

A STUDY TO DETERMINE WHY SEXUAL
CLEANSING IS STILL PRACTISED IN
NAMWALA DISTRICT IN VIEW OF HIV/AIDS

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SCHOOL OF MEDICINE

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DEPARTMENT OF POST BASIC NURSING

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Z.R.N. (KITWE, 1989)

A RESEARCH STUDY SUBMITTED TO THE DEPARTMENT OF POST BASIC
NURSING, SCHOOL OF MEDICINE, UNIVERSITY OF ZAMBIA IN PARTIAL
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ABBREVIATIONS USED IN THE STUDY

WHO	World Health Organisation
HIV	Human Immune Deficiency Virus
AIDS	Acquired Immune Deficiency Syndrome
PPAZ	Planned Parenthood Association of Zambia

DECLARATION

I here by declare that this study is entirely the result of my own independent investigation and that no similar study has been conducted and submitted for the award of a Degree in Nursing at UNZA.

SIGNED:

DATE:

1/11/94

STUDENT

SIGNED:

DATE:

LECTURER

STATEMENT

I here by certify that this study is entirely the result of my own independent invention and efforts. The sources of varies information are indicated in their poper

Signature:

A handwritten signature in dark ink, appearing to be "J. H. [unclear]", written over a dotted line.

CANDIDATE

VII

DEDICATION

I dedicate this Study to my wife Mutinta and my Boys Junior, Mbu and especially to Puu who was born in my absence.

I also dedicate this study to my mother and 2 sisters Pumulo and Namukolo.

I dedicate it also to my late sister Likotola who helped me very much to go through Grade One.

ACKNOWLEDGEMENT

I extend my gratitude to my lecture Miss. Chime for her patience, tolerance and guidance without whom this study could not have been successful. I thank her also most sincerely for establishing formalities with the World Health Organization so that this study could be funded.

I would like to thank my sponsors the Human Resources Development for awarding me an opportunity to study for my Degree in Nursing at UNZA.

Very special thanks to my wife Mutinta for the support and encouragement she gave me during the whole period of my study. I would also like to thank her for the understanding and accepting my coming to School hardly (3) three months after we married.

I thank my mother Bo Ma Likotola for bringing me single handedly up-

-to this stage. Not forgetting my (2) two sisters Pumulo and Namukolo.

Lastly but not the least to my special friend Masheta Nalumino for supporting my family during my absence and to all those who made this study successful among them Mr. Kalangwa the District Education Office, Mr. Mutinta the Community Development Officer and my research assistants Mr. Miyoba, Mr. Masheta, Mrs. Munsaka and Mr. Malingapathi.

ABSTRACT

The main objective of this study was to find out why people in namwala District still practice sexual cleansing in view of HIV/AIDS.

Information was got from 2 sources thus:- Literature on culture, HIV/AIDS and from people with different experties on HIV/AIDS and culture.

For the purpose of this study a descriptive, qualitative and quantitative none experimental design was chosen to collect data from 50 respondents.

The study came up with the following findings:-

- * That cleansing is practiced in most tribes within Namwala District. It was however, observed from both statistical findings and group discussion that the methods used were on tribal grounds. But the majority of respondents being Tongas and Ilas, most of the respondents (64%) preferred sexual cleansing.
- * That the majority of the respondents knew the existence of HIV/AIDS.

- * That its major route of transmission is through sexual intercourse and even know how to prevent it.
- * That some people still preferred sexual cleansing to other safe methods of cleansing even when they knew that HIV can be transmitted through sexual intercourse, because of family influence and their cultural belief.*due to their family and culture.
- * That respondents had different reasons for choosing particular cleansing method but they all had an aspect of the great values they attach to their respective cultures.

A STUDY TO DETERMINE WHY SEXUAL CLEANSING IS STILL PRACTICED IN
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CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND INFORMATION

Zambia is a country with about 8 million people (1990 census). The people's culture however, vary from tribe to tribe and continues to be inherited by each succeeding generation. Some of these cultural beliefs are however, fading ^{away} while others continue to be deep rooted in each generation due to a lot of factors.

Paulo (1993) observed that people's change in cultural beliefs is determined and influenced by several factors, among them, the environment, the way they are brought up and live, educational backgrounds, friends, peer culture and traditional background.

Among the cultural beliefs which are still practiced in some parts of Zambia like namwala District is sexual cleansing.

This custom is a tradition of the Bembas, Tongas Ilas and Nyanjas. According to William (1990) sexual cleansing is a custom that requires the surviving spouse to have sexual intercourse with his or her deceased husband or wife's relative preferably, from the matrimonial relations to neutralize the deceased's Ghost.

He goes on to say that, the Ghost is believed to be very harmful to the surviving spouse and other family members if not neutralized before the surviving spouse engages himself/herself in daily community activities.

On the other hand, there is the pandemic of HIV/AIDS which is reportedly to be on the increase. According to Shandera (1993) over 12 million people are affected by HIV/AIDS world wide. Similarly WHO in a Biennial report (1990-91) states that by the year 2000, 30 to 40 million people will be affected by HIV and 12 to 18 million people would have developed AIDS giving a ratio of 1 to 400 people being affected world wide.

The report however, further states that, HIV/AIDS is increasingly becoming a disease for developing countries. The above scenario is worrying considering the fact that Zambia is one of the developing countries.

The National Health policies and strategies for Zambia (1992) however, points out that since AIDS was documented in Zambia in 1985, 23984 cases of AIDS and AIDS related complex (ARC) have been reported with 1593 deaths. But these figures have since increased to alarming numbers going by some reports.

According to a Times of Zambia for Tuesday 31st May, 1994 story which they obtained from the WHO, the average life span of a Zambian has been reduced from 66 years to 33 years and that statistics indicates that one of every three Zambian could be HIV positive.

Among the routes of HIV infection, the main one is through sexual intercourse. A WHO periodical (1993) claims that today over 90% of newly acquired HIV is through sexual intercourse.

Similarly Shandera (1993) states that today in Africa, heterosexual mode of HIV transmission is the highest following measures taken to reduce HIV infection in other modes of transmission for example screening blood before transfusion and maintaining sterility when administering parental drugs.

According to Vending (1990) AIDS is caused by a human immune Deficiency virus I and II that grows in T helper cells which are responsible for maintaining the immunity of the body. Thus making the infected body susceptible to any infection.

After the pandemic was reported in Zambia, anti AIDS campaigns were initiated by the Ministry of Health and other non-Governmental organizations.

The National Health Education Unit report (1986) says that, following the documentation of HIV/AIDS in zambia in 1985, a National Surveillance task force was formed to plan short and long term measures to help in the control and spread of HIV and care for AIDS patients. These measures have since been decentralized to all Districts and closely supported by the Government in terms of both material and human resources including monitoring their activities.

Namwala as with other Districts also established an anti AIDS Surveillance committee coordinated by a health Education Officer. They have since set up 42 anti AIDS clubs which are active and are involved in a lot of activities some of which are aimed at reducing the spread of HIV through sexual intercourse.

Some of their activities includes: encouraging use of condoms and distributing them freely, discouraging sexual cleansing and encouraging alternate safe methods, educating people on modes of HIV transmittion and measures they can take to control the pandemic. They use Drama, Songs, work shops and discussion to educate the public.

1.2 STATEMENT OF THE PROBLEM

According to a Times of Zambia for Monday 20th June 1994 story, all Zambian tribes recognise the tradition of cleansing the surviving spouse following the death of his/her wife or husband.

The report however, states that, the methods used to cleanse varies from tribe to tribe.

But in Namwala where the researcher worked from 1989 to 1992,
^{he} He observed that the commonest method used is sexual cleansing.

The existence of sexual method of cleansing was re-affirmed by other local people through informal discussions separately with the researcher. Among them villagers who came to the hospital, The District Education Officer and the District Community Development Officer.

Failure to fulfil this procedure usually leads to court cases. A Times of Zambia for Tuesday 20th June 1994 story says that in accordance with the Zambian customary law, it is a legal requirement for in laws to cleanse a widow or widower after a husband or wife's death.

The District local courts Officer for Namwala told the researcher in an informal discussion on 19th February, 1994 that, they have had cases where surviving spouses have sued their in laws for refusing to cleanse them following the death of their husbands or wives.

However, with the pandemic of HIV/AIDS ritual sexual cleansing has a negative effect on the people's health.

This is because a HIV positive person may be involved in the cleansing act risking the cleanser or the surviving spouse to get the infection. This is supported by talking about HIV and AIDS magazine (1991) which states that people with HIV infection and their partners should be told that they are HIV positive to avoid transmitting it to the cleanser should they be sexually cleansed if one of them died.

The main problem is that despite anti AIDS clubs relating some of their health education messages on HIV/AIDS directly towards discouraging sexual cleansing through their songs, drama, workshops and discussions, some people are still adamant to change their attitude towards it.

The district Anti Aids Surveillance coordinator in an informal discussion with the researcher on 23rd February, 1994 also expressed similar worries when he said, despite the anti AIDS efforts being directed towards reducing HIV transmission through sexual intercourse, they still had a long way to go before they can meet this objective going by the people's sexual behavior.

He went on to give the example of sexual cleansing which he claimed to be spreading HIV but still practiced in some families.

In view of the relationship between HIV transmission and sexual cleansing in relation to anti AIDS club failure to change people's attitude towards sexual cleansing in Namwala District, this study would like to establish why people cannot change this practice completely which is harmful to their health.

Paulo (1993) in his study for AIDS awareness in Ghana observed that 90% of the population were aware of HIV/AIDS but only 10% were guarding against it.

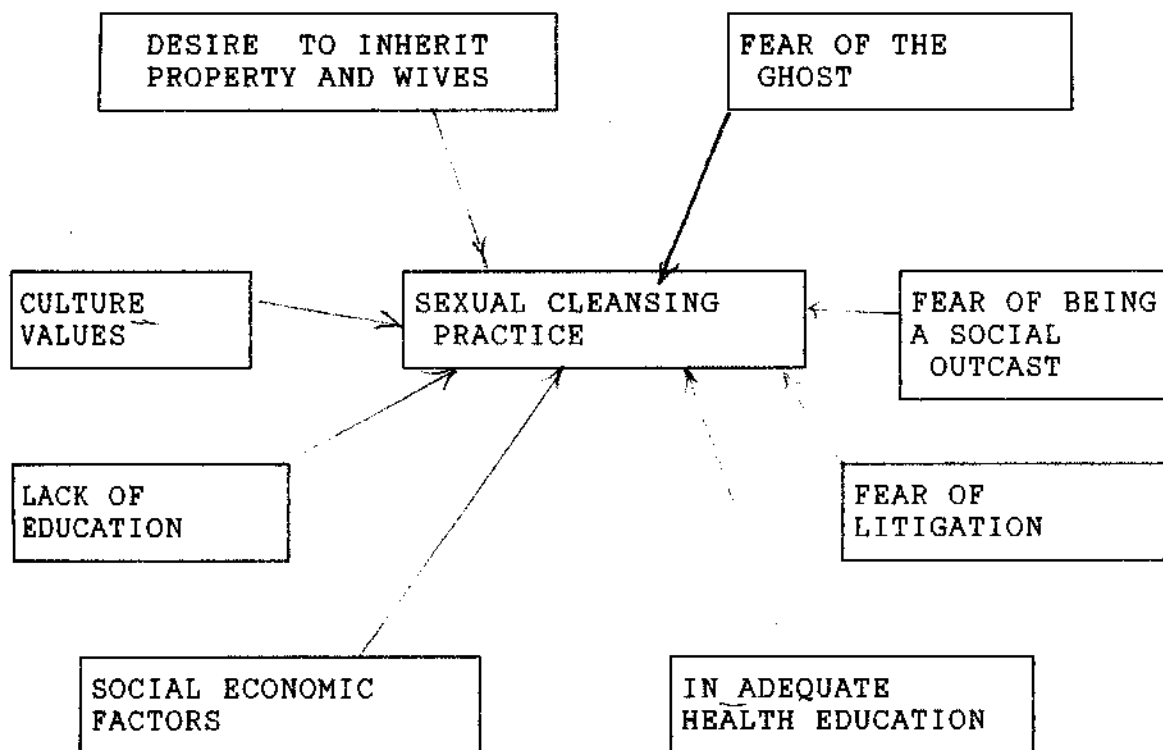
This, according to the researcher, means that, there could be anti AIDS campaign but people may be reluctant to change their old ways of behavior and adopt the proposed behavior by the campaigners due to a lot of factors.

For example a Times of Zambia on Tuesday 19th April, 1994 carried a story in which a sex worker says she is aware of HIV/AIDS but she does not believe that prostitutes are highly vulnerable to the disease because a number of them have been in the business for a long time but still look health^y.

The same reporter was also told by another sex worker that she was once forced to have sex without a condom because the client threatened to get back his K6000 if she insisted on him using the condom. She says as such, she does not carry condoms any more because they reduce business.

In the case of sexual cleansing there are several factors which may prevent them from giving up sexual cleansing as demonstrated by the diagram below.

DIAGRAM SHOWING POSSIBLE CONTRIBUTING FACTORS TO THE CONTINUED PRACTICE OF SEXUAL CLEANSING IN NAMWALA DISTRICT



The research findings will provide information on the reasons why people still practice sexual cleansing in Namwala District to all those who may be interested in changing people's attitude towards the practice.

CHAPTER TWO

2.1 LITERATURE REVIEW

For an orderly presentation the literature review has been divided into sub headings as follows:-

Cleansing

Types of cleansing

HIV transmission

The relationship between sexual cleansing and HIV transmission.

Measures taken to control HIV/AIDS pandemic.

Strategies used to change people's attitude towards bad cultural practices.

2.2 CLEANSING

According to a Times of Zambia story of Tuesday 20th June, 1994, The Zambian tradition requires a surviving spouse to be cleansed before they can enter into a new sexual relationship. The story continues to say that it is believed that failure to comply with this requirement leads to retribution from the spirit of the departed to one or both of the offending parties through nightmares and mysterious ailments.

Gunnison (1959) also says that the cleansing ceremony is an important function performed to the surviving spouse to mark the end of the period of taboos and restrictions she or he

observed following the death of his/her wife or husband.

He goes on to say that, it is believed that when a married man or woman dies he or she leaves behind his or her Ghost with his/her wife or husband which should be neutralized by cleansing before the surviving spouse can resume her or his normal daily activities.

He further says that failure to do the cleansing correctly would result in ill health to the surviving spouse and other family members.

Colson (1959) also says that until the surviving spouse is cleansed to neutralize the deceased spouse's Ghost, she or he will not be allowed to sit on another person's stool, cook or have any sexual relations with any one, isolated, excluded from all the community activities and restricted to the deceased spouse' home steady.

The above is also supported by William (1990) who says that the family of a deceased spouse has an obligation to cleanse the surviving spouse in preparation for a new marriage and other community activities following the death of his/her wife or husband.

2.3 TYPES OF CLEANSING

2.3.1 RITUAL SEXUAL INTERCOURSE CLEANSING

According to Mukonde (1992) ritual sexual intercourse cleansing is one of the stone age tradition which has survived up to day in some tribes requiring the surviving spouse to have sexual intercourse with the deceased spouse's relative to take away the Ghost.

The above statement is also supported by a Talking About Aids with your client magazine (1993) which says some people believes that a woman or man whose husband or wife has died should be cleansed by sexual intercourse.

Similarly, Colson (1959) says ritual sexual intercourse type of cleansing is considered to be the most important because it brings to end the sexual ties that existed between the husband and wife. Colson differentiates it from conjugal intercourse which does not gain public recognition hence the deceased's girlfriends or boyfriends are not cleansed.

Colson further explains the ritual sexual intercourse cleansing procedure among the tongas as follows:-

The person chosen to do the cleansing should be divorced, married or windowed.

This person should have sexual intercourse with the surviving spouse in the deceased spouse's house. After that they bath in water with herbs and then a hoe is passed between the surviving spouse's legs which is later given to the surviving spouse's father." Colson further says that the surviving spouse's head is shaved while a portion is shaved from the cleanser's head. They then change in their best clothes and those used during isolation are given to one of the surviving spouse's elderly relatives.

Colson also says that sometimes its difficult to find a cleanser in which case a fine of not less than a beast is given to the deceased spouse's relatives to pay the surviving spouse.

Gunnison (1959) also explain's the ritual sexual intercourse cleansing procedure among the Luapula people as follows:-

The cleanser ties the deceased's belt called mushingo around his or her head on the evening of cleansing. he or she then goes to sleep with the surviving spouse in the deceased spouse's house but no sexual intercourse takes place.

Gunnison further says the following morning they put a marriage pot on fire and changes in their best clothes after which they sit on a mat before a group of elders who talk to them in turns. He further says the following evening they sleep together again and complete intercourse takes place. The following morning they divorce immediately if they don't want to marry.

2.3.2 ALTERNATIVES TO RITUAL SEXUAL INTERCOURSE CLEANSING.

According to Colson (1959) there are certain cases when ritual sexual intercourse cleansing can not be done for example a pregnant or an elderly surviving spouse in which case they do what is called kucuuta in Tonga. She explains kucuuta as follows:-

The person related to the deceased spouse goes to have sexual intercourse with his or her husband or wife after which he or she goes to sit on the surviving spouse's thighs.

They then bath in water with herbs, a hoe is then passed between the surviving spouse's legs and then change in their best clothes to mark the end of the procedure.

Similary Gunnison (1959) says sometimes when there is no suitable

cleanser, a woman can take the place of a man and vice-versa.

He explains the procedure as follows:-

The person related to the deceased spouse goes to have sexual intercourse with his/her wife or husband in the deceased's house after which he or she goes to sleep with the surviving spouse. The following morning they put the marriage pot on fire, change in their best clothes and sit outside to be talked to by the elders then they divorce immediately.

William (1990) also claims that the Chikankata Counselling Team Encourages safe alternatives of cleansing which have been practiced in certain families to be adopted by every body and these includes:-

The surviving spouse jumping over a cow lying on its side. After that the cow is slaughtered and the meat shared among the mourners.

The surviving spouse sitting undressed on the door a hoe placed under his/her bent knees which is later given to the surviving spouse's family.

A member of the deceased spouse's family sits on the

surviving spouse's thighs. This is done indoors and nobody is allowed to witness it.

A Times of Zambia for Tuesday 31st April, 1994 carried a story obtained from a Mr. Roy Mulenga coordinator for Chikankata home based care which said ritual sexual cleansing has been abolished in the area following discussions the home based care had with the Local chiefs. The discussions were mainly focusing on the disadvantages of sexual cleansing. Following these discussion the chiefs passed a law which forbids sexual cleansing. As a result alternate methods have been developed some of which have been discussed by William (1990) as indicated on the previous page. The other method Roy says is rubbing a penis or vulva on the thighs of the surviving spouse.

2.4 HIV TRANSMISSION

The WHO in its work for health (1992) publication states that AIDS stands for Acquired Immune Deficiency Syndrome caused by a virus called Human Immune. Mukonde (1992) in support with the above says acquired because it is always got from somewhere else, a syndrome because the defect it causes always results in different types of manifestations and Immuno Deficiency because it weakens the body's immunity system resulting into opportunistic infections.

According to Shandera (1993) to day over 90% of newly infected adults have acquired HIV by hetero sexual intercourse in developing countries.

He goes on to say as a result the number of males infected with HIV is equal to that of females unlike the case in other modes of HIV transmission for example in homo sexuals the number of males is more than that of females with HIV.

This is also supported by William (1990) who says that HIV infection in Africa is spread primarily by hereto sexual intercourse and affects equal numbers of both sexes.

Shandera (1993) also said says hereto sexual intercourse remains the highest mode of HIV transmission following measures taken to reduce the rate of transmission in other modes of transmissions for example screening of blood ^{before} transfusion.

According to Baggaley (1993) 2 major groups are at risk of getting HIV infection and these are the sexually active adults and infants whose mothers are HIV Positive. He goes on to say the high incidence of HIV infection through sexual intercourse is due to high risk factors like sexual transmitted Diseases especially with ulcers, multiple partiness being un circummucised social and education back around.

However, Mukonde (1992) observes that the time taken from acquiring HIV to development of AIDS varies from person to person. He further observes that, "the reason for the variation in time from acquiring HIV to development of AIDS is not know."

2.5 THE RELATIONSHIP BETWEEN SEXUAL CLEANSING AND HIV/AIDS

According to a Health Education Publication (1991) people with HIV infection and their partners should be informed to reduce the risk of infecting others. The Publication goes on to give an example of a widower transmitting HIV during sexual cleansing to the deceased if he or she is HIV positive.

William (1990) also observes that, ritual sexual intercourse cleansing requires counselling because it increases the chances of transmitting the HIV infection to either the cleanser or the surviving spouse, if one of them is HIV positive.

The above is supported by Mukonde (1992) who claims that his patient died of AIDS and the deceased's wife was sexually cleansed. Mukonde further says that, the surviving spouse got pregnant and later gave birth to sickling child who died after a few months. He goes on to say that the surviving spouse also died within the same year.

A Times of Zambia of Tuesday for June 1994 also carried a story which said that with the ^{advent} of the killer AIDS disease anti AIDS advocates have identified sexual cleansing as one of the ways that HIV can be spread. The story goes on to say because of the anti AIDS campaigns some traditional rulers like in chikankata have burned the practice of sexual cleansing in their areas.

2.5.1 MEASURES TAKEN TO REDUCE THE HIV/AIDS PANDEMIC

According to Shandera (1993) the first 5 cases of what to be ^{came} called AIDS were published in 1981 among homo sexuals of California in USA.

But Mukonde (1992) says nobody thought HIV would spread to Zambia because it was considered to be a disease for homo sexual which hardly exists in Zambia. Mukonde goes on to say "but by 1985 HIV/AIDS was documented in Zambia also." He goes on to say this brought a lot of alarm, controversies, suspicions and serious questions about ethics because there was little information on it and ^{no} clear policy.

A biannual report of the WHO Director (1990-91) States that following the HIV/AIDS out break the WHO held several international conferences to look at ways of reducing the pandemic. The report says some of the measures taken during

those conferences were:-

- * Establishing an AIDS programme in all member countries.
- * Resource mobilization to sustain the AIDS programme in member countries.
- * Public awareness campaign on HIV/AIDS transmission and control.
- Involving the non Governmental Organizations.

Similarly a report by the Nation Health Education Unit (1986) states that a National Surveillance Task Force was formed in 1986 which had short and long term measure to control HIV/AID Pandemic in 1987. A five years programme was established with the following strategies:-

- * Public Education campaign on HIV/AIDS through the media, seminars, workshops and anti AIDS clubs.
- * Screening blood before transfusion with the first centres set up at Kitwe and Ndola Central Hospital and subsequently decentralised to all Hospitals in the country.
- * Care and support of those diagnosed to have HIV which led to the formation of home based care in most hospitals.
- * Nyaywa, Jira, Ansary and Chinty (1992), defines a home based care as management of HIV/AIDS patients in their home

environment.

A Times of Zambia for Tuesday 31st May, 1994 carried a story in which they said Chikankata Home Based Care is one of the best in the country caring for about 215 patient deep in rural areas.

The annual report by Namwala District Surveillance Committee on HIV/AIDS activities for the year 1992 also indicates that:

A District Surveillance Committee was established in 1989 and that since then 42 anti AIDS Clubs have been formed through out the District with members drawn from the local community. The paper highlights some of the activities the anti AIDS Clubs are involved in as being:-

- * Drama, songs, plays, story telling and lectures. They
- * also conducts seminars and workshops for various
- * categories of people depending on the availability of funds.

The District has an anti-AIDS Clubs at every Primary School and in big villages, ~~that~~ goes round the villages distributing HIV/AIDS information to local villagers and township.

The report by the same District Surveillance Committee for the

year 1993 high lights some of the achievements of the District namely.

The formation of a home based care for HIV/AIDS patients.
Establishment of a screening centre for HIV.

The report further mentions that they have received a lot of support from the local people in their efforts to reduce the HIV/AIDS pandemic. The report concludes by appreciating the support they got from the Ministry of Health in form of money, technical, logistics and transport.

2.6 STRATEGIES USED TO CHANGE PEOPLE'S ATTITUDE TOWARDS BAD CULTURAL PRACTICES

2.6.1 CULTURE

According to Ngulube (1989) culture is the every day thing that defines people's existence in a particular location. It includes people's mannerisms, behavior, attitude, values and customs as they reflect a Governing Philosophy of a particular ethnic group of people.

Ngulube also observes that the Zambian culture stresses on obedience to prescribed people, not to question certain rules that uphold the values of the community which includes taboos,

loyalty, honesty, respect and a sense of cooperation with other community members.

Similarly a report on culture by the National Culture Centre (1992) indicates that "culture is a complex of many modes of life and traditions and plays a big role in influencing people's behavior and that "culture" is very important in promoting togetherness and respect, it goes on to say "hence the measures put in place to uphold culture in form of values, taboos and beliefs to be observed by the ethnic group of a particular clan.

To support the above Lambo (1975) also observed that culture is not an evolution but a continuous development that is not broken at each generation as organic evolution.

But on the contrary Ngulube (1989) states that Government leaders are calling for the promotion of cultural practices that are acceptable in our present setting while those cultural practices that are harmful or not accepted in our present setting should be discouraged or abandoned.

2.6.2 STRATEGIES

According to Chirwa (1991) the only effective weapon against HIV/AIDS is public education at the moment. William (1990) also observes that the year 1988 saw a dramatic increase in the

coverage of HIV/AIDS ⁱⁿ Zambia through the media to make people aware of its modes of transmission and prevention.

Jonathan (1989) on the other hand states that for any health education programme to be successful, ^{the culture of} the people to whom its intended for ~~the~~ culture should be considered. Similarly - Reinsman (1993) states that education teaches lessons to inculcate ~~bad~~ habits but still the programme can not succeed if some of these lessons taught are not in harmony with the surrounding culture.

William (1989) also says that culture has a lot of influence on human behavior and change in attitude. He further says for any programme intended to change the human behavior of a certain ethnic group their culture should be considered.

He goes on to say ^{on} the Chikankanta Home Based Care strategies which have proved to be successful can not be implemented in any other area and expected to be successful, because health education has to be tailored to suit the local people's cultural values, social and economical status.

For this reason a paper on information, Education and communication (IEC) 1992 from the Health Education Unit states that "an educational approach on HIV/AIDS that seeks to involve

the local people it is intended for in the planning and implementation of Health Education Programmes has been adopted.

This approach the paper further says that, is important because it encourages the local community to share and discuss with the Health Educators their cultural, values and beliefs in relation to health.

The same paper also says that a supportive Health Education approach is also being worked out and has been implemented in certain places to supplement the health education. It goes on to say this would make people realise the bad aspects of their behavior and change at the same time being supported by the measures put in place.

The paper gives ^{an} example of sex workers who earn their living through sex and if discouraged they would need support to sustain them.

This is supported by a story that appeared in the post of 27th May 1994 in which it was reported that some Ex-commercial sex workers who are at Tasintha reformatory centre in Lusaka are returning to their old ways due to little allowance they received.

The reporter quotes one of the ex-sex worker saying the K8000 allowance they receive per month is little compared to what they

would make in their business hence, most of them are going back. The reporter confirmed this with Dr. Luo the coordinator who said that out of 186 registered Ex-sex workers only 72 attended lessons daily due to low allowances.

A Publication on PPAZ involvement in HIV/AIDS (1993) also states that the Planned Parenthood Association of Zambia PPAZ are involved in the promotion of sexual health which includes HIV/AIDS prevention because they have been involved in changing people's attitudes from the traditional oriented sexual health to a modern perspective and they have succeeded in several places. So the article hopes PPAZ can succeed in the same way to change people's attitude towards the cultural values they attach to sexual cleansing and check the transmission and control of HIV/AIDS.

2.7 OPERATIONAL DEFINITION OF TERMS

2.7.1 BEAST:

A cow, Bull or an Ox

2.7.2 NEGATIVE ATTITUDE:

When the community does not consider the implication of the sexual activities to have an

effect on their health.

2.7.3 OUTCAST:

Some body not allowed to socialize with the community because of refusing to be sexual cleansed.

2.7.4 LIFE STYLE:

Refers to an individual's way of life with regard to their sexual behavior.

2.7.5 SPOUSE:

Refer to marriage where lobola was paid and deserves to be cleansed if one of them died.

CHAPTER 3

3.1. GENERAL OBJECTIVE

To determine why people in Namwala District continue to practice sexual cleansing when they are aware of HIV/AIDS involved with it. The research findings will provide information on the reasons why people still practice sexual cleansing in Namwala to all those who are interested in changing the people's attitude towards it.

3.2 SPECIFIC OBJECTIVES

- 3.2.1 To determine the level of knowledge people in Namwala District have on HIV/AIDS transmission.
- 3.2.2 To determine the extent of sexual cleansing practice in the District
- 3.2.3 To establish the values and other traditional^{beliefs} attached to sexual cleansing.
- 3.2.4 To determine if inheritance of children, spouses and property has an influence on sexual cleansing
- 3.2.5. To determine any fears that may be attached to none fulfillment of sexual cleansing.
- 3.2.6 To establish if education and social background have influence on sexual cleansing.
- 3.2.7 Make recommendations from the research findings towards improvement of Health Eduactor and offer alternatives to sexual cleansing.

CHAPTER FOUR

4.0 METHODOLOGY

4.1 RESEARCH DESIGN

For the purpose of this study a descriptive explorative quantitative and qualitative none experimental research design was used.

The research involved a systematic collection of data in order to show the relationship between the dependant and independent variables. The none experimental approach was adopted because it did not require manipulation of subjects as the case with experimental designs.

The purpose of using an exploratory ³dimention was to find out more about why people still practice sexual cleansing and their level of knowledge on HIV/AIDS transmission and prevention. the quantitative approach was intended to get respondents from a cross section of people in Namwala District and ensured that the data collected reflected a true representation of the people.

the qualitative dimension helped the researcher to ^{sought}sought out variables which were not measurable such as attitudes, beliefs and other cultural practices.

4.2 VARIABLES

In this study several dependant and one independent variables were identified. The dependant variables included social and economical factor, desire to inherit wealth, children and wives, fear of being an outcast and fear of litigation, lack of health Education and Cultural values. The independent variable was sexual cleansing.

4.3 RESEARCH SETTING

The study was conducted in Namwala District of the Southern Province. The District consists of a township and rural areas with a lot of villages located under 11 chiefs, it has also about 78 700 people according to the 1990 anauus.

The characteristics of the population varies, ranging from the well to do who includes commercial farmers, workers and business men to the poor who constites most of the villagers and the un employed.

The population at the township is composed of different people with different cultural back ground because they are mostly workers from different parts of Zambia. But Namwala being in Southern Province, the majority of them are Tongas and Ilas.

The population in the rural area however, is dominated by Ilas followed by the Tongs although there are other villagers who are not Tongas or Ilas. But these are mainly involved in farming and fishing.

As such the cultural practices of the people in rural areas is almost the same because Tongas and Ilas are in the majority.

The choice for Namwala District was due to the fact that the problem of sexual cleansing was identified in this area by the researcher. As such the research findings gave a true picture of sexual cleansing in the area. Two areas were also chosen for the study to be conducted in, because of in ^{adequate} resources to cover the whole district. This helped the researcher to make a comparison between the township and the rural areas people's attitude towards sexual cleansing.

4.4 SAMPLE SELECTION AND APPROACHES

4.4.1 STUDY POPULATION

The study population involved people of both sexes who were either married or windowed.

the study was restricted to the above categories or

respondents because sexual cleansing is done on people who have lost their spouses regardless of their sex. The windowed on the other had indicated if they were sexual cleansed when their spouse's died or not.

4.4.2 SAMPLE SIZE

50 respondents were selected as follows:-

25 respondents from the township and the other 24 from the rural areas. The researcher came up with this design after realizing that the population characteristics of the rural and township areas differed.

So to avoid the disparity or to ensure a fair representation of data all the areas were covered.

The respondents were followed in their homes by research assistants who interviewed them.

4.5 DATA COLLECTION TECHNIQUE AND TOOLS

4.5.1 TECHNIQUE OF DATA COLLECTION

Two methods were used to select respondents according to stages.

4.5.2 CONVENIENCE SAMPLING METHOD

This method was used during the first stage to pick the 2 areas from where the study was conducted. This method was used because it enabled the researcher to choose areas which are near to the township where he could easily reach due to lack of time and transport.

4.5.3. CLUSTER SAMPLING METHOD

This method was used during the second stage to pick the villages and compounds where respondents were selected from. The researcher thought this was the best method he could use because there were no total number of all the house hold in these areas.

The procedure for the selection of the respondents was done as follows:-

At the township compounds were listed and in the chiefs's area villages were also listed respectively. After that a simple random method was used to pick three (3) compounds from the township and three (3) villages from the chief's. The following stage involved numbering all the house holds in the three (3) compounds and villages.

Then a rotary technique random sampling method was used to pick the luck number. the number picked determined the respondents who were interviewed by simply counting on the list with all the house hold numbers.

This method ensured a fair selection of respondents because each person in the 2 chosen areas stood a good chance of being picked as a respondent.

4.6 DATA COLLECTING TOOLS

Data was collected by the use of structured interview schedule using a questionnaire and group discussions.

4.6.1 QUESTIONNAIRE

A structured interview schedule was used to elicit information from the respondents in the following ways and areas.

- Area of origin
- Demographic data
- attitude towards sexual cleansing
- Knowledge on HIV/AIDS
- Knowledge about the relationship between sexual cleansing and HIV/AIDS transmission.

The questions were written in english but the research assistants interpreted them in the local languages where respondents could not understand english.

This was possible because the research assistants were not only recruited from within the areas where the study was conducted but also because they were trained on how to handle various questions from the respondents and how to record data.

4.6.2 FOCUS GROUP DISCUSSION GUIDE

Two focus group discussions were held in the chosen areas one for males and for female. There was a secretary to record the discussion to ensure that the required information was written.

There was also a group leader who led the discussion. The discussions lasted for 30 minutes. Ten (10) men Or ten (10) women who were either married or windowed were invited to participate in the discussion. This ensured equal representation of both sexes.

The subject that was discussed included sexual cleansing in relation to HIV transmission. The subjects was introduced by the group leader in the language that all the members could understand. The members were also encourage to talk as much as possible.

The subject was systematically discussed covering the following subheadings:-

- If sexual cleansing was necessary and why they continued practicing it.
- HIV/AIDS
- The possibility of transmitting HIV during sexual cleansing.
- What alternatives could be used to cleanse a surviving spouse.
- What measures could be put in place to prevent the spread of HIV/AIDS.

The secretary summed up the discussion at the end of each session.

4.7 PRE-TESTING

Before collection of data, a pilot study was carried out in Ngwerere area of Lusaka.

This place was found suitable because its a township with a population from different back grounds - as such, similar to Namwala District in many aspects. It was also found to be convenient to the reaches² because it is near Lusaka.

Five (5) respondents were interviewed to determine the validity and reliability of the data collection tools which were the questionnaires. The problems and limitations of the study discovered during this period were corrected by making adjustment to the questionnaires.

4.8 DATA COLLECTION

Data was collected after getting permission from the National Ethical Committee on AIDS, and also got permission from Namwala District Executive Secretary who wrote an introductory letter to the respective area leaders which were selected for the study introducing my research assistants and me.

4.9 ETHICAL CONSIDERATION

The major one was cultural values and human rights violation. However, the research assistants tried to explain to the respondents what the research was all about and that they were free to participate or not depending on how they felt about the whole issue.

4.10 LIMITATIONS

The most likely imitation was that some respondents were not free to discuss the subject of sexual cleansing freely because they considered it a taboo. The other limitation was respondents giving false information for fear of being victimized or to avoid showing that they were ignorant about HIV/AIDS.

All these could have affected the research in one way or another but measures were taken to control them.

4.11 THE STEPS TAKEN TO OVERCOME THE LIMITATIONS

The research assistants were trained so that they could be able to explain the purpose of the study to the respondents and from the rest. The respondents were also told that their participation was voluntary and were free to refuse to participate.

4.11 THE STEPS TAKEN TO OVERCOME THE LIMITATIONS

The research assistants were trained so that they could be able to explain the purpose of the study to the respondents and from the rest. The respondents were also told that their participation was voluntary and were free to refuse to participate.

They were also assured that no names would be recorded or numbers that could lead to re-tracing them. They were also to be treated confidentially. The research assistants were also told to record only relevant information and ask the respondents for clarifications where the respondents failed to express themselves.

The respondents who wished to be interviewed privately were also taken care of. The problem of some people refusing to talk was easy to solve because the study population was big and new respondents were selected to replace them.

CHAPTER 5

5.0 PRESENTATION AND DATA ANALYSIS OF FINDINGS

5.1 INTRODUCTION

After data was collected, the questions were checked for blanks and corrected. They were then arranged and entered on a matrix sheet which was used for analysis of data on a computer. Results were presented in table form which have been outlined in this chapter.

TABLE I: RESPONDENT'S SEX AND THEIR MARITAL STATUS

SEX	MARITAL STATUS			
	MARRIED	WIDOWED	TOTAL	PERCENT
FEMALE	19 (38%)	3 (6%)	22	44%
MALE	26 (52%)	2 (4%)	28	56%
TOTAL	45 (90%)	5 (10%)	50	100%

The table shows that the majority of the respondents were married (90%) and males (56%) were more than females (44%)

TABLE 2: RESPONDENT'S AGE AND THEIR CHOICES OF METHODS
OF CLEANSING

METHOD OF CLEANSING

AGE GROUP	KUCUUTA	OTHERS	PAYMENT	SEXUAL	TOTAL
15-24	1(4%)	2 (4%)	2(4%)	1(2%)	6(12%)
25-34	0	8(16%)	0	5(10%)	13(26%)
35-44	2(4%)	1(2%)	0	8(16%)	11(22%)
45-54	0	0	0	9(18%)	9(18%)
54 AND ABOVE	1(2%)	1(2%)	0	9(18%)	11(22%)
TOTAL	4(8%)	12(24%)	2(4%)	50(100%)	50(100%)

All the respondents knew about cleansing and age had an influence on their choices of the method of cleansing they wanted. This can be seen on the above table where out of 6 respondents between the-

-age group of 15-24, only 1 preferred sexual cleansing where as those below 35 years had the majority preferring sexual cleansing.

The responses ("others" induced the following from respondents:-

- *- Smearing mealie-meal on the face after the funeral period (4 respondents).
- *- Bathing in water with herbs on the day after the funeral period (3 respondents).
- *- Cooked for everybody in the village on the day marking the end of the funeral period.
- *- Isolated until the new moon come out then escorted by the deceased's relatives to the surviving spouse's village.

TABLE 3: RESPONDENT'S TRIBE AND THEIR CHOICE OF CLEANSING

TRIBE	METHODS OF CLEANSING				
	KUCHUUTA	OTHERS	PAYMENT	SEXUAL	TOTAL
CHEWA	0	1 (2%)	0	1 (2%)	2 (4%)
ILA	1 (2%)	0	1 (2%)	23 (46%)	25 (50%)
KAONDE	0	1 (2%)	0	0	1 (2%)
KAONDE ILA	0	1 (2%)	0	2 (4%)	3 (6%)
LOZI	0	4 (8%)	0	0	4 (8%)
BUNDA	0	3 (6%)	0	0	3 (8%)
NGONI	0	0	1 (2%)	1 (2%)	2 (4%)
NKOYA	1 (2%)	1 (2%)	0	0	2 (4%)
SUBIYA	0	1 (2%)	0	0	1 (2%)
TONGA	2 (4%)	0	0	5 (10%)	7 (14%)
TOTAL	4 (8%)	12 (24%)	2 (4%)	32 (64%)	50 (100%)

25 (50%) of the total respondents were Ila. Out of this 23 (92%) of them preferred sexual cleansing followed by Tongas who formed 7 (14%) of the total respondents and out of them 5 (71%) of them preferred sexual cleansing.

The Lozis and Bundas on the other hand preferred other methods of cleansing while the rest of the respondents' total number in terms of their tribal grouping was difficult to determine because they were small.

TABLE 4: RESPONDENT'S EDUCATION IN RELATION TO THEIR CHOICE
OF CLEANSING

EDUCATION LEVEL	METHOD OF CLEANSING				
	KUCUUTA	OTHERS	PAYMENT	SEXUAL	TOTAL
NONE	1 (2%)	0	1 (2%)	5 (10%)	7 (14%)
PRIMARY	1 (2%)	3 (6%)	1 (2%)	26 (52%)	31 (62%)
SECONDARY	1 (2%)	7 (14%)	0	0	8 (16%)
COLLEGE	1 (2%)	2 (4%)	0	1 (2%)	4 (8%)
TOTAL	4 (8%)	12 (24%)	2 (4%)	32 (64%)	50 (100%)

All the respondents knew about sexual cleansing and the majority preferred sexual cleansing. Education had influence on their choice of cleansing as demonstrated by the above table, 26 (56%) respondents out of 31 (72%) of the respondents who had attained primary education preferred sexual cleansing where as among the 4 respondents who had attained college education, only 1 preferred sexual cleansing.

TABLE 5: SHOWING EMPLOYMENT AND THEIR CHOICE OF CLEANSING

METHOD OF CLEANSING	LEVEL OF EDUCATION				
	FORMAL	INFORMAL	NONE	TOTAL	PERCENT
KUCUUTA	2 (4%)	1 (2%)	1 (2%)	4	8%
OTHERS	5 (10%)	4 (8%)	3 (6%)	12	24%
PAYMENT	1 (2%)	1 (2%)	0	2	4%
SEXUAL	3 (6%)	14 (28%)	15 (30%)	32	64%
TOTAL	11 (22%)	20 (40%)	19 (38%)	50	100

The majority of the respondents who were not in employment (15) out of (19) preferred sexual cleansing followed by those who are not in formal employment where 14 out of 20 respondents preferred sexual cleansing where as only 3 out of 11 in formal employment preferred sexual cleansing.

TABLE 6: RESPONDENT'S REASON FOR CHOOSING THE DIFFERENT METHODS OF CLEANSING

REASON FOR CHOOSING THE METHOD	RESPONSES		
	FREQUENCY	PERCENT	COMMULATIVE FREQUENCY
IT IS THE METHOD USED IN OUR FAMILY	19	38%	38%
DO NOT WANT TO HAVE SEX WITH ANYONE ELSE	4	8%	46%
GET RID OF THE GHOST	22	44%	90%
OTHERS	5	10%	100%
TOTAL	50	100%	100%

All the respondents chose the various methods of cleansing because of various reasons. But the majority 44% wanted to be cleansed because it is the best method to get rid of the ghost. 38% of them wanted cleansing because its the method used in their family: This is defined as certain cultural procedures performed on a surviving spouse and she or he has no choice in the matter as he has only to follow instructions. However, it was difficult to cross tabulate respondent's choice of cleansing and the reason of choosing the method. This is because some respondents who preferred sexual cleansing based their choice on family reasons while some thought it was the best method of getting rid of the ghost.

The response "others" induced the following responses:

- Just to mark the end of our marriage with my deceased husband (1 respondent).
- It is the tradition in our family to cleanse the widowed before being surrendered to his/her relatives (2 respondents).
- Everyone whose husband/wife has died uses this method to mark the end of the isolation period (2 respondents).

TABLE 7: TRIBES AND THEIR REASONS FOR CHOOSING THE METHODS OF CLEANSING

TRIBE	REASONS FOR CHOOSING THE METHOD				
	ITS THE BEST METHOD USED IN OUR FAMILY	DO NOT WANT TO HAVE SEX WITH ANYBODY ELSE	TO GET RID OF THE GHOST	OTHERS	TOTAL
CHEWA	1 (2%)	0	1 (2%)	0	2 (4%)
ILA	8 (16%)	1 (2%)	15 (30%)	1 (2%)	25 (50%)
KAONDE	1 (2%)	0	0	0	1 (2%)
KAONDE ILA	0	1 (2%)	2 (4%)	0	3 (6%)
LOZI	3 (6%)	0	0	1 (2%)	4 (8%)
MBUNDA	3 (6%)	0	0	0	3 (6%)
NGONI	0	1 (2%)	1 (2%)	0	2 (4%)
NKOYA	1 (2%)	0	0	1 (2%)	2 (4%)
SUBIYA	0	1 (2%)	0	0	1 (2%)
TONGA	2 (4%)	0	3 (6%)	2 (4%)	7 (14%)
TOTAL	19 (38%)	4 (8%)	22 (44%)	5 (10%)	50 (100%)

Ilas were the majority of respondents who preferred sexual method of cleansing because it is the best method of getting rid of the ghost. The other indicator is that tribes were divided as to why they had chosen a particular method of cleansing.

TABLE 8: RESPONDENT'S KNOWLEDGE ON HIV/AIDS

HAVE YOU EVER HEARD OF HIV/AIDS	KNOWLEDGE ON HIV/AIDS		
	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY
NO	1	2%	2%
NOT SURE	3	6%	8%
YES	46	92%	100%
TOTAL	50	100%	100%

92% of the respondents were aware of HIV/AIDS while 6% were not sure of its existence and 2% did not know anything.

TABLE 9: RESPONDENT'S AGE AND THEIR KNOWLEDGE ON HIV/AIDS

AGE GROUP	KNOWLEDGE ON HIV/AIDS			
	NO	NOT SURE	YES	TOTAL
15-24 YRS	0	0	6 (12%)	6 (12%)
25-34 YRS	0	0	13 (26%)	13 (26%)
35-44 YRS	0	0	11 (22%)	11 (22%)
45-54 yrs	0	1 (2%)	2 (4%)	3 (6%)
55 & ABOVE	1 (2%)	2 (4%)	8 (16%)	11 (22%)
TOTAL	1 (2%)	3 (6%)	46 (92%)	50 (100%)

The only respondent who did not know about HIV/AIDS was above 54 years and those who were not sure were also in the age group of between 45 and 54 years while the rest knew about the existence of HIV/AIDS.

TABLE 10: RESPONDENT'S SOURCES OF HIV/AIDS INFORMATION

SOURCE OF INFORMATION	RESPONSES		
	FREQUENCY	PERCENT	COMMUTATIVE FREQUENCY
ANTI AIDS CLUBS	10	20%	20%
HEALTH WORKERS	27	54%	74%
FRIENDS	6	12%	86%
SCHOOLS	4	8%	92%
DO NOT KNOW ABOUT IT	3	6%	100%
TOTAL	50	100%	100%

54% of the total sample got their information on HIV/AIDS from health workers, 20% from Anti-AIDS Clubs, 12% from friends while 6% was from schools.

TABLE 11: RESPONDENT'S KNOWLEDGE ON HIV TRANSMISSION

DO YOU KNOW THE MAIN ROUTE OF HIV TRANSMISSION	RESPONSES		
	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY
YES	40	80%	80%
NO	1	2%	82%
NOT SURE	9	18%	100%
TOTAL	50	100%	100%

The majority of the respondents 80% knew the major route of HIV transmission while 18% were not sure and 2% did not know.

TABLE 12: SHOWING WHY THE WIDOWED WERE CLEANSED USING
A PARTICULAR METHOD

REASONS	RESPONSES		
	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY
ITS THE METHOD USED IN OUR FAMILY	1	20%	20%
DO NOT WANT SEX WITH ANYONE ELSE	1	20%	40%
GET RID OF THE GHOST	3	60%	100%
OTHERS	0	0	
TOTAL	5	100%	100%

3 of the 5 respondents who were widowed chose the method because it was the best method to get rid of the ghost while 20% used the method because its the method used in their family and 20% because they did not want to have sex with anyone else.

TABLE 13: SHOWING RESPONDENT'S KNOWLEDGE ON HIV/AIDS AND THEIR
CHOICE OF CLEANSING

KNOWLEDGE ON HIV/AIDS	METHOD OF CLEANSING WANTED				
	KUCUUTA	OTHERS	PAYMENT	SEXUAL	TOTAL
NO	0	0	0	1 (2%)	1 (2%)
NOT SURE	1 (2%)	0	0	2 (4%)	3 (6%)
YES	3 (6%)	12(24%)	2 (4%)	29(58%)	46(92%)
TOTAL	4 (8%)	12(24%)	2 (4%)	32(64%)	50(100%)

Knowledge about HIV/AIDS does not discourage them from choosing sexual method of cleansing as can be seen from the table above that out of 92% who were aware of HIV/AIDS 52% of them still preferred to be cleansed using the sexual method.

5.2 FOCUS GROUP DISCUSSION

Two group discussions were held in each of the 2 areas where the study was conducted. Each discussion consisted of 10 people who were of the same sex. The majority of the respondents in rural areas were however Ilas while at the township they were mixed although the Tongas and Ilas were the majority.

The discussions were designed to get people's views on sexual cleansing and HIV/AIDS. The discussions were therefore held under subheadings to ensure a systematic discussion of all the issues involved. The discussions lasted for 30 to 40 minutes with a Secretary taking notes and the group leader guiding the discussion.

Although people had different opinions on the issue, especially at the township, the main issues that came out were:

5.2.1 NEED FOR SEXUAL CLEANSING

The majority of the respondents felt it was necessary to continue practising sexual cleansing especially in rural areas. Some even wondered how a true Ila could think of abandoning the practice that was founded by their ancestors for well known reasons just because of foreign culture.

Others however, especially at the township, felt that it was time they looked at the usefulness of the practice and make changes to suit the present situation. Some Ilas even gave examples of certain families that have abandoned the practice but are still healthy although they were not sexually cleansed.

5.2.2 KNOWLEDGE ON HIV/AIDS

They all knew its existence and the major routes of transmission. However, some still felt that the pandemic of HIV/AIDS was exaggerated to scare people. They claimed that some of the diseases claimed to be AIDS have been in existence for a long time and even knew some of the traditional healers who could treat them.

But all the respondents knew the commonest route of HIV transmission as the sexual route.

5.2.3 ALTERNATIVES TO SEXUAL CLEANSING

The different tribes highlighted some of the common methods used for cleansing. Among them bathing in water with herbs, kucuuta, payments etc.

5.2.4 POSSIBILITIES OF ABANDONING SEXUAL CLEANSING TO
PREVENT THE TRANSMITTING OF HIV DURING THE PROCESS

People had different views on it. Those who advocated for sexual cleansing felt that it was not possible for HIV to be transmitted during cleansing because it was not only an ordinary sexual intercourse but also took very short time since the man is not even allowed to ejaculate in the act. Hence they insisted cleansing should continue as preferred by different tribes and families. They went on saying some people who were not cleansed according to their traditional culture had ended up with different diseases while others have died and others had their succeeding husbands/wives dying.

Those who wanted better methods of cleansing however said sexual intercourse performed during sexual cleansing is not different from any other act of intercourse and did not see how HIV could not be transmitted in the same way. They even gave examples of certain people who were once involved in cleansing some ~~suspected~~ surviving spouses who were suspected of having HIV and ended up not only contracting the disease but also infecting their real wives/husbands. They further said that, that is why most people run away from the funeral house when they know about the possibilities of them being chosen to cleanse a surviving spouse.

5.3 DISCUSSION OF FINDINGS

The study sought to determine the reasons why people in Namwala District are still practising sexual cleansing in view of the HIV/AIDS pandemic.

The assumptions by the researcher were that people still practice sexual cleansing due to a lot of factors among them:

- Fear of litigation
- Fear of being a social outcast
- Inadequate health education
- Social economical factors
- Fear of the ghost
- Cultural values

In order to prove the above assumptions 50 questionnaires were given to respondents picked randomly. But the respondents had to be either married or widowed, of both sexes.

The sample consisted of 28 (56%) males and 22 (44%) females. Out of them 45 (90%) of them were married and the other 5 (10%) widowed.

The major findings however were that all the respondents knew about cleansing although they practised it differently. The study also established that 46 (92%) of the sample population knew the existence of HIV/AIDS.

4.3.1 RESPONDENT'S ATTITUDE TOWARDS CLEANSING

As stated in the Times of Zambia of 20th June 1994, cleansing is any procedure performed to the survival spouse to free him/her from the deceased spouse and allow him/her to participate freely in all the community activities including remarrying.

The study established that all the respondents knew about cleansing but the methods they knew and preferred if they were to be cleansed differed. The methods preferred by the respondents were on tribal grounds as each tribe had the majority of its members biased towards a certain method of cleansing. For example Table 3 shows that out of 25 respondents who were Ilas, 23 of them preferred sexual cleansing. This was also observed among the Tongas where 5 out of the 7 respondents preferred sexual cleansing. On the other hand Lozis and Bundas respondents preferred other methods of cleansing.

From the above findings we can say that cleansing is done differently by different tribes depending on which method is used in a particular tribe, people belonging to it will adopt it without questions. This also shows that different customs can be practised within the same area without interference or considering what other people are going to think or say.

This could be because of the strong belief that are attached to these cultural practices as people are made to believe in them at a very early age and learn to practice them as they grow without questioning why they have to adopt the practices. This is similar to what Lambo said (1975) that human culture is not an evolution but a continuous development that is not broken at each generation as organic evolution.

In view of the above situation, a strong campaign should be mounted to try and defuse some of these beliefs that are harmful. This can be achieved by encouraging inter-tribal discussions on culture so that they can share their beliefs. By so doing the advantages and disadvantages of certain cultural practices will be examined compared and appreciated on credit, not because they have been practised in the family without questioning their usefulness as the case with sexual cleansing.

This was also evident among the widowed where the 3 Ilas and 1 Tonga were sexually cleansed while the Lozi widowed was cleansed using other methods

Age and education had also an influence on the respondent's choices of cleansing going by the study findings. For example Table 2 shows that all the 9 respondents aged between 45 and 54 years preferred sexual cleansing compared to the 6 respondents aged between 15 and 24 years where only 1 preferred to be sexually cleansed.

Education on the other hand indicates that the more people were not educated the more they preferred sexual cleansing. This can be observed on Table 4 where 5 out of 7 respondents who had no education preferred sexual cleansing as compared to those who had college education where only 1 out of the 4 respondents preferred sexual cleansing.

The above findings merely gives evidence that cleansing is still practised by the majority of the people partly due to their lack of education and their age. This means the aged having practised their culture for a long time, can not be expected to change them without proper education on the disadvantages of their practices. On the other hand, the young are mobile and can easily get influenced through socialization, reading books, etc.

Education may also indicate that those who are educated have a lot of sources of latest information and are not only able to learn from other people but to adopt what they learn about so that they can be accepted in their respective groups or classes. This is contrary to those who have no education because they have limited information and do not have the influence of anybody since they mainly mix with people of their classes within their locality.

The above findings calls for a fair distribution of information so that everybody is informed of the latest information and enable them to examine their traditional practices with a view of changing the bad ones so as to match with the changing society.

This would eventually ensure that the adult and uneducated adopt safe methods of cleansing because they will know the implications of sexual cleansing on their lives.

The problem of changing people's attitudes towards certain cultural practices was also observed by Dreyer (1976) who said that the campaign to stamp out some bad cultural practices in Ecuador area did not touch some categories of people even after 15 years due to a lot of factors like illiteracy.

The other factor that influenced people's choice was their employment status. For example table 5 shows that 15 out of the 19 respondents who were not employed preferred sexual cleansing. Yet only 3 out of 11 respondents in formal employment preferred sexual cleansing. This may be an indicator that people who may be lucky to cleanse someone whose deceased spouse was rich stand a good chance of boasting their social economical status by either being married to the cleanser in case of women or to inherit some of the deceased's property in case of men.

In view of the above situation, people should realize the importance of not grabbing property from the deceased's family just because they were involved in the cleansing act. It therefore, still calls for education among the people to realise the importance of owning what they worked for not what their relatives left behind after dying.

5.3.2 REASONS FOR CHOICE OF METHODS OF CLEANSING

The majority of the respondents wanted to be cleansed so as to get rid of the ghost 44% while the other 38% merely wanted to be cleansed because it was a practice done in their family and have no choice over the method used on them. The other 10% wanted to be cleansed because of various reasons like marking the end of their marriage with their deceased spouses.

From the above findings we can conclude that whichever method used or preferred for cleansing has ~~an~~ underlining reasons. Among the reasons advanced are that, some feel somebody who was married leaves a ghost with his/her surviving spouse once he/she dies and should be neutralized. The other group felt they ~~could~~ be rejected from their families and will not be free members of their community.

These reasons are indicators that culture is a very important aspect of our lives and is merely practised without finding out why they have to practice certain cultural norms. The main contributing factor to this type of behaviour are the social structures in our Zambian societies because people live in groups according to their clans and tradition being one way such people are united, cultural values are respected in our society. Hence the transferring of cultural norms from one generation to another without questioning the wisdom in some of them.

I suggest that measures be worked out to reconcile our Zambian culture and social life with reality so that we eliminate certain aspects of our culture which do not meet the present standards. This should not however mean doing away with our tradition. In other words, there should be integration of the good aspects of our culture with other people's culture that has good influence on health. This would allow people to judge and only practice cultural values that have a positive effect not only on their health but the social life as a whole. The above observations are similar to Jonathan (1989's) sentiments that the third epidemic of social, cultural, economic and political reactions and response to HIV/AIDS is as important to the future of the epidemic control as the virus itself.

5.3.3 RESPONDENT'S KNOWLEDGE ON HIV/AIDS

According to table 8, the majority (92%) of the respondents were aware of HIV/AIDS. Results from the focus group discussion also indicated that they all knew about the existence of HIV/AIDS. However, age had an influence on their knowledge of HIV/AIDS as can be observed from table 9 that, 6% of the respondents who did not know well about HIV/AIDS were those aged above 45 years.

Similarly, education had also an influence on their knowledge about HIV/AIDS because all those who had college and secondary education knew about HIV/AIDS while those who had no idea of HIV/AIDS had no education.

However, not all who were aware of HIV/AIDS (80%) knew the major routes of its transmission. This is because from table 11 we can see that 18% of the respondents were not sure of the major route of HIV transmission. We can therefore conclude that 12% of those who knew the existence of HIV/AIDS did not know how it is transmitted.

They also had various sources of information although the majority of them (54%) got their information from health workers followed by 20% who got their information from anti AIDS Clubs as indicated on table 10.

From the above study findings on HIV/AIDS knowledge, we can say, although there are various sources of HIV/AIDS information within the district, they are not catering for all the population hence the inability of some age groups and classes of people to know about HIV/AIDS and its transmission. On the other hand, the educated and the young have access to the information; may be it is because they are mobile and privileged in many ways as compared to the aged who are not mobile.

Notably, among the study findings which is of interest is the fact that despite the majority 80% of the respondents knowing the major routes of HIV transmission, they still preferred to be sexually cleansed according to the study findings which indicated 64% preferring sexual cleansing.

This shows that people, of course, know about HIV/AIDS and its transmission but they do not feel its implications on sexual cleansing practices outweighs the need for sexual cleansing. The above observations are similar to a report that appeared in a WHO Periodical (1990) which said that the simple provision of information is inadequate to evoke the bad behaviour from individuals and society that will be necessary for the control of HIV/AIDS. He therefore, calls for a different approach based on principles of health which can be understood by everybody.

This also shows that health education measures put in place do not seem to be achieving their goal in changing people's attitude towards sexual cleansing because the majority of the people are aware of HIV/AIDS but they have not been convinced that even sexual cleansing can be one way in which HIV can be transmitted. In other words, the 2 variables knowledge on HIV/AIDS and people's preference for sexual cleansing do not reconcile as there is a big disparity. Further more, it is possible that some people may know that HIV is transmitted through sexual cleansing but these ideas may be over shadowed by affinity to culture.

In short, health education is achieving the objective of informing people about the existence of HIV/AIDS but not changing their attitude towards bad practices that can increase its transmission like sexual cleansing.

I therefore, suggest that a way should be worked out to trying and change people's affinity to culture by ensuring that culture is incorporated in the health education strategies towards the control of HIV/AIDS. This is because, as observed from the study, it is difficult for people to abandon their cultural practices they have been involved in for a long time because of an unknown disease which they do not understand.

5.4 CONCLUSION AND RECOMMENDATION

5.4.1 CONCLUSION

The results elicited from this study have tried to answer the broad research questions of why people in Namwala District still practice sexual cleansing in view of the HIV/AIDS pandemic.

It was observed in the study that sexual cleansing is still practised by some people in Namwala District in certain tribes like the Ilas and Tongas. The research however found out that cleansing is done in all the tribes where respondents were drawn from in one way or another. The main feature that came out was that the methods of cleansing used were grouped according to tribes.

The practice of sexual cleansing is however, dying away slowly in some families even though they are Ilas or Tongas because of education and socialization.

But the latter seems to be playing a significant influence on certain people i.e. the young and those living in town because of the influence they get from others.

The main reasons that were observed to be the contributing factor to the continued practice of sexual cleansing in the area were mainly cultural values, family ties and lack of a properly organised health education.

The majority (92%) of the sample knew about HIV/AIDS and the way it is spread including those who participated in focus group discussions.

Some of them however still preferred sexual cleansing because of ignorance driven from the fact that they consider the consequences of not being cleansed sexually to be more fatal than the chances of contracting HIV during the act.

Further more most of the people who advocated for sexual cleansing were in the rural areas where the information on the pandemic of HIV/AIDS is not consistent. Hence they are against the idea of adopting other methods of cleansing from other tribes that are safe.

On the other hand, some of those who called for change in the methods of cleansing to avoid the risk of contracting HIV during the act felt that people should not be forced to be sexually cleansed or to sexually cleanse somebody if they do not want.

5.4.2 IMPLICATIONS ON THE HEALTH SYSTEM

Although people have the right to practice culture according to their tradition, Government institutions concerned with culture and all those concerned with the people's social cultural life should ensure that only the good aspects of culture are practised.

This is because some consequences of cultural practices are reflected on the people's health as it can be seen with sexual cleansing's possibilities of being a major route of HIV transmission.

In view of the above, health worker have the following obligation:

- * The public needs to be assisted to change their methods of cleansing through health education.
- * The health workers need to address the issue of HIV/AIDS so that people do not just know its existence but be involved in preventing it.
- * The health workers also have an obligation of ensuring that they work hand in hand with other organizations like the Cultural Societies of Zambia when planning their strategies for health education.

5.4.3 RECOMMENDATIONS

The study results showed that cultural influence, lack of education, inadequate health education, social economical status and family influences contributes to the people's continued practice of sexual cleansing.

The research would therefore like to make the following recommendations to all those who might be concerned about HIV/AIDS control in view of the research findings:

- * A comprehensive health education programme on HIV that should be accessible to all the people regardless of their age, sex and educational background. Strategies should be worked out in such a way that cultural values are taken care of to suit the economical, social and traditions of the local people.
- * The health education clubs should be revamped and all members of the local community should be encouraged to participate. The leaders of these clubs should be drawn from their respective areas where the clubs are based so that they can be able to plan their programmes bearing in mind the people's culture. The leaders should also be trained in special skills of teaching and HIV/AIDS.
- * There should be a programme worked out to educate people on the relationship between HIV/AIDS and sexual cleansing by those concerned with ~~us~~ prevention. The local leaders should take an active role in the programme as they are an essential factor in reinforcing change in their respective areas.

- * The customary law should be amended so that those who do not want to be cleansed may be left free and suit the health educator's calls for the abolishment of this act.
- * The various clubs on HIV/AIDS should be strengthened and supported in terms of finance, material, information and closely supervised.
- * If possible, there should be a follow up study within the same area after 2 years to re-assess the whole issue of sexual cleansing and its extent in the district.

ANNEX 1

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INDICATORS AND CUT OFF POINTS

VARIABLES

INDICATORS AND CUT OFF POINTS

- | | |
|---------------|--|
| 1. TOWNSHIP | Area within 5 Km radius off the Boma. |
| 2. RURAL AREA | Refers to areas outside the 5 Km radius of the Boma within the district. |
| 3. WORKER | Refers to someone in formal employment. |
| 4. VILLAGER | Someone who lives in the rural area. |
| 5. WELL TO DO | Refers to someone who has a source of income able to sustain him or her and get the basic essential commodities. |
| 6. POOR | Refers to someone who has no constant income and has to do away with his or her basic essential needs. |

Department of Post Basic Nursing
University of Zambia
School of Medicine
P.O. Box 50110
Lusaka

Date:

TO WHOM IT MAY CONCERN

Dear Sir/Madam

This letter serves to introduce **MALAMO M.** who is
a BSc IV student at our institution.

As part of the programme each BSc IV student is expected to conduct
a research study on a topic of her/his interest in health. We shall
be very grateful if this student is assisted with the information
she/he is looking for.

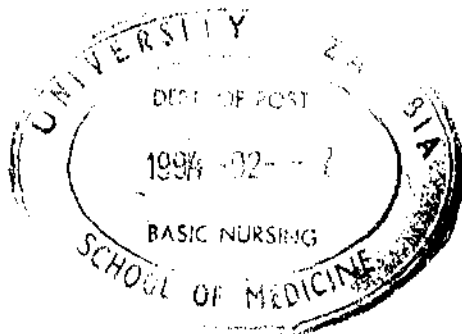
Please be assured that what ever the student obtains will be
treated with strict confidentiality.

Yours faithfully .

Janet K. Chime

Janet K. Chime
LECTURER

for/HEAD OF POST BASIC NURSING DEPT.



REPUBLIC OF ZAMBIA
NAMWALA DISTRICT COUNCIL
The University of Zambia
School of Medicine
P.B.N. Dept.,
Box 50110
LUSAKA

2nd June, 1994

The District Executive Officer
Namwala District Council,
P.O. Box 1,
NAMWALA

U.F.S. The Head *[Signature]*
PBN Depat.,
School of Medicine
Box 50110
LUSAKA

Dear Sir/Madam,

re: REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN NAMWALA DISTRICT

I am a 4th year BSc degree student in the School of Medicine at the University of Zambia. As part of the programme for my BSc degree, I am required to do a research in an area of my interest. My research topic is: "A STUDY TO DETERMINE WHY SEXUAL COLEASING IS STILL PRACTICED IN NAMWALA DISTRICT IN VIEW OF HIV/AIDS PANDEMIC"

I am therefore asking for permission from your office to conduct research and interviews in the following areas: the township and Chief Mukobela. This will enable me to collect information. Collection of data will be from 20th June to 15th July 1994.

I would be very grateful if my request will be considered within the shortest possible time.

Yours faithfully,

MALAMO MALAMO

REPUBLIC OF ZAMBIA
NAMWALA DISTRICT COUNCIL



P.O. Box 1
Namwala, Zambia

Office of the District Council Secretary

Telephone: 60114, 60116, 60016

Telefax: 60011

All correspondence should be addressed to
the District Council Secretary

NDC/7/16/10

7th June, 1994

TO WHOM IT MAY CONCERN

This serves to introduce Mr. M. Malumo a BSC IV Student at the University of Zambia and as part of his programme he is required to conduct a research study on "A Study to Determine why Sexual Cleansing is still practiced in Namwala District in view of HIV/AIDS pandemic".

I would be very grateful if you could assist him when carrying out his research programme.

Yours faithfully,

M.K. MAPUNGA
COUNCIL SECRETARY

QUESTIONNAIRE

RESPONDENT NO.....

1.0 STRUCTURED INTERVIEW SCHEDULE

INSTRUCTIONS TO INTERVIEWER

- 1.1 Do not ask for names or address of respondents
- 1.2 For questions with boxes provided tick in the box corresponding to the respondent's choice.
- 1.3 For open ended questions write the response in the spaces provided.
- 1.4 The questions should be answered by married and widowed people of both sexes only.

2.0 AREA OF ORIGIN

- 2.1 P r o v i n c e o f
Origin.....
- 2.2 District of origin.....
- 2.3 Tribe.....
- 2.4 Language spoken.....

3.0 DEMOGRAPHIC DATA

- 3.1 What is your sex?

- a) F
- b) M

<input type="checkbox"/>
<input type="checkbox"/>

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- 3.2 Age

- a) 15 - 24 yrs
- b) 25 - 34 yrs
- c) 35 - 44 yrs
- d) 45 - 54 yrs
- e) 55 and above

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

3.3 Education level

- a) None
- b) Primary
- c) Secondary
- d) College
- e) University

☐
☐
☐
☐
☐

3.4 Denomination?

- a) Catholic
- b) UCZ
- c) Protestant
- d) Evangelical
- e) Others

☐
☐
☐
☐
☐

For others Please specify.....

3.5 Employment

- a) Formal
- b) Informal
- c) None

☐
☐
☐

If informal employment Please specify.....

.....

3.6 Marital Status

- a) Married
- b) Widowed

☐
☐
☐4.0 ATTITUDE TOWARDS CLEANSING

4. Have you ever heard of cleansing

- a) Yes
- b) No

☐
☐
☐

4.2 If yes what type of cleansing do you know?

- a) Sexual
- b) Kucuuta
(None sexual)
- c) Paying a
Beast
- d) Ethics

For others please specify.....

4.3 Have you ever witnessed cleansing at a funeral in the past 4 years?

- a) Yes
- b) No

4.4 If yes what method did they use?

- a) Sexual
- b) Kucuuta
(None sexual)
- c) Payment of
a Beast
- d) Others

For others please specify.....

4.5 Do you think cleansing should continue to be practised in our present situation?

- a) Yes
- b) No

If yes which method do you think is the best?

- a) Sexual
- b) Kucuuta
(None sexual)
- c) Payment of
beast
- d) Others

For others please specify

4.6 Why do you think this method is the best way of cleansing?

- a) It is the best method to get rid of the Ghost
- b) It is the method that has been used in our family ever since.
- c) It is not good to have sexual intercourse with somebody else who is not your husband or wife.
- d) Others

For others specify.....

5.0 FOR WIDOWED ONLY

5.1 Did your spouse die 3 to 4 years ago?

- a) Yes
- b) No

5.2 If Yes were you cleansed?

- a) Yes
- b) No

5.3 If Yes what method was used?

- a) Sexual
- b) Kucuuta
(None sexual)
- c) Payment of
beast
- d) Others

For others specify.....

5.4 Why was this method used on you

- a) It was my choice
- b) Its the one they agreed upon
- c) Its the commonest method used
in our family
- d) It was forced on me
- e) Others

For others specify.....

6.0 KNOWLEDGE ABOUT HIV/AIDS

6.1 Have you ever heard of HIV/AIDS?

- a) Yes
- b) No
- c) Not sure

6.2 If yes from whom?

- a) Hospital workers
- b) anti AIDS clubs
- c) School
- d) Others

For others please specify.....

6.3 If yes do you know how it is spread?

- a) Yes
- b) No
- c) Not sure

6.4 If yes what s the main route of transmission?

- a) by sexual intercourse
- b) un sterile infections
- c) Blood transfusion
- d) Other

For others please specify.....

6.5 Is HIV/AIDS preventable?

- a) Yes
- b) No
- c) Not sure

6.6 If yes mention some of the preventable measures you would take?

- a) using condoms
- b) sticking to my wife or husband
- c) avoiding unsterile needles
- d) others

For others please specify.....

6.7 Is HIV/AIDS curable?

- a) Yes
- b) No
- c) Not sure

6.8 Have you ever been visited by somebody who come to talk about HIV/AIDS here?

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- a) Yes
- b) No
- c) Not sure

6.9 If yes how often do they come?

- a) once in a month
- b) Once in 6 months
- c) Once in a year
- d) others

For others please specify.....

6.10 If yes did you believe in what they were saying?

- a) Yes
- b) No
- c) Not sure

6.11 If no why didn't you believe them

- a) They usually cheat us
- b) They also don't know what AIDS is
- c) I couldn't understand their explanations
- d) others

For other specify.....

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7.0 KNOWLEDGE ABOUT THE RELATIONSHIP BETWEEN SEXUAL
CLEANSING AND HIV/AIDS.

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7.1 Are there any risks of transmitting HIV during sexual cleansing?

a) Yes

b) No

c) Not sure

7.2 If Yes are there any better method that can be used to cleanse?

a) Yes

b) No

c) Not sure

7.3 If Yes what methods do you have in mind

a) Jumping over a cow

b) smearing with mealie meal

c) Washing in concoction

d) Other.....

For other specify.....