Cultural Attitudes, Perceptions and Practices of the People Residing in the Seke Area that Predisposes them to HIV Infection

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Prepared by

SAfAIDS
Southern Africa HIV and AIDS Information Dissemination Service

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# TABLE OF CONTENTS

**EXECUTIVE SUMMARY** ................................................................. 5  
**Background to the Assignment** ......................................................... 5  
**Introduction** .............................................................................. 5  
**Terms of Reference** .................................................................... 6  
**Socio-economic and Demographic Characteristics of the Sample** ......................................................... 6  
**Researchers** .................................................................................. 8  
**Methodology** ................................................................................ 8  
  
  **Data Analysis Procedure** ................................................................. 8  
**Results/Findings** ........................................................................... 8  
  
  **Wife Inheritance** .............................................................. 9  
  **Polygamy** .............................................................................. 9  
  **Girl Sacrifice for Spirit Appeasement** ........................................... 9  
  **Virginity Testing** ................................................................. 9  
  **Condom Use** .......................................................................... 10  
  **Male Infidelity** ........................................................................ 10  
  **Faith and Traditional Healers’ Sexual Involvement with Women Clients** ......................................................... 10  
  **Gender Based Violence** ............................................................... 11  
  **Negotiating for Safer Sex** ............................................................. 11  
  **Voluntary Counselling and Testing** ................................................ 11  
**Conclusion** ...................................................................................... 11  
**Recommendations** ........................................................................ 12  
  
  **Wife Inheritance** .............................................................. 12  
  **Polygamy** .............................................................................. 12  
  **Girl Sacrifice for Appeasing Spirits** ............................................... 13  
  **Virginity Testing** ................................................................. 13  
  **Condom Use** .......................................................................... 13  
  **Male Infidelity** ........................................................................ 14  
  **Faith and Traditional Healers’ Sexual Involvement with Women Clients** ......................................................... 14  
  **Gender Based Violence** ............................................................... 14  
  **Negotiating for Safer Sex** ............................................................. 14  
  **Voluntary Counselling and Testing** ................................................ 15  
**1.0 INTRODUCTION** ....................................................................... 16  
**2.0 REVIEW OF LITERATURE** ....................................................... 17  
**3.0 METHODOLOGY** ...................................................................... 19  
  **3.1 Data Analysis Procedure** ................................................................. 19  
**4.0 SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLE** ......................................................... 19  
**5.0 WIFE INHERITANCE** ................................................................. 21  
  **5.1 Respondents’ perception of wife inheritance** ........................................... 21  
  **5.2 Wife Inheritance and Practice** ....................................................... 22  
  **5.3 The gender dimension of wife inheritance** ........................................... 23  
  **5.4 Connection between wife inheritance and spread of the HIV** ......................................................... 23  
**6.0 POLYGAMY** ............................................................................ 24  
  **6.1 Perception of polygamy** .............................................................. 24  
  **6.2 Polygamy and practice** ............................................................. 25  
  **6.3 The gender dimension of polygamy** ............................................... 25  
  **6.4 Connection between polygamy and spreading of HIV** ......................................................... 25  
**7.0 GIRL SACRIFICE** ........................................................................ 26  
  **7.1 Perception of girl sacrifice** ............................................................. 26
7.2 Girl sacrifice and practice ................................................................. 27
7.3 Connection between girl sacrifice and spread of HIV ...................... 27
8.0 VIRGINITY TESTING ........................................................................... 28
8.1 Perception of virginity testing ............................................................. 28
8.2 Connection between virginity testing and spreading of HIV .............. 29
8.0 CONDOM USE ...................................................................................... 30
8.1 When to use condoms ........................................................................ 30
8.2 Myths about condoms ........................................................................ 31
8.3 Connection between use of condoms and spread of HIV .................. 31
9.0 MALE INFIDELITY .................................................................................. 32
9.1 Perception of male infidelity ................................................................. 32
9.2 Connection between male infidelity and the spread of the HIV ......... 33
10.0 FAITH AND TRADITIONAL HEALERS’ SEXUAL INVOLVEMENT WITH WOMEN CLIENTS
10.1 View of women portrayed by healers’ involvement with women clients .... 35
10.2 Connection between sexual involvement with women clients and spread of the virus 36
11.0 GENDER BASED VIOLENCE (GBV) .................................................... 36
11.1 Connection between GBV and spread of HIV .................................... 37
11.2 Reporting of Gender Based Violence to Police ................................. 38
12.0 NEGOTIATING FOR SAFER SEX ........................................................ 38
13.0 VOLUNTARY COUNSELLING AND TESTING (VCT) ....................... 40
14.0 DISCUSSION AND CHALLENGES .................................................... 40
14.1 Wife Inheritance ................................................................................ 40
14.2 Polygamy ............................................................................................ 40
14.3 Girl Sacrifice for Spirit Appeasement ................................................ 41
14.4 Virginity Testing ................................................................................ 41
14.5 Condom Use ....................................................................................... 41
14.6 Male Infidelity ..................................................................................... 41
14.7 Faith and Traditional Healers’ Sexual Involvement with Women Clients 42
14.8 Gender Based Violence ...................................................................... 42
14.9 Negotiating for Safer Sex ................................................................... 42
14.10 Voluntary Counselling and Testing .................................................. 43
15.0 CONCLUSION ...................................................................................... 43
16.0 RECOMMENDATIONS ........................................................................ 44
Wife Inheritance: ..................................................................................... 44
Polygamy: ............................................................................................... 44
Girl Sacrifice for Appeasing Spirits: ...................................................... 44
Virginity Testing: .................................................................................... 45
Condom Use: ........................................................................................... 45
Male Infidelity: ......................................................................................... 45
Faith and Traditional Healers’ Sexual Involvement with Women Clients 45
Gender Based Violence .......................................................................... 46
Negotiating for Safer Sex ........................................................................ 46
Voluntary Counselling and Testing ......................................................... 46
17.0 REFERENCES ...................................................................................... 47
## LIST OF ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
</tr>
<tr>
<td>VCT</td>
<td>Voluntary Counseling and Testing</td>
</tr>
<tr>
<td>SPSS</td>
<td>Statistical Package for Social Sciences</td>
</tr>
<tr>
<td>NGOs</td>
<td>Non-Governmental Organisations</td>
</tr>
<tr>
<td>HIV</td>
<td>Human-Immune Virus</td>
</tr>
<tr>
<td>N</td>
<td>Number</td>
</tr>
<tr>
<td>GBV</td>
<td>Gender Based Violence</td>
</tr>
<tr>
<td>SAFAIDS</td>
<td>Southern Africa HIV/AIDS Information Dissemination Service</td>
</tr>
</tbody>
</table>
CULTURAL ATTITUDES, PERCEPTIONS AND PRACTICES OF THE PEOPLE RESIDING IN THE
SEKE AREA THAT PREDISPOSES THEM TO HIV INFECTION

EXECUTIVE SUMMARY
(By P.W. Mamimine 2007)

Background to the Assignment
SAfAIDS is a regional non-profit organisation established in 1994 and based in Harare, Zimbabwe. SAfAIDS currently implements its programmes in Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe. SAfAIDS’ core activities include capacity development for other HIV and AIDS Intermediary Organisations (IOs), information production, collection and dissemination, networking and building partnerships and leadership in promoting dialogue on cutting-edge issues related to HIV and AIDS. Through its extensive networking and information collation, SAfAIDS endeavors to keep pace with the epidemic and its changing demands. SAfAIDS’ work is responsive to client requests for information or varied consultancy services, such as technical support for policy development and evaluations. However SAfAIDS continues proactively to identify and meet information needs and will continue to seek greater strategic influence by prioritising partnerships with key players in the region.

Introduction
The HIV-infection rate in Southern Africa is among the highest in the world. Despite the availability of information on the AIDS pandemic, people are still not changing their behaviour (Aksornkoo; 2002). This study grappled with the question of the role of culture in the spread of HIV/AIDS. UNESCO/UNAIDS (2007) observe that there are many different ways of contracting HIV, many different ways of preventing HIV/AIDS, many different groups of people exposed to HIV/AIDS, and many different ways of discriminating against people living with HIV/AIDS. The 'whys', 'hows' and 'whos' change from culture to culture. That is why a culturally-appropriate response to HIV/AIDS prevention and care is needed.

Duffy (1997) observes that for a change in the AIDS crisis, prevention strategies need to be multifaceted, consider people’s culture and context, and include gender analysis. Another interesting observation on how culture may perpetuate the spread of HIV comes from Salmon (2007) who notes that in the culture of the Luo of Uganda a woman who is not inherited is cursed. She is not allowed to fetch water or enter people’s houses for fear that her bad luck will be passed on. Adherence to culture becomes an obvious death trap especially in cases where the partner died of AIDS. On the basis of the Mexico Declaration of 1982, culture is broadly understood within UNESCO to include: ways of life, traditions and beliefs, representations of health and disease, perceptions of life and death, sexual norms and practices, power and gender relations, family structures, languages and means of communication; as well as arts and creativity. From this definition, it is clear that culture influences attitudes and behaviours related to the HIV/AIDS epidemic: in taking or not taking risk of contracting HIV, in accessing treatment and care, in shaping gender relations and roles that put women and men at risk of infection.

SAfAIDS intends to create and/or strengthen linkages with Research Institutions in southern Africa by creating a platform for debate, sharing of experiences and best practices and dissemination of such research findings. It is our intention to fulfill this through re-packaging of research findings into user-friendly formats that can be disseminated to disadvantaged communities in the region and beyond.

Terms of Reference
The purpose of this rapid assessment was to assess the cultural attitudes, perceptions and practices of the people
residing in the Seke area that predisposed them to HIV infection before the implementation of interventions by SAFAIDS. The report would be used to generate interventional strategies to positively influence cultural change in attitude, perception and practices of people within this community with regards to gender in the face of HIV and AIDS.

**Socio-economic and Demographic Characteristics of the Sample**

This section presents the socio-economic and demographic characteristics of the women, out-of school girls and cultural leaders. In particular, we focus on the educational attainments, marital status and religious practices of the people who participated in the survey. These variables were considered important to consider in programming interventions to reduce the spread of the HIV in Seke area.

Fig 1: Level of Education Attained

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Number</th>
<th>Level of education</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>40</td>
<td>Primary</td>
<td>70.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>two years secondary</td>
<td>10.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>four years secondary</td>
<td>14.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>never been to school</td>
<td>6.0</td>
</tr>
<tr>
<td>Out of school Girls</td>
<td>40</td>
<td>Primary</td>
<td>14.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>two years secondary</td>
<td>9.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>four years secondary</td>
<td>74.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>advanced level</td>
<td>2.3</td>
</tr>
<tr>
<td>Cultural leaders</td>
<td>40</td>
<td>Primary</td>
<td>76.9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>two years secondary</td>
<td>7.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>four years secondary</td>
<td>15.4</td>
</tr>
</tbody>
</table>

A look at the educational background of women and men indicates that majority of them have primary education. The implication for intervention is that awareness pamphlets would be better understood when written in vernacular than in English.

**Marital Status**

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Number</th>
<th>Marital Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>40</td>
<td>married</td>
<td>38.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>divorced</td>
<td>6.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>widowed</td>
<td>56.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>never married</td>
<td>0.0</td>
</tr>
<tr>
<td>Out of school girls</td>
<td>40</td>
<td>single</td>
<td>95.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>separated</td>
<td>2.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>married</td>
<td>2.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>divorced</td>
<td>0.0</td>
</tr>
<tr>
<td>Cultural leaders</td>
<td>40</td>
<td>married</td>
<td>80.8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>single</td>
<td>7.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>widowed</td>
<td>11.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>never married</td>
<td>0.0</td>
</tr>
</tbody>
</table>

The majority of women were widows. Their status enabled them to make independent decisions on practising safe sex, undertaking VCT or any other decision that reduces the spread of the HIV. Nevertheless the number of married women was also reasonably large. This then makes the adoption of strategies promoting gender equality imperative in the development of intervention programs for combating the spread of the virus.

**Religious Practices**

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Number</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>40</td>
<td>regular church goer</td>
<td>88.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>occasional church goer</td>
<td>10.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>never go to church</td>
<td>2.0</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out of school</td>
<td>40</td>
<td>regular goer</td>
<td>62.8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>occasional goer</td>
<td>27.9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>never go</td>
<td>9.3</td>
</tr>
</tbody>
</table>
According to the table above, 88% and 62.8% of women and out-of-school girls respectively were regular church goers. If these statistics are representative of the pattern of the larger population then the church is a pivotal institution in attempts to disseminate information for combating the spread of the HIV. As for cultural leaders, a reasonable number go to church but it would not be possible to reach the majority of them through it. Other forums attracting participation of men would have to be considered for information dissemination. For instance NGOs involved in development projects involving the men could be utilized by SAFAIDS as conduits for interventions on fighting the spread of the virus.

**Researchers**

The principal consultant/researcher was Dr Patrick W. Mamimine of Ron-Anders Research International who conducted focus group discussions in the field, did data analysis and write up of the report. He was assisted by Ephraim Chiriseri of Ron-Anders Research International who helped in data collection by administering the structured questionnaire. He also helped in the data entry on SPSS, data cleaning, running frequency tabulations and preparing graphs for statistical display of findings. Another person who helped with the data collection in the field by administering a structured questionnaire was Mrs Barbara Mamimine. SAFAIDS also provided two research assistants to help with the administration of the structured questionnaire for a day. These were Jubilant and Naume.

**Methodology**

This rapid assessment adopted both a qualitative and quantitative methodology. The qualitative paradigm was ideal for capturing the population’s attitudes, perception and practices as required by the objectives. On the other hand the quantitative method helped to gather data that would illustrate how widespread certain attitudes, perceptions and practices were in the selected sample. The rapid assessment tools used were review of literature, focus group discussion (FGD), structured questionnaire, interview guide and general observation. The rapid assessment targeted 4 wards in Seke rural out of the eight wards SAFAIDS targets for intervention. The sampling procedure used in these areas was largely purposive. This approach enabled the researcher to go direct to key informants thereby saving time that could otherwise have been wasted engaging respondents or research subjects with little or no information on the issues under investigation. The interviews using the structured questionnaire involved 40 women, 40 girls (in school), 40 girls (out of school) and 40 cultural leaders. In addition, four focus group discussions were held with a different set of women, girls in school, girls out of school and cultural leaders. Each group had an average of 8 discussants.

**Data Analysis Procedure**

Data of a quantitative nature obtained was analyzed using SPSS statistical analysis package for Windows. Due to the small size of the sample, the analysis was limited mainly to frequency distributions. The data of a qualitative nature collected through FGDs was analysed using the thematic approach. This involved data gathered according to themes which was analysed according to patterns emerging from the respective themes.

**Results/Findings**

The objective of this study was to conduct a rapid assessment of the cultural attitudes, perceptions and practices of the people residing in the Seke area that predisposed women and girls to HIV infection. The issues addressed were wife inheritance, polygamy, girl sacrifice, virginity testing, condom use, male infidelity, faith and traditional healers’ involvement with female clients, gender based violence, marriage
counseling for young girls, negotiating for safer sex, voluntary counseling and testing and women rights.

**Wife Inheritance**

Most respondents had a negative attitude towards wife inheritance but seemed to hate it for the wrong reason-social destabilization of the family. It was the out-of-school girls who posted the biggest percentage of people (44%) hating wife inheritance for spreading HIV. Gender bias reared its ugly head with traditional men comprising men only hailed wife inheritance for helping to maintain the economic status of the deceased person’s family. Nevertheless, there was evidence to the contrary in all known cases of wife inheritance.

**Polygamy**

Polygamy was one cultural practice which most respondents hated but not principally for its potential to spread the virus but for sentimental reasons. It was blamed for causing family disunity as women to the marriage competed for the attention and support of the husband. It was noted that more often than not women in a polygamous marriage would not get satisfaction they desired from a shared man, the temptation to start extra-marital affairs and cause the spreading of HIV was quite high. Polygamy was such a robust and dynamic institution that instead of becoming extinct as indicated by rarity of its practice, it had emerged even more insidious and repackaged in form of the so called ‘small houses’. Nevertheless there was little realization that polygamy was symbolically contemptuous of women as it reduced them to objects that one man could amass as long as he had the required resources. Unfortunately, the practice led to the spread of the virus.

**Girl Sacrifice for Spirit Appeasement**

The cultural practice of girl sacrifice for spirit appeasement was bluntly condemned by most respondents and seen as a violation or abuse of the girl-child’s human rights. However, despite that many respondents were aware of the strong connection between the practice and the spread of HIV, the percentage recorded as not seeing connection between girl sacrifice and spread of the virus was high enough to cause concern. Perhaps it was for this reason that some men and women spoke glowingly of the beauty of the practice of girl sacrifice as an instrument for fostering social harmony in society as it helped to put to rest the spirit of the aggrieved parties.

**Virginity Testing**

Virginity testing was one cultural practice perceived by many respondents as critically important for curbing pre-marital sex. For women or mothers, what mattered in ensuring that a daughter remained a virgin until marriage was getting a beast at lobola as reward for the daughter found to be a virgin at marriage. Hence, to the women interviewed preventing pre-marital sex through virginity testing had nothing to do with reducing the spread of the virus. On the other hand, dissenting voices from the young generation represented by some in-school and out-of-school girls put up a spirited attack on any attempts to revive the practice of virginity testing. They castigated virginity testing for violating the fundamental human rights of the girl-child’s right to privacy. In addition modern day aunties were perceived as unsuitable for the task of virginity testing since they could not be trusted to keep secrets on the status of the girls who present themselves to them. However, the bottom line is that an overwhelming majority of respondents regarded virginity testing as a noble practice worth reviving.

**Condom Use**

The results of the assessment of attitude and perception on condom use were staggering to say the least. Women and men were of the view that making condoms easily available to people especially youths promoted promiscuity and the spread of the virus. The in-school girls and men were also of the view that condoms did not prevent the spread of HIV at all. This was based on a number of myths which were being passed on from one person to another trivializing the use of condoms. Some of the myths were that the lubrication on the sheath caused infertility and loss of libido on men and others. The other view held by men was that a woman would never enjoy sex as long as a man was using condoms. To crown the ignorance held by some respondents, a significant percentage of elderly women, in-school and out-of school girls believed that condoms were supposed to be used whenever one was having sex.
Male Infidelity

Infidelity is not a defining characteristic of men only or a gender issue any more. Results of the assessment indicated that the prevalence of loose women in Seke was the engine behind male infidelity. In other words, both men and women were involved in promiscuous activities and the fear was that women could be overtaking men sooner than later in this nefarious act. Another view came from the in-school girls who did not have kind words for male infidelity which they described as condoned evil. Implicitly, the practice could be stopped if society was serious about stopping it. Nevertheless, a widely held view was that infidelity was a case of male greediness. This moralistic view seemed to be suggesting that behaviour change would occur if society engaged in character modeling of men. Another point of concern is that a reasonable number of women, out-of school girls and men did not think that there was any connection between male infidelity and the spread of HIV.

Faith and Traditional Healers’ Sexual Involvement with Women Clients

The practice of faith and traditional healers engaging in sexual relationships with women clients was roundly castigated by all the respondents with the only variation being in the intensity of the condemnation. The healers who perpetrated such acts were accused of having a contemptuous attitude towards women. The contempt took the form of seeing women as naturally people of loose morals, as sexual objects and above all as less human. These views drive the faith and traditional healers’ sexual involvement with women clients. Implicitly, recognition of the rights of women would put an end to this practice. Although a significant percentage (63.8%) of respondents saw a strong connection between the practice and spread of the virus, men scored highly (56%) in their ignorance of the connection. Since men are expected to be models for the people they lead, the cultural leaders’ ignorance on connection between healers’ sexual involvement with women clients and spread of HIV is a great cause for concern in the fight against spreading of the virus.

Gender Based Violence

Gender based violence was described by respondents as common among couples and perceived mainly as abuse of women by all the groups but mostly by in-school girls. In contrast, women came least in percentage of people viewing GBV as abuse of women. This did not come as a surprise since their was a generation gap in which women were more tolerant to GBV than in-school girls because they grew up in a period in which gender based violence was never regarded as a cause for concern. It was commonplace and tolerated in their generation. No wonder why women again were leading in the view that GBV should only be reported to the police when it becomes too serious. The tolerance rate could not be expected to be the same for in-school girls who grew up in a different environment in which society was increasingly becoming intolerant to GBV to an extent of enacting legislation against it-The Domestic Violence Act of 2006. However, the percentage of people who did not see a connection between GBV and spread of HIV was quite high across the four groups of respondents.

Negotiating for Safer Sex

Negotiating for safer sex has never been easy for women chained by cultural norms and values that do not recognize gender equality. Married women are therefore in a vulnerable position in as far as the spread of the virus is concerned. Research results of the Seke survey indicated that men perceived negotiation for safer sex by a married woman as culturally impossible unless sanctioned by the husband. The women respondents corroborated this view with a high percentage of them echoing men’s views that married women couldn’t negotiate for safer sex.

Voluntary Counselling and Testing

The issue of VCT needs to be approached carefully. Survey results indicated that there are two situations explaining people’s failure to undergo the voluntary tests and counseling. The first hurdle was that for married women the husband’s consent had to be secured first before a decision to undergo VCT was effected. The second hurdle was that people had to overcome fear of social backlash before undergoing the test. Hurdles or no hurdles it is
absolutely necessary that the public be educated on the importance of undergoing VCT to arresting the spread of the virus.

Conclusion

This study set out to assess the cultural attitudes, perceptions and practices of the people residing in the Seke area that predisposed them to HIV infection. UNAIDS (2007) observe that there are many different ways of contracting HIV, many different ways of preventing HIV/AIDS, many different groups of people exposed to HIV/AIDS, and many different ways of discriminating against people living with HIV/AIDS. The `whys’, `hows’ and `whos’ change from culture to culture. That is why a culturally-appropriate response to HIV/AIDS prevention is worthwhile. The results of this rapid assessment indicated that there are attitudes, perceptions and practises which are gender specific or socially constructed and sanctioned by culture that preclude women and girls from taking their rightful positions or measures in the fight against the proliferation of HIV. Removing these culturally embedded barriers cannot be an event but a process requiring the concerted efforts of policy advocates, policy makers and grassroots development agents. In Seke area, being an in-school girl, out-of school girl or married woman defined the optimum social space one had for responding to the spread of the virus and the limit to the decision-making one could engage in to limit one’s vulnerability and that of others to the spread of the virus.

On the other hand, it is a pity that emotions are sometimes allowed to define the true colours of the problem of the spreading of the virus when wife inheritance is mainly perceived as a mere abuse of women, polygamy as a mere threat to family unity, girl sacrifice as a mere abuse of the rights of the girl-child, virginity testing as an act for mere prevention of pre-marital sex, condom use as a mere adventure in myths, infidelity as mere male greediness, sexual involvement of healers with women clients as mere abuse of women, GBV as mere abuse of women and VCT as a mere exposure of one’s moral decadence. These socio-cultural perceptions cited above demonstrate an ignorance of the true nature of the enemy-the spreading of the virus. There is need to go beyond the socio-cultural revulsion to the cultural practices in question and rank problems accordingly on a hierarchy of real risk posed.

There is need for SAFAIDS to craft a battery of strategies to deal with numerous cultural attitudes, perceptions and practises that abate the spreading of the virus in Seke. The strategies to be adopted should be born out of an assessment of the true nature of the challenge by subjecting each cultural phenomena cited herein to a rigorous investigation that identifies not only the real forces driving them but also the socio-cultural costs of proposing a zero-tolerance of those forces.

Recommendations

Wife Inheritance:

1. There is need for an awareness campaign to change the mindset of people of Seke from having a negative attitude to wife inheritance based mainly on its potential for family disorganization to its potential for spreading HIV. Targeted intervention should be planned especially for out-of school girls and cultural leaders

2. Awareness campaigns on the dangers of wife inheritance should address both formal and informal wife inheritance. The former being a public event and the latter being a private and confidential relationship developing between the widow and a male relative of the deceased husband.

3. Besides awareness campaign that seeks to make people of Seke realize the dangers of wife inheritance to spreading of HIV, the intervention should also tackle wife inheritance as a cultural practice that dehumanizes women and reduces them to property of men to be passed on from one man to the other.

Polygamy:

4. Efforts to reduce the spread of the virus in Seke should seriously address the issue of gender inequalities which results in the socio-economic and cultural subjugation of women by men to an extent where women
embrace polygamy as a panacea to their problems thereby increasing the probability of spreading HIV.

5. A program should be put in place to engage women, in-school and out-of school girls in an exercise that draws a balance sheet of the costs and benefits of polygamy from many angles such as health, social, psychological, economic and others.

6. The campaign strategies to be adopted against polygamy should recognize and also target the so called ‘small houses’ as repackaged polygamy with similar disastrous consequences as fertile ground for the spreading of HIV.

**Girl Sacrifice for Appeasing Spirits:**

7. There is need for an intervention program that ensures that people of Seke have a full appreciation of the dangers of girl sacrifice from the point of view of both the spreading of HIV and violation of the girl-child’s human rights.

8. There is need to educate the girl-child on the necessity of reporting and the measures one may take to bring the case of attempted girl sacrifice to the attention of authorities. The police could also be enlisted for this campaign.

**Virginity Testing:**

9. Virginity testing could be revived or introduced among the girls of Seke district provided ethical issues are addressed such as seeking the informed consent of participants and so on.

10. The issue of respect for the human rights of the girl-child needs to be considered in interventions designed to promote virginity testing as a weapon against spreading of the virus. Concerns for privacy raised could be dealt with through the introduction of a Caucus of Trusted Elders (CTE) who would be the sole body with the permission for conducting virginity tests upon interested girls. The alternative would be to engage a female medical practitioner who would conduct the tests at agreed intervals or enlist the services of staff of the local clinic.

**Condom Use:**

11. Many respondents were ignorant of precisely when it is necessary to use condoms hence there is need for an intervention targeting the entire community and educating people on circumstance warranting the use of condoms.

12. There are numerous myths on condom use working against efforts to curb the spread of HIV in Seke. It is therefore essential that measures be adopted to counter the myths through engaging the community fully first by way of undertaking a comprehensive study of the myths and drawing up an inventory of the myths and appropriate methods of dealing with them.

13. In focus group discussions held with women and men the issue of making condoms easily available to youths was strongly criticized for promoting promiscuity and pre-marital sex. There is therefore a need to launch an educational campaign justifying the program for ensuring youths’ access to condoms.

**Male Infidelity:**

14. Many respondents did not see a connection between male infidelity and spread of HIV. It is therefore necessary to mount an awareness campaign on the connection between the two.

15. It was noted in focus group discussions that women of Seke were more likely to beat men to infidelity sooner than later. Seemingly, there is need for SAFAIDS to mount a campaign on the dangers of infidelity
targeting both men and women of Seke.

**Faith and Traditional Healers’ Sexual Involvement with Women Clients**

16. Not many respondents saw a connection between the practice of sexual involvement with clients and the spread of HIV. An intervention program is therefore needed for the entire community to foster an awareness of the risks associated with the practice of sexual involvement with clients.

17. Failure to report abuse to authorities was on its own an act frustrating any hopes of bringing the culprits to book and curb the spread of the virus. Therefore SAFAIDS and the local police could join hands to educate women on the dangers of being involved and not reporting the culprits to law enforcement officials.

**Gender Based Violence**

18. The general thinking among women and men was that only very serious acts of GBV should be reported to authorities. The less serious ones implicitly should pass unreported. This culture of silence only serves to condone the practice. Hence there is need for an intervention program that conscientises potential victims of GBV on the benefits of reporting cases of gender based violence to law enforcement agents. This could involve the local Police.

19. Not many respondents saw a connection between GBV and spread of HIV. It is therefore necessary for SAFAIDS to facilitate a campaign educating people on the connection between GBV and spread of the disease.

**Negotiating for Safer Sex**

20. Research results indicated that married women could not negotiate for safer sex with their spouses hence they have resigned to whatever fate awaiting them as a result of the promiscuity or infidelity of their husbands. Culturally they did not have any option but just to watch events unfolding before them, for the better or for worse. It is therefore critically important that intervention programs be designed that empower women to view safer sex as their inalienable human right and negotiate for safer sex always, as a strategy for curbing the spread of the virus.

**Voluntary Counselling and Testing**

21. Respondents noted that there were many constraints to people undergoing VCT, some personal and socio-psychological and others cultural. This situation encumbers the use of VCT as a strategy for curbing proliferation of the virus. It is therefore critically important that SAFAIDS and other Health departments mount a conceived awareness campaign on the significance of people undergoing VCT. They need to address the politics of VCT in depth to convince people that testing supersedes any other consideration that one could engage in.
CULTURAL ATTITUDES, PERCEPTIONS AND PRACTICES OF THE PEOPLE RESIDING IN THE SEKE AREA THAT PREDISPOSES THEM TO HIV INFECTION
By P.W. Mamimine (2007)

1.0 INTRODUCTION
The HIV-infection rate in Southern Africa is among the highest in the world. Despite the availability of information on the AIDS pandemic, people are still not changing their behaviour (Aksornkoo; 2002). This study grappled with the question of the role of culture in the spread of HIV/AIDS. UNESCO/UNAIDS (2007) observe that there are many different ways of contracting HIV, many different ways of preventing HIV/AIDS, many different groups of people exposed to HIV/AIDS, and many different ways of discriminating against people living with HIV/AIDS. The ‘whys’, ‘hows’ and ‘whos’ change from culture to culture. That is why a culturally-appropriate response to HIV/AIDS prevention and care is needed.

Duffy (1997) observes that for a change in the AIDS crisis, prevention strategies need to be multifaceted, consider people’s culture and context, and include gender analysis. Another interesting observation on how culture may perpetuate the spread of HIV comes from Salmon (2007) who notes that in the culture of the Luo of Uganda a woman who is not inherited is cursed. She is not allowed to fetch water or enter people’s houses for fear that her bad luck will be passed on. Adherence to culture becomes an obvious death trap especially in cases where the partner died of AIDS. On the basis of the Mexico Declaration of 1982, culture is broadly understood within UNESCO to include: ways of life, traditions and beliefs, representations of health and disease, perceptions of life and death, sexual norms and practices, power and gender relations, family structures, languages and means of communication; as well as arts and creativity. From this definition, it is clear that culture influences attitudes and behaviours related to the HIV/AIDS epidemic: in taking or not taking risk of contracting HIV, in accessing treatment and care, in shaping gender relations and roles that put women and men at risk of infection.

The causal factor of gender disparities needs to be mainstreamed in the fight against HIV and AIDS. According to UNAIDS (2007) this is indispensable because of the increased vulnerability of young girls and women to HIV/AIDS and because of the general feminization of the epidemic. Education of girls has to be the priority in order to transform relations between women and men at all levels of society and promote equal cultural patterns in gender relations as regards to HIV/AIDS prevention.

The objective of this study was to conduct a rapid assessment of the cultural attitudes, perceptions and practices of the people residing in the Seke area that predisposed women and girls to HIV infection.

2.0 REVIEW OF LITERATURE
Polygamy, the practice of a man having multiple wives, occurs in some countries. According to Khumalo-Sakutukwa (2003) 14% of married Zimbabwean women report being in polygamous unions. This situation is clarified by Rodriguez (2007) who observes that Zimbabwean women comply with polygamy in order to conform to culture and for fear of social discrimination. Polygamous relationships permit men to have multiple wives, increasing the probability of diseases increasing exponentially. However, there is a danger that if the husband cannot satisfy the wives, they will be tempted to look for sex outside of the marriage. One of the partners may be infected and this will increase the risk of contracting and spreading HIV. Hence infidelity has become one of the most important factors in the transmission of HIV/AIDS.

Wife inheritance is one of the traditional practices of some countries that promote the spread of HIV/AIDS. In several African countries like Kenya, Swaziland and Zimbabwe, when a man dies, his wife almost automatically
becomes the possession of his brothers, along with his cattle, house and land. Elaborate ceremonies involve the woman putting a bowl of water in front of her late husband’s brothers as she “chooses” one to be her next master while he still lives with his other wife or wives. Each time this happens, several people become exposed to HIV (UNESCO/Aksornkool, 2002). Each time wife inheritance happens several people are exposed to the risk of HIV infection. Younger widows are at particular risk because they are more likely to seek and be sought by other sex partners. Nevertheless, wife inheritance is seldom if ever mentioned as a confounding factor in studies of HIV transmission.

Koenig and Moore (2000) observe that women with or at risk of HIV come from populations that are also at risk of violence. However, for a small proportion of women, violence may occur around disclosure or in response to condom negotiation. Kay (2004) adds his voice to the role of gender based violence in spreading HIV by noting that domestic violence and human immunodeficiency virus (HIV) infection are problems of great public health worldwide, especially sub-Saharan Africa and much of the developing countries. Gender power imbalance is the driving force behind the” epidemics”. HIV infection is mainly acquired through heterosexual relations, which themselves are greatly influenced by socio-cultural factors, underlying which are gender power imbalances. Women with violent or controlling male partners are at increased risk of HIV infection. Abusive men are more likely to have HIV and impose risky sexual practices on partners. Research on connections between social constructions of masculinity, intimate partner violence, male dominance in relationships, and HIV risk behaviours in men, as well as effective interventions, are therefore urgently needed (Dunkle, Jewkes, Brown, Gray, McIntryre & Harlow; 2004).

There are two antagonistic views of the traditional practice of virginity testing vis-à-vis the spread of HIV. One view sees the testing as a positive step in fighting the spread of HIV and the other one views virginity testing as actually a vehicle for promoting HIV infection. In broad terms, virginity testing refers to the practice and process of inspecting young women and girls to determine if they are sexually chaste (LeClerc-Madlala, 2001). While virginity testing was a prenuptial custom previously associated with marriage; proponents of testing now maintain that, with its emphasis on total abstinence from sexual intercourse by girls, the practice is being revived: to prevent HIV infection and AIDS, to reduce teen pregnancy, to detect incest and abuse, and to re-instill and promote lost cultural values. According to Ndlovu (2005), virginity testing enjoys popular support as a grassroots chastity movement in most countries in the region; it is vigorously opposed by some African feminists, AIDS activists, and many medical experts. These opponents argue that the practice is unconstitutional, unhygienic, counterproductive, and potentially dangerous in addition to violating the human rights of the children—predominantly girls—being tested. The concerns about virginity testing are numerous and the practice is complicated by many factors. There are communities that believe that having sex with a virgin will cure one of AIDS (Govender, 1999; Stones & Earl-Taylor, 2004; Dickson 1998). More so, the public labeling of girls as virgins results in them being targeted for sexual assault by HIV positive men (Meel, 2003; Maharaj 2001 and City Vision 2001).

Ideally voluntary counseling and testing (VCT) should be viewed as a vehicle for combating the spread of the HIV. Ipas (2002) observed that the problem with people undergoing VCT is the issue of stigma. People fear the social backlash of other people knowing that they are HIV+ which usually results in discrimination or social condemnation. Most housewives live in stable partner relationships and thus do not consider HIV to be a problem. However, they fear a number of obstacles in informing their partners about their HIV status and translating their knowledge into safer sex practices (Pool et al 2001). In contrast it may be anticipated that women who are economically independent are in a better position to take advantage of the VCT information provided and therefore also are more willing to accept being tested. The reluctance among housewives in accepting being tested for HIV should be seen in the context of cultural constraints and female disempowerment in making choices on sex and sexuality. Usually, the cultural expectation is for the man to take the initiative for the couple to undergo VCT and not vice-versa.

In majority of cases married women in Zimbabwe have no capacity to either compel condom use or to initiate sex. Even if condoms are readily available and accessible married women are at the mercy of their husbands
(UNESCO, 1999). Despite widespread educational programs focused on preventing HIV infection in young people and women of childbearing age, large numbers of youth and women worldwide continue to contract HIV because of factors outside their control such as inability to negotiate condom use and lack of access to condoms (Maria de Bruyn, 2002). According to UNAIDS report of 2004 marriage can be a risk factor: 15.7% of married men had extramarital sex in the preceding 12 months yet condom use was very low. Of these only 4% of men reported using a condom with a married or co-habiting partner. According to the Central Statistical Office (1999) fifty one percent (51%) of married women believe husbands have the right to beat them. In this context, the likelihood of women negotiating condom use is extremely low.

3.0 METHODOLOGY

This rapid assessment adopted both a qualitative and quantitative methodology. The qualitative paradigm was ideal for capturing the population’s attitudes, perception and practices as required by the objectives. On the other hand the quantitative method helped to gather data that would illustrate how widespread certain attitudes, perceptions and practices were in the selected sample. The rapid assessment tools used were review of literature, focus group discussion (FGD), structured questionnaire, interview guide and general observation. The rapid assessment targeted 4 wards in Seke rural out of the eight wards SAFAIDS targets for intervention. The sampling procedure used in these areas was largely purposive. This approach enabled the researcher to go direct to key informants thereby saving time that could otherwise have been wasted engaging respondents or research subjects with little or no information on the issues under investigation. The interviews using the structured questionnaire involved 40 women, 40 girls (in school), 40 girls (out of school) and 40 men. In addition, four focus group discussions were held with a different set of women, girls in school, girls out of school and men. Each group had an average of 8 discussants.

3.1 Data Analysis Procedure

Data of a quantitative nature obtained was analyzed using SPSS statistical analysis package for Windows. Due to the small size of the sample, the analysis was limited mainly to frequency distributions. The data of a qualitative nature collected through FGDs was analysed using the thematic approach. This involved data gathered according to themes which was analysed according to patterns emerging from the respective themes.

4.0 SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLE

This section presents the socio-economic and demographic characteristics of the women, out-of school girls and men. In particular, we focus on the educational attainments, marital status and religious practices of the people who participated in the survey. These variables were considered important to consider in programming interventions to reduce the spread of the HIV in Seke area.

Fig 1: Level of Education Attained

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Number</th>
<th>Level of education</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>40</td>
<td>primary</td>
<td>70.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>two years secondary</td>
<td>10.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>four years secondary</td>
<td>14.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>never been to school</td>
<td>6.0</td>
</tr>
<tr>
<td>Out-of school Girls</td>
<td>40</td>
<td>primary</td>
<td>14.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>two years secondary</td>
<td>9.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>four years secondary</td>
<td>74.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>advanced level</td>
<td>2.3</td>
</tr>
<tr>
<td>Men</td>
<td>40</td>
<td>primary</td>
<td>76.9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>two years secondary</td>
<td>7.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>four years secondary</td>
<td>15.4</td>
</tr>
</tbody>
</table>

A look at the educational background of women and men indicates that majority of them have primary education.
The implication for intervention is that awareness pamphlets would be better understood when written in vernacular than in English.

**Fig 2: Marital Status**

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Number</th>
<th>Marital Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>40</td>
<td>married</td>
<td>38.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>divorced</td>
<td>6.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>widowed</td>
<td>56.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>never married</td>
<td>0</td>
</tr>
<tr>
<td>Out-of school girls</td>
<td>40</td>
<td>single</td>
<td>95.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>separated</td>
<td>2.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>married</td>
<td>2.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>divorced</td>
<td>0</td>
</tr>
<tr>
<td>Men</td>
<td>40</td>
<td>married</td>
<td>80.8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>single</td>
<td>7.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>widowed</td>
<td>11.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>never married</td>
<td>0</td>
</tr>
</tbody>
</table>

The majority of women were widows. Their status enabled them to make independent decisions on practising safe sex, undertaking VCT or any other decision that reduces the spread of the HIV. Nevertheless the number of married women was also reasonably large. This then makes the adoption of strategies promoting gender equality imperative in the development of intervention programs for combating the spread of the virus.

**Fig 3: Religious Practices**

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Number</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>40</td>
<td>regular church goer</td>
<td>88.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>occasional church goer</td>
<td>10.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>never go to church</td>
<td>2.0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>100</td>
</tr>
<tr>
<td>Out-of school girls</td>
<td>40</td>
<td>regular goer</td>
<td>62.8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>occasional goer</td>
<td>27.9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>never go</td>
<td>9.3</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>100</td>
</tr>
<tr>
<td>In-school girls</td>
<td>40</td>
<td>regular goer</td>
<td>84.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>occasional goer</td>
<td>12.8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>never go</td>
<td>2.6</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>100</td>
</tr>
<tr>
<td>Men</td>
<td>40</td>
<td>regular goer</td>
<td>42.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>occasional goer</td>
<td>30.8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>never go</td>
<td>26.9</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>100</td>
</tr>
</tbody>
</table>

According to the table above, 88% and 62.8% of women and out-of school girls respectively were regular church goers. If these statistics are representative of the pattern of the larger population then the church is a pivotal institution in attempts to disseminate information for combating the spread of the HIV. As for men, a reasonable number go to church but it would not be possible to reach the majority of them through it. Other forums attracting participation of men would have to be considered for information dissemination. For instance NGOs involved in development projects involving the men could be utilized by SAFAIDS as conduits for interventions on fighting the spread of the virus.

**5.0 WIFE INHERITANCE**

All the respondents viewed wife inheritance as part of their Shona culture since it existed from time immemorial. Nevertheless, most people’s attitude towards it was largely negative.

**5.1 Respondents’ perception of wife inheritance**

The respondents’ perception of wife inheritance fell into three (3) categories which were;
destabilization of family, maintenance of economic status and spreading HIV. The majority of respondents (57%) harboured a negative attitude towards wife inheritance due to its tendency to destabilize families. Out-of-school girls were leading in championing this view with 76% of them holding this view. Eighteen percent (18%) of respondents, that is men, viewed wife inheritance as a practice that helped in the maintenance of economic status of the deceased’s family and another negative perception characterizing 25% of respondents was that wife inheritance spread HIV. That 57% of the respondents loathed wife inheritance not so much for its tendency to spread HIV but to destabilize the families socially is cause for concern in the fight against the spread of the virus. In essence, the part played by wife inheritance in the spreading of HIV was underplayed or not given due recognition. Another salient observation was that comparatively speaking in-school girls at 44%, led in the perception that wife inheritance caused the spreading of HIV.

There is therefore a need to embark on an awareness campaign to change the mindset of people of Seke from basing their negative attitude to wife inheritance mainly on causing family disorganization to its potential for spreading the HIV. Men being lowest in awareness (17%), followed by out-of-school girls should receive targeted intervention.

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5.2 Wife Inheritance and Practice

About 38% of women, out-of-school girls and men interviewed indicated that wife inheritance was rarely practised. If this figure is combined with responses taking the position that it was no longer practiced then we have a total of 69% of respondents feeling that wife inheritance was becoming extinct (see pie-chart below). However, rhetoric and practice did not seem to be in consonance.

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<table>
<thead>
<tr>
<th>VIEW/PERCENTAGE</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Women</strong></td>
<td></td>
</tr>
<tr>
<td>Destabilization of family</td>
<td>70%</td>
</tr>
<tr>
<td>Maintains economic status</td>
<td>8%</td>
</tr>
<tr>
<td>Spreads HIV</td>
<td>22%</td>
</tr>
<tr>
<td><strong>In-school girls</strong></td>
<td></td>
</tr>
<tr>
<td>Destabilization of family</td>
<td>56%</td>
</tr>
<tr>
<td>Maintains economic status</td>
<td>0%</td>
</tr>
<tr>
<td>Spreads HIV</td>
<td>44%</td>
</tr>
<tr>
<td><strong>Out-of school</strong></td>
<td></td>
</tr>
<tr>
<td>Destabilization of family</td>
<td>76%</td>
</tr>
<tr>
<td>Maintains economic status</td>
<td>6%</td>
</tr>
<tr>
<td>Spreads HIV</td>
<td>18%</td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td></td>
</tr>
<tr>
<td>Destabilization of family</td>
<td>26%</td>
</tr>
<tr>
<td>Maintains economic status</td>
<td>57%</td>
</tr>
<tr>
<td>Spreads HIV</td>
<td>17%</td>
</tr>
</tbody>
</table>
The results of focus group discussions held with women and men revealed that the practice of wife inheritance had only disappeared from public domain and continued through the clandestine relationships that developed between widows and some of the siblings of the deceased. An illustrative case is of one widow who publicly objected to being inherited by any of his late husband’s brothers. Despite this public posture, the widow received emotional and material support from one of the brothers for more than a year after which the woman decided to repay the support by being intimate with the brother-in-law in question. Several such cases were reported.

5.3 The gender dimension of wife inheritance

None of the interviewees saw a close connection between wife inheritance and the male perception of women as objects or property that could be bequeathed to a husband’s siblings. Awareness campaign on gender equality would help to reduce cases of wife inheritance or at least put to the fore the human rights abuses associated with compulsory wife inheritance.

5.4 Connection between wife inheritance and spread of the HIV

Sixty eight percent (68%) of the interviewees saw a close connection between wife inheritance and the spread of the HIV. Nevertheless, the connection did not arise as the main dark spot in wife inheritance but as another consequence of this practice.

It therefore follows that intervention to combat the spread of the HIV needs to address seriously the issue wife inheritance as a causal factor especially among out-of school girls, in-school girls and men. The in-school and out-of school girls need to be educated on the dangers of wife inheritance before they become mothers or wives. As the saying goes; a stitch in time saves nine.
6.0 POLYGAMY

All the respondents considered polygamy as part of their culture (Shona Culture). It was pointed out that despite being a controversial institution it has existed from time immemorial and has been passed on from one generation to another.

6.1 Perception of polygamy

The practice was attacked all round by the four groups of interviewees, namely women, in-school girls, out-school girls and men. Women and in-school girls at 66% and 58.3% respectively, were most forceful in their view of polygamy as causing family disunity. Polygamy was regarded negatively for, among others, creating family disharmony, existing to satisfy male lust, failing to ensure equal satisfaction of women to the polygamous union, impoverishing the family and others. There were other reasons cited also as the basis of the negative attitude towards polygamy such as that it lacked equality in husband’s dealings with the wives and resulted in stretching available resources. The dominant perception was that polygamy caused family disunity. Figure 7 shows the percentage of people from each group who raised family disunity as a major concern with polygamy.

Fig 7: Respondents’ Perception of Polygamy

However, the cause for concern is that respondents never hated polygamy for health issues such as the spread of the HIV but for socio-economic reasons. Therefore it seems quite essential that whatever form of intervention is contemplated should do a lot to portray polygamy as a fertile ground for the spread of the HIV and this should be in the fore as a basis for castigating polygamous marriages.

6.2 Polygamy and practice

The majority of respondents noted that there were isolated cases of polygamy in their community especially practised by members of the apostolic faith. The picture given then was one of an institution that was fast disappearing as modern values took over. However, reality on the ground rendered the observation to be an act of self delusion. In a focus group discussion held with women and men separately, it emerged that polygamy was not dying but re-christened ‘small house’. The small houses have almost the same characteristics as a conventional polygamous union except that most of them remain a man’s secret.
6.3 The gender dimension of polygamy

Results of the interviews indicated that respondents hardly realized that polygamy indicated and mirrored power disequilibrium between males and females in society. Only a statistically insignificant result of 7.7% and 8% of men and women respectively saw polygamy as existing only for satisfaction of male lust. Hence, to a large extent respondents never saw polygamy as an expression of gender inequality in which man’s sexual greedy created a ground for the spread of the HIV. Efforts to reduce the spread of the virus in Seke should therefore seriously address the issue of gender inequality which results in the socio-economic and cultural subjugation of women by men thereby perpetuating polygamy and the spread of the virus.

6.4 Connection between polygamy and spreading of HIV

The majority of respondents pointed out that there was a close connection between polygamy and the spreading of the HIV. The connection was attributed to high probability of infidelity by one of the parties to the polygamous marriage. The common argument advanced was that it was difficult for one man to satisfy more than one wife hence the dissatisfied wife was likely be involved in infidelity or extra-marital relationships. This message was quite emphatic from the out-of-school girls, with 65% of them connecting infidelity in polygamy to the spreading of the HIV (see graph below).

**Fig 8:** Connection between polygamy and spread of HIV

Respondents also noted that besides infidelity the new woman to the marriage could be HIV positive thereby spreading the virus to the husband and other women to the marriage that came before her. Nevertheless, the in-school girls rated lowest (42%) in seeing connection between polygamy and spreading of HIV. Seemingly awareness campaigns are needed for in-school girls, women and men to raise their level of awareness or alertness with regards to the high probability of polygamy causing the spread of the HIV.

7.0 GIRL SACRIFICE

 Majority of respondents perceived girl sacrifice as part of their culture despite that it was a controversial and cruel practice. They reported witnessing and hearing cases of girl sacrifice in families tormented by the spirits of a
person killed in cold blood by a member of a particular family.

7.1 Perception of girl sacrifice

Girl sacrifice was mainly perceived as a case of the abuse of a girl child and a flagrant violation of the human rights of the girl child. Many respondents felt that the girl child had a right to choose own partner in life. Fig 9 below shows the percentage of people who perceived girl sacrifice as an abuse of the girl child. The out-of school girls at 88.4% were the most forceful in their expression of revulsion over the practice of girl sacrifice.

![Fig 9: Perceptions of respondents to practice of girl sacrifice](image)

Nevertheless, some women and men had a divergent view. About 10.3% and 33.3% of women and men respectively felt that girl sacrifice was a noble practice since it brought about social harmony between concerned families. The common view was, “Kugona ngozi kuiripa”1. There seemed to be a serious generation gap in terms of perception. Implicitly, there is need for intervention to make sure that all people have an appreciation of the dangers of girl sacrifice from both a spreading of the virus and violation of human rights point of view.

7.2 Girl sacrifice and practice

Girl sacrifice though rare was still practiced in some communities. The percentage of women and men seeing the practice as a vehicle for attaining social harmony between contending parties indicates that given a situation justifying the practice they would not hesitate to sacrifice the girl child. During the assessment period respondents were citing recent and known cases of girl sacrifice in pursuit of dispute resolution and social harmony.

7.3 Connection between girl sacrifice and spread of HIV

A majority of respondents from the four groups pointed out that there was a close connection between girl sacrifice and the spread of HIV. Women were ahead of all groups in their knowledge of the connection between the two with 76.9%, followed by out-of school girls at 68.3% of respondents. However, the percentages of people who were ignorant of the connection between girl sacrifice and the spread of HIV though in the minority is cause for great concern. For instance, 36.1% of in-school girls were not aware of the connection between girl sacrifice for spirit appeasement and the spread of HIV. Therefore it is critically important to conduct awareness campaigns among

1 The only way to appease a vengeful spirit is to sacrifice a daughter.
On average, about 20% of the respondents professed ignorance of the connection. Seemingly, the in-school girls were the worst in terms of ignorance hence they needed to be prioritized in any intervention programs that may be mounted to combat the spread of the virus.

8.0 VIRGINITY TESTING

Virginty testing was recognized as a practice common in traditional Zimbabwe but there were varied views as to whether it was still part of the respondents’ culture. About 77.4% of the respondents indicated that virginity testing was part of their culture. The remainder dismissed it as the works of a few culturally overzealous families.

8.1 Perception of virginity testing

About 68.9% of respondents perceived virginity as a practice that was essential for preventing pre-marital sex. This perception was reinforced by 15.6% of the respondents who viewed the practice as preparing a girl for a good or happy marriage. Women came out in large numbers (81%) to support pre-marital sex not for its significance in curbing spread of the virus but to get *mombe yechimanda*.

However, 10% of the in-school and out-of school girls were very critical of the practice by calling it an abuse of the girl child. This perception also emerged in one focus group discussion with in-school girls where one girl summed up the basis of the contention:

> I don’t like the emotional abuse that goes with the practice. *Kuvhurwa vhurwa pese pese handidi*. Handiti anonzi maprivate parts here? Private parts are private and they are mine so why reveal them to another person? The aunt should mind her own private parts and not mine!

Another concern from the in-school and out-of school girls was that modern day aunts were not sworn to secrets. After the virginity testing, some aunts end up labeling the girls who may have failed the test. Several nicknames were said to have been invented such as, ‘vana poto’, ‘vana wuu-u’, ‘vana chabvongodzwa’. In short, the girls raised ethical questions with regard to virginity testing. The other crucial question raised by the in-school girls was why the practice did not also subject the boys to virginity testing. Seemingly interventions targeting virginity

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2 A beast given to the mother-in-law as part of *lobola* to indicate that the daughter was found a virgin at marriage.
3 Literal translation: I don’t want people to open everywhere they want on my body.
4 Empty pot
5 Empty vessel
testing would have to consider a number of issues such as gender equality, ethical issues around the practice and protection of girls against spreading of HIV.

Fig 11: Respondents’ Perception of Virginity Testing

8.2 Connection between virginity testing and spreading of HIV

An overwhelming majority (76%) of respondents acknowledged a close connection between virginity testing and the spread of HIV. They saw virginity testing as a deterrent to girls engaging in premarital sex. On the other hand 27% of respondents

Fig 13: Connection between virginity testing and spread of HIV
did not see any connection between the spread of the virus and virginity testing for girls. The out of school girls led in this view. Seemingly intervention for reducing the spread of the virus through virginity testing should target all groups with a special intervention program for out-of-school girls.

More importantly, the in-school girls were very supportive of the practice of virginity testing hence could be considered as low hanging fruits for any program seeking re-introducing virginity testing for girls.

8.0 CONDOM USE

Condom use was a very controversial issue among the respondents. People’s attitudes to condom use were as diverse as the information they had on condoms. The two extreme views were that condoms did not prevent spread of HIV at all and the other one was that they prevented. The former view was predominant among the men interviewed and the in-school girls.

8.1 When to use condoms

The graph below indicates people’s views on when it is necessary to use condoms. The thinking from some women (30%), out-of-school girls (38%) and in-school girls (47%) was that condoms should be used whenever having sex. Nearly half of the in-school girls erroneously believed that condoms were a must companion when engaging in sex. This blanket view borders on the girls’ lack of understanding of the utility value of the condom and portrays condoms as an inevitable punishment in sexual relationships. The problem with this ‘punishment view’ of condoms is that the temptation to evade the punishment is likely to be high thereby rendering the girls vulnerable to the spread of the virus. Hence appropriate education is needed by women and girls on condoms and their use.

On the other hand, it is very disappointing to note that only 22% of the respondents indicated that one should use condoms after testing HIV positive. Perhaps even more shocking is that only 8% of respondents considered it imperative to use a condom when one was engaging in casual sex. Hence it is critically essential to engage all the groups in addressing the issue of casual sex and the spreading of the HIV. Closely connected to casual sex is that again only 17% of respondents indicated that condoms should be used when the HIV status of partner is unknown.

Fig 14: When to use condoms

8.2 Myths about condoms

During the rapid assessment a variety of myths were uncovered surrounding the use of condoms. The concern is that most of the myths promoted the spreading of the HIV as they portrayed condoms negatively. In the focus
group discussions held, the majority of in-school girls believed that condoms were only useful or effective in preventing unwanted pregnancy and not in preventing the spread of the virus. Some of the girls quoted articles in certain magazines which pointed out that condoms had holes that allowed viruses to filter through. The same articles were also reported to have talked about the lubrication in condoms containing viruses likely to be passed on to the user of the condom. The lack of trust in condoms to stop the spread of the virus seemed to be shared across the board. Women and men also condemned the use of condoms on grounds that they promoted promiscuity by ’giving a false sense of security’ to the users.

An overwhelming majority of men (84%) strongly argued that the lubrication in condoms caused infertility in men hence they would not dare recommend condoms to anyone. They personally either abstained from extra-marital sex or if they engaged in it did so without a condom. They further argued that besides causing infertility condoms also caused low libido or sexual drive in men. The same group also indicated that using condoms was a waste of a woman’s time since she would not enjoy sex when a man used condoms.

8.3 Connection between use of condoms and spread of HIV

A majority of people interviewed did not trust condoms to stop the spread of the HIV. For women and men, the promotion of condoms was the root of the proliferation of the virus as it increased promiscuity among youths and adults on an erroneous view that they were protected from the virus. They argued that for the youths nothing beat abstaining from sex until marriage and for the adults, sticking to one partner. It was further argued that the distribution of condoms among youths actually motivated the youths to engage in sex even if they had never contemplated it. In the words of one woman:

Munhu wose una maturusi unotoashandisa. Haungapiwi maturusi okuti ungogara nawo. Saka vana vapiwa macondom vanotofanirwa kumashandisa.

The other view already referred to was that use of condoms actually caused the spread of the virus. In one focus group discussion with men, it was argued that people who usually used condoms were the ones who ended up contracting the virus. It was observed that in one company many drivers died of HIV but they were often seen with condoms and claimed to have been using condoms throughout their involvement in casual sex.

9.0 MALE INFIDELITY

A majority of respondents, that is 61%, considered male infidelity to be part of their Shona culture. The remainder argued that it was not part of Shona culture but mere male greedy based on an individual’s personality, which they summed up as; “Moyo wemunhu chete”. It was interesting to note that men composed mainly of males led the view that male infidelity was part of their culture.

Fig 15: Is male infidelity part of Shona Culture?

6 Anybody with tools will use the tools. You can’t be provided with tools just for the sake of keeping them. Hence once youths are given condoms they are supposed to use them.
7 Individual personality
Respondents viewing male infidelity as part of their culture observed that the practice had existed from time immemorial but perhaps was not as widespread in the past as it was at the time of the rapid assessment.

9.1 Perception of male infidelity

People’s perceptions of male infidelity varied but fell within three areas viewing infidelity as male greediness, condoned evil and caused by loose women. Specifically, 70% of the respondents perceived male infidelity as a matter of male greediness and leading this view were the men with 89%, followed by out-of school girls at 74%. On another plane, 20% of respondents saw male infidelity as condoned evil. The in-school girls led this opinion with 47% of them thinking alike on this matter.

Fig 16: Respondents’ perception of male infidelity

**Respondents’ Perception of Male Infidelity**

Key:

- **Grdness**-greedness; **C. evil**-condoned evil; **Lse women**- loose women

It was interesting to note that none of the respondents saw male infidelity within the context of the spread of the
HIV. Jealousy seemed to be the sentiment driving the majority women’s perception towards infidelity. Seriously speaking male infidelity is much more than male greediness in these days of the AIDS pandemic. It is one of the major causes of the spread of the virus. In focus group discussions (FGDs) held with women, it was very surprising to witness women turning against fellow women. Eighty percent of women in FGDs blamed male infidelity on loose women arguing that there were more women compatriots involved in infidelity than men.

9.2 Connection between male infidelity and the spread of the HIV

About 60% of respondents saw a very strong connection between male infidelity and the spread of the HIV. At 90% of the respondents, the in-school girls had the highest percentage of people who believed that there was a very strong connection between infidelity and spread of HIV. Forty percent (40%) of the respondents did not see a strong connection and this figure is too high to tolerate in a country already heavily affected by the AIDS pandemic. A worst picture was portrayed by women, with only 43% of them seeing a strong connection between male infidelity and the spread of the HIV.

Fig 17: Link between male infidelity and spread of HIV in Seke

Seemingly it would be appropriate to design intervention programs that target women, out-of school girls and men to engender an awareness of connection between male infidelity and spread of the virus.

10.0 FAITH AND TRADITIONAL HEALERS’ SEXUAL INVOLVEMENT WITH WOMEN CLIENTS

The dominant perceptions of faith and traditional healers’ involvement with the women clients were that it spread the HIV (41%); was an abuse of women (32.4%) and that it was hypocrisy (30%). It was heartening to note that the majority of respondents (41%) perceived the healers’ involvement with women clients as serving to spread the virus. Nevertheless, the figure of 41% is disappointing in terms of curbing the spread of the virus in Seke. There is therefore need for an intervention program that fosters an awareness of the risks associated with the practice of sexual involvement with clients. A higher percentage of people with a change of mindset and viewing the practice as serving to spread the virus was very desirable.
10.1 View of women portrayed by healers’ involvement with women clients

The taking of sexual advantage of women by faith and traditional healers was condemned as for portraying women as people of loose morals (47%), as sexual objects (25%) and as less human (33%). Women were in the lead (58%) in terms of percentage of people seeing the practice as portraying women as people of loose morals. The in-school girls came second with 55%. The men led (39%) in the view of the practice.

10.2 Connection between sexual involvement with women clients and spread of the virus

A mean of 48% represented respondents who felt that there was a strong connection between healers’ sexual involvement with female clients and the spread of the HIV. The out-of-school girls were leading (58%) in seeing the strong connection and men came least (26%). A mean of 63.8% represents the totality of respondents who
saw a connection between healers’ sexual involvement with women clients and the spread of the HIV.

Fig 20: Connection between sexual involvement with women clients and spread of the virus

Generally there was a need to mount awareness campaigns across the four groups of people in Seke as a way of arresting the spread of the virus through sexual involvement with clients. Since the ‘no connection’ result among the men is at a staggering 56% it is only appropriate that this group receive a targeted awareness campaign. Men are normally perceived as heads of households hence they are expected to lead their families away from spreading the virus by recognizing the connection themselves. The in-school girls should also receive targeted intervention since the percentage of people among them not seeing a connection was too high at 43%.

11.0 GENDER BASED VIOLENCE (GBV)

The respondents’ views on GBV were quite varied with 47% of them perceiving GBV as abuse of women. The ‘abuse view’ was headed by in-school girls (66.7%) which signified a high level of human rights consciousness. Women came least (34%) in viewing GBV as abuse of females. Insight on this result was obtained from FGDs where most women seemed to tolerate GBV arguing that that’s normal marital life. They argued that it was normal for couples to spar from time to time if there were domestic disputes warranting it. There was another group which viewed GBV as causing family disharmony (37%) and men were at the top (31.8%) of championing this view. Another interesting phenomenon was that all the groups except men cited GBV as a practice that could result in deaths. The in-school girls led this view with 22% of them.

Fig 21: Respondents’ perception of GBV
It was also amazing to note that 9% of men perceived GBV as a disciplinary measure. The same sentiment emerged from out-school girls though the figure was marginal (7.3%). Intervention measures needed to be adopted to make the various groups realize that GBV could not be regarded as one option for dealing with differences between spouses in civilized society. Instead it leaves the couple in a perpetual state of conflict with conflict breeding further conflict.

11.1 Connection between GBV and spread of HIV

All the groups acknowledged a connection between GBV and HIV, with a mean of 50% seeing a very strong connection between the two. On the other hand 16 percent of the respondents did not see any connection. There were basically two explanations provided. The first one was that GBV perpetrated against a spouse resulted in the weaker part seeking revenge through engaging in infidelity or promiscuous behaviour. The other explanation given was that the dominant party or aggressor uses the violence as a tool for especially silencing a spouse objecting to male infidelity. The violence also prevents the woman from enforcing safe sex measures such as demanding use of a condom by a husband suspected of having multiple sex partners.
11.2 Reporting of Gender Based Violence to Police

The two major views to reporting of GBV to authorities or the police were that it should be reported always (31.5%) and only in serious cases (39%). The latter situation was the norm nationally before the Domestic Violence Act was enacted and was the route to be taken when one was prepared to face dissolution of the marriage as a consequence of the report.

Fig 23: Situation for Reporting GBV to Police

<table>
<thead>
<tr>
<th>N=160</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Women</td>
</tr>
<tr>
<td>Always</td>
<td>31.6</td>
</tr>
<tr>
<td>Serious cases</td>
<td>50.0</td>
</tr>
<tr>
<td>Depends on the type</td>
<td>2.6</td>
</tr>
<tr>
<td>When its unjustified</td>
<td>5.3</td>
</tr>
<tr>
<td>When its continuous</td>
<td>7.9</td>
</tr>
<tr>
<td>Should never be reported</td>
<td>2.6</td>
</tr>
</tbody>
</table>

In essence, the dominant view was that GBV should only be reported in serious cases and in particular life threatening ones. Implicitly, there was need for mounting awareness campaigns against the culture of silence to GBV. Addressing GBV would empower the victims of the violence, women in particular, to resist any situation rendering them susceptible to the spread of HIV.

12.0 NEGOTIATING FOR SAFER SEX

The issue of negotiating for safer sex was quite thorny especially among married women. The table below indicates the pattern of responses to the question asked on whether women had a right to compel their male partners to use condoms or enforce safer sex.

Fig 24: Power to negotiate for safer sex
About 65% (mean) of the respondents were of the view that a married woman could not negotiate for safer sex. Men were further ahead of others in expressing this sentiment with an overwhelming majority of 93%. Women came in second place with 87%. It is not surprising that these two groups expressed the same sentiment and with an almost similar resounding majority. Both groups were guided by their experiences and the conservatism of their generation with reference to husband-wife rights in sexual relationships. Women pointed out that in the first place their sexual conduct was guided by the cultural expectation of women being submissive to their husbands in every sense of the word. According to them, it was men who could choose how he wanted to have sex and not the woman. One woman even cited a Biblical verse which she quoted to be saying; *Mukadzi achava pasi pemurume wake*.

A different picture was portrayed by the in-school and out-of school girls who were the only groups to point out that one could negotiate for safer sex with anybody including one’s husband. The in-school girls led this view with an emphatic 63% of the respondents. As a people not yet married, their sentiments were based or guided by what ought to be and not by the reality on the ground. Realistically, the rights of women to negotiate safer sex in a marriage were not recognized by the prevailing cultural norms and values of the people of Seke. Implicitly, the failure by women to negotiate for safer sex placed them in line of fire in the spreading of HIV.

13.0 VOLUNTARY COUNSELLING AND TESTING (VCT)
VCT is an essential tool for curbing the spread of HIV. Results of the assessment conducted in Seke district indicate that cultural constraints put VCT beyond the reach of many women. Sixty six percent (66%) of women indicated that married women could not undergo VCT without the consent of their husbands. They observed that undergoing VCT secretly would be self-defeating since one could not communicate the results of the test to the husband regardless of the fact that the results were positive or negative. One would be accused of infidelity as the husband would argue that he could not see the reason why one would just go for tests if one was faithful to his husband. The challenge therefore was on convincing the husband to go for tests together with the wife.

Men also felt that for a married woman VCT could not be undertaken without the husband’s consent. This view was shared by 54% of men and was typical of their generation.

Apart from cultural constraints many respondents indicated that most people would rather remain ignorant of their status than face the possibility of being HIV positive. Knowledge of their status could result in them being isolated by friends and next of kin if their status of say being positive is disclosed or made public.

14.0 DISCUSSION AND CHALLENGES
The objective of this study was to conduct a rapid assessment of the cultural attitudes, perceptions and practices of the people residing in the Seke area that predisposed women and girls to HIV infection. The issues addressed were wife inheritance, polygamy, girl sacrifice, virginity testing, condom use, male infidelity, faith and traditional healers’ involvement with female clients, gender based violence, marriage counseling for young girls, negotiating for safer sex, voluntary counseling and testing and women rights.

14.1 Wife Inheritance
Most respondents had a negative attitude towards wife inheritance but seemed to hate it for the wrong reason—social destabilization of the family. It was the out-of school girls who posted the biggest percentage of people (44%) hating wife inheritance for spreading HIV. Gender bias reared its ugly head with men perceiving inheritance as helping to maintain the economic status of the deceased person’s family. Nevertheless, there was evidence to the contrary from most known cases of wife inheritance in the district.

A woman shall be under the command of her husband.
14.2 Polygamy
Polygamy was one cultural practice which most respondents hated but not principally for its potential to spread the virus but for sentimental reasons. It was blamed for causing family disunity as women to the marriage competed for the attention and support of the husband. It was noted that more often than not women in a polygamous marriage would not get satisfaction they desired from a shared man, the temptation to start extra-marital affairs and cause the spreading of HIV was quite high. Polygamy was such a robust and dynamic institution that instead of becoming extinct as indicated by rarity of its practice, it had emerged even more insidious and repackaged in form of the so called ‘small houses’. Nevertheless there was little realization that polygamy was symbolically contemptuous of women as it reduced them to objects that one man could amass as long as he had the required resources. Unfortunately, the practice led to the spread of the virus.

14.3 Girl Sacrifice for Spirit Appeasement
The cultural practice of girl sacrifice for spirit appeasement was bluntly condemned by most respondents and seen as a violation or abuse of the girl-child’s human rights. However, despite that many respondents were aware of the strong connection between the practice and the spread of HIV, the percentage recorded as not seeing connection between girl sacrifice and spread of the virus was high enough to cause concern. Perhaps it was for this reason that some men and women spoke glowingly of the beauty of the practice of girl sacrifice as an instrument for fostering social harmony in society as it helped to put to rest the spirit of the aggrieved parties.

14.4 Virginity Testing
Virginity testing was one cultural practice perceived by many respondents as critically important for curbing pre-marital sex. For women or mothers, what mattered in ensuring that a daughter remained a virgin until marriage was getting a beast at lobola as reward for the daughter found to be a virgin at marriage. Hence, to the women interviewed preventing pre-marital sex through virginity testing had nothing to do with reducing the spread of the virus. On the other hand, dissenting voices from the young generation represented by some in-school and out-of school girls put up a spirited attack on any attempts to revive the practice of virginity testing. They castigated virginity testing for violating the fundamental human rights of the girl-child’s right to privacy. In addition modern day aunties were perceived as unsuitable for the task of virginity testing since they could not be trusted to keep secrets on the status of the girls who present themselves to them. However, the bottom line is that an overwhelming majority of respondents regarded virginity testing as a noble practice worth reviving.

14.5 Condom Use
The results of the assessment of attitude and perception on condom use were staggering to say the least. Women and men were of the view that making condoms easily available to people especially youths promoted promiscuity and the spread of the virus. The in-school girls and men were also of the view that condoms did not prevent the spread of HIV at all. This was based on a number of myths which were being passed on from one person to another trivializing the use of condoms. Some of the myths were that the lubrication on the sheath caused infertility and loss of libido on men and others. The other view held by men was that a woman would never enjoy sex as long as a man was using condoms. To crown the ignorance held by some respondents, a significant percentage of elderly women, in-school and out-of school girls believed that condoms were supposed to be used whenever one was having sex.

14.6 Male Infidelity
Infidelity is not a defining characteristic of men only or a gender issue any more. Results of the assessment indicated that the prevalence of loose women in Seke was the engine behind male infidelity. In other words, both
men and women were involved in promiscuous activities and the fear was that women could be overtaking men sooner than later in this nefarious act. Another view came from the in-school girls who did not have kind words for male infidelity which they described as condoned evil. Implicitly, the practice could be stopped if society was serious about stopping it. Nevertheless, a widely held view was that infidelity was a case of male greediness. This moralistic view seemed to be suggesting that behaviour change would occur if society engaged in character modeling of men. Another point of concern is that a reasonable number of women, out-of school girls and men did not think that there was any connection between male infidelity and the spread of HIV.

14.7 Faith and Traditional Healers’ Sexual Involvement with Women Clients
The practice of faith and traditional healers engaging in sexual relationships with women clients was roundly castigated by all the respondents with the only variation being in the intensity of the condemnation. The healers who perpetrated such acts were accused of having a contemptuous attitude towards women. The contempt took the form of seeing women as naturally people of loose morals, as sexual objects and above all as less human. These views drive the faith and traditional healers’ sexual involvement with women clients. Implicitly, recognition of the rights of women would put an end to this practice. Although a significant percentage (63.8%) of respondents saw a strong connection between the practice and spread of the virus, men scored highly (56%) in their ignorance of the connection. Since men as heads of households are expected to be models for their families, their ignorance of the connection between healers’ sexual involvement with women clients and spread of HIV is a great cause for concern in the fight against spreading of the virus.

14.8 Gender Based Violence
Gender based violence was described by respondents as common among couples and perceived mainly as abuse of women by all the groups but mostly by in-school girls. In contrast, women came least in percentage of people viewing GBV as abuse of women. This did not come as a surprise since their was a generation gap in which women were more tolerant to GBV than in-school girls because they grew up in a period in which gender based violence was never regarded as a cause for concern. It was commonplace and tolerated in their generation. No wonder why women again were leading in the view that GBV should only be reported to the police when it becomes too serious. The tolerance rate could not be expected to be the same for in-school girls who grew up in a different environment in which society was increasingly becoming intolerant to GBV to an extent of enacting legislation against it-The Domestic Violence Act of 2006. However, the percentage of people who did not see a connection between GBV and spread of HIV was quite high across the four groups of respondents.

14.9 Negotiating for Safer Sex
Negotiating for safer sex has never been easy for women chained by cultural norms and values that do not recognize gender equality. Married women are therefore in a vulnerable position in as far as the spread of the virus is concerned. Research results of the Seke survey indicated that men perceived negotiation for safer sex by a married woman as culturally impossible unless sanctioned by the husband. The women respondents corroborated this view with a high percentage of them echoing men’s views that married women couldn’t negotiate for safer sex.

14.10 Voluntary Counselling and Testing
The issue of VCT needs to be approached carefully. Survey results indicated that there are two situations explaining people’s failure to undergo the voluntary tests and counseling. The first hurdle was that for married women the husband’s consent had to be secured first before a decision to undergo VCT was effected. The second hurdle was that people had to overcome fear of social backlash before undergoing the test. Hurdles or no hurdles it is absolutely necessary that the public be educated on the importance of undergoing VCT to arresting the spread of the virus.
15.0 CONCLUSION

This study set out to assess the cultural attitudes, perceptions and practices of the people residing in the Seke area that predisposed them to HIV infection. UNAIDS (2007) observe that there are many different ways of contracting HIV, many different ways of preventing HIV/AIDS, many different groups of people exposed to HIV/AIDS, and many different ways of discriminating against people living with HIV/AIDS. The ‘whys’, ‘hows’ and ‘whos’ change from culture to culture. That is why a culturally-appropriate response to HIV/AIDS prevention is worthwhile. The results of this rapid assessment indicated that there are attitudes, perceptions and practises which are gender specific or socially constructed and sanctioned by culture that preclude women and girls from taking their rightful positions or measures in the fight against the proliferation of HIV. Removing these culturally embedded barriers cannot be an event but a process requiring the concerted efforts of policy advocates, policy makers and grassroots development agents. In Seke area, being an in-school girl, out-of school girl or married woman defined the optimum social space one had for responding to the spread of the virus and the limit to the decision-making one could engage in to limit one’s vulnerability and that of others to the spread of the virus.

On the other hand, it is a pity that emotions are sometimes allowed to define the true colours of the problem of the spreading of the virus when wife inheritance is mainly perceived as a mere abuse of women, polygamy as a mere threat to family unity, girl sacrifice as a mere abuse of the rights of the girl-child, virginity testing as an act for mere prevention of pre-marital sex, condom use as a mere adventure in myths, infidelity as mere male greediness, sexual involvement of healers with women clients as mere abuse of women, GBV as mere abuse of women and VCT as a mere exposure of one’s moral decadence. These socio-cultural perceptions cited above demonstrate an ignorance of the true nature of the enemy-the spreading of the virus. There is need to go beyond the socio-cultural revulsion to the cultural practices in question and rank problems accordingly on a hierarchy of real risk posed.

There is need for SAFAIDS to craft a battery of strategies to deal with numerous cultural attitudes, perceptions and practises that abate the spreading of the virus in Seke. The strategies to be adopted should be born out of an assessment of the true nature of the challenge by subjecting each cultural phenomena cited herein to a rigorous investigation that identifies not only the real forces driving them but also the socio-cultural costs of proposing a zero-tolerance of those forces.

16.0 RECOMMENDATIONS

**Wife Inheritance:**

22. There is need for an awareness campaign to change the mindset of people of Seke from having a negative attitude to wife inheritance based mainly on its potential for family disorganization to its potential for spreading HIV. Targeted intervention should be planned especially for out-of school girls and men.

23. Awareness campaigns on the dangers of wife inheritance should address both formal and informal wife inheritance. The former being a public event and the latter being a private and confidential relationship developing between the widow and a male relative of the deceased husband.

24. Besides awareness campaign that seeks to make people of Seke realize the dangers of wife inheritance to spreading of HIV, the intervention should also tackle wife inheritance as a cultural practice that dehumanizes women and reduces them to property of men to be passed on from one man to the other.

**Polygamy:**

25. Efforts to reduce the spread of the virus in Seke should seriously address the issue of gender inequalities which results in the socio-economic and cultural subjugation of women by men to an extent where women embrace polygamy as a panacea to their problems thereby increasing the probability of spreading HIV.
26. A program should be put in place to engage women, in-school and out-of-school girls in an exercise that draws a balance sheet of the costs and benefits of polygamy from many angles such as health, social, psychological, economic and others.

27. The campaign strategies to be adopted against polygamy should recognize and also target the so-called ‘small houses’ as repackaged polygamy with similar disastrous consequences as fertile ground for the spreading of HIV.

**Girl Sacrifice for Appeasing Spirits:**
28. There is need for an intervention program that ensures that people of Seke have a full appreciation of the dangers of girl sacrifice from the point of view of both the spreading of HIV and violation of the girl-child’s human rights.

29. There is need to educate the girl-child on the necessity of reporting and the measures one may take to bring the case of attempted girl sacrifice to the attention of authorities. The police could also be enlisted for this campaign.

**Virginity Testing:**
30. Virginity testing could be revived or introduced among the girls of Seke district provided ethical issues are addressed such as seeking the informed consent of participants and so on.

31. The issue of respect for the human rights of the girl-child needs to be considered in interventions designed to promote virginity testing as a weapon against spreading of the virus. Concerns for privacy raised could be dealt with through the introduction of a Caucus of Trusted Elders (CTE) who would be the sole body with the permission for conducting virginity tests upon interested girls. The alternative would be to engage a female medical practitioner who would conduct the tests at agreed intervals or enlist the services of staff of the local clinic.

**Condom Use:**
32. Many respondents were ignorant of precisely when it is necessary to use condoms hence there is need for an intervention targeting the entire community and educating people on circumstance warranting the use of condoms.

33. There are numerous myths on condom use working against efforts to curb the spread of HIV in Seke. It is therefore essential that measures be adopted to counter the myths through engaging the community fully first by way of undertaking a comprehensive study of the myths and drawing up an inventory of the myths and appropriate methods of dealing with them.

34. In focus group discussions held with women and men the issue of making condoms easily available to youths was strongly criticized for promoting promiscuity and pre-marital sex. There is therefore a need to launch an educational campaign justifying the program for ensuring youths’ access to condoms.

**Male Infidelity:**
35. Many respondents did not see a connection between male infidelity and spread of HIV. It is therefore necessary to mount an awareness campaign on the connection between the two.

36. It was noted in focus group discussions that women of Seke were more likely to beat men to infidelity sooner than later. Seemingly, there is need for SAFAIDS to mount a campaign on the dangers of infidelity targeting both men and women of Seke.
Faith and Traditional Healers’ Sexual Involvement with Women Clients

37. Not many respondents saw a connection between the practice of sexual involvement with clients and the spread of HIV. An intervention program is therefore needed for the entire community to foster an awareness of the risks associated with the practice of sexual involvement with clients.

38. Failure to report abuse to authorities was on its own an act frustrating any hopes of bringing the culprits to book and curb the spread of the virus. Therefore SAFAIDS and the local police could join hands to educate women on the dangers of being involved and not reporting the culprits to law enforcement officials.

Gender Based Violence

39. The general thinking among women and men was that only very serious acts of GBV should be reported to authorities. The less serious ones implicitly should pass unreported. This culture of silence only serves to condone the practice. Hence there is need for an intervention program that conscientises potential victims of GBV on the benefits of reporting cases of gender based violence to law enforcement agents. This could involve the local Police.

40. Not many respondents saw a connection between GBV and spread of HIV. It is therefore necessary for SAFAIDS to facilitate a campaign educating people on the connection between GBV and spread of the disease.

Negotiating for Safer Sex

41. Research results indicated that married women could not negotiate for safer sex with their spouses hence they have resigned to whatever fate awaiting them as a result of the promiscuity or infidelity of their husbands. Culturally they did not have any option but just to watch events unfolding before them, for the better or for worse. It is therefore critically important that intervention programs be designed that empower women to view safer sex as their inalienable human right and negotiate for safer sex always, as a strategy for curbing the spread of the virus.

Voluntary Counselling and Testing

42. Respondents noted that there were many constraints to people undergoing VCT, some personal and socio-psychological and others cultural. This situation encumbers the use of VCT as a strategy for curbing proliferation of the virus. It is therefore critically important that SAFAIDS and other Health departments mount a conceited awareness campaign on the significance of people undergoing VCT. They need to address the politics of VCT in depth to convince people that testing supersedes any other consideration that one could engage in.

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(Footnotes)
1 Please note that this group of men was predominantly composed of cultural leaders, that is headmen and faith healers.
2