes. The interviewer will be scheduled at my own convenience. I will give permission to participate.

Risk and discomforts: there are no known medical risks and discomforts associated with the project.

Benefits: I understand that there are no known direct medical or financial benefits to me participating in this study. However, the results of the study may help researcher's gain better understanding of the Zambian cultural practices in relation to HIV and AIDS in Zambia. The government and organization dealing



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 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?

### **HIV and AIDS Transmission**

10. What are HIV and AIDS modes of transmission?

### **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?

### **Focus sub-group discussions on Zambian Cultural Practices**

The participants to come up with cultural practices in the rites of passage which promote or hinder the spread of HIV and AIDS during these occasions: birth, puberty, marriage, and death.

Find cultural practices which promote the spread of HIV and AIDS

Find cultural practices which hinders the spread of HIV and AIDS

Explain the possibility of HIV transmission on cultural practices and on the stories.

What are the alternatives which can be carried out as a preventive measure of the spread of HIV and AIDS?

What is the church's role concerning Pastoral Counseling on cultural practices and the people who have been victims of such cultural practices.

## APPENDIX 3

### STORY-TELLING OF VICTIMS OF CULTURAL PRACTICES.

Tiyeke - Kuika Mwana kumphasa  
Malumbase - Puberty hyna (*fisi*)  
Mable - Early marriage  
Tibale - Marriage hyna (*fisi*)  
Tivwale - Dry sex  
Koso - Sexual cleansing  
Haggar - Sororate (*chokolo*) inheritance

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 a narrative approach to listen to the stories of the women. I used unstructured open ended questions. “How did you become the victim of cultural practice?” or how did your relative become the victim of cultural practices? Nearly all the women shared their stories in Chewa except Mable who preferred English. English Translated version of stories. .

\*Tiyeke - Kuika Mwana kumphasa (strengthening the baby): Tiyike is a 42 year old woman who came to me immediately after the sub-group discussions, she said she wished these discussions came up before she got married. She would not have messed up her life.

#### 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, when I was six months pregnant, to go to the 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 for 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."*

\*Malumbase - Puberty hyena (*fisi*): Malumbase's story was told by her aunt who was one of the participants on the first focus group. She shared what happened to her niece Malumbase who was 16 years old at that time. She was taken to the village for an initiation ceremony...APPENDIX 4

## **2.5.2 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 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 aunty 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.*

Mable - Early marriage shared her story in class how she became HIV

### **2.5.3 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 a 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 months 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 more sick. 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 counsel 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 felling 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.*

Positive by marrying an elderly man at the age of 14 years forced by her mother

\*Tibale - Marriage hyena (*fisi*): I was directed to Tibale by one of the participants from the second focus group. She was called Eve by sleeping with unknown man who was arranged by one elderly woman so that she could conceive without noticing who the man was, the unknown man (*fisi*) visited Tibale at night at a woman's home

### **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.*

\*Tivwale – Dry Sex: Tivwale a 43 year old woman was one of the participants who came to share her story with me during her own time one afternoon how she suffered the issue of dry sex.

#### **2.6.5.1 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.*

Koso - Sexual cleansing: Koso 49 year old woman, a fellow pastor's wife from one of the Pentecostal Church who shared with me how ended up with the twin boys...APPENDIX 4

#### **2.7.2.1 Koso's 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.*

Hagar - Sororate (*chokolo*): The Hagar of today a 53 year old woman. I was referred to her by one of the participant of first focus group...APPENDIX 4

The Hagar of Our 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 with 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?"*

### **APPENDIX 3 LETTER FROM THE CHURCH**

narrative approach to listen to the stories of the women. I used unstructured open ended questions. "How did you become the victim of cultural practice?" or how did your relative become the victim of cultural practices? Nearly all the women

shared their stories in Chewa except Mable who preferred English. English Translated version of stories. .

\*Tiyeke - Kuika Mwana kumphasa (strengthening the baby): Tiyike is a 42 year old woman who came to me immediately after the sub-group discussions, she said she wished these discussions came up before she got married. She would not have messed up her life.

#### 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, when I was six months pregnant, to go to the 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 for 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."*

\*Malumbase - Puberty hyena (*fisi*): Malumbase's story was told by her aunt who was one of the participants on the first focus group. She shared what happened to her niece Malumbase who was 16 years old at that time. She was taken to the village for an initiation ceremony...APPENDIX 4

### **2.5.2 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 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 aunty 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.*

Mable - Early marriage shared her story in class how she became HIV

### **2.5.3 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 a 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 months 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 more sick. 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 counsel 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.*

Positive by marrying an elderly man at the age of 14 years forced by her mother

\*Tibale - Marriage hyena (*fisi*): I was directed to Tibale by one of the participants from the second focus group. She was called Eve by sleeping with unknown man who was arranged by one elderly woman so that she could conceive without noticing who the man was, the unknown man (*fisi*) visited Tibale at night at a woman's home

### **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.*

\*Tivwale – Dry Sex: Tivwale a 43 year old woman was one of the participants who came to share her story with me during her own time one afternoon how she suffered the issue of dry sex.

### **2.6.5.1 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.*

Koso - Sexual cleansing: Koso 49 year old woman, a fellow pastor's wife from one of the Pentecostal Church who shared with me how ended up with the twin boys...APPENDIX 4

### **2.7.2.1 Koso's 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.*

Hagar - Sororate (*chokolo*): The Hagar of today a 53 year old woman. I was referred to her by one of the participant of first focus group...APPENDIX 4

The Hagar of Our 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 with 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?"*

### **APPENDIX 3 LETTER FROM THE CHURCH**