

SCHOOL OF MISSION AND THEOLOGY

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**SOCIO-CULTURAL PRACTICES AND THE SPREAD OF HIV/AIDS
IN UGANDA: A CASE STUDY OF NYABUBALE SUB-COUNTY
SOUTH WESTERN PART OF UGANDA**

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**A RESEARCH REPORT SUBMITTED TO THE SCHOOL OF
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DEDICATION

I would like to dedicate this piece of work to my parents for their moral support throughout this hard journey.

I also dedicate this piece of work to all my Norwegian friends and all African friends for their constructive academic ideas as well as their hospitality, something that has given me courage to go on during my entire stay in Norway.

Lastly, to my Heavenly Father also who has given me the gift of life and the blessing to accomplish my studies.

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ABBREVIATIONS

HIV	Human Immune Virus
AIDS	Acquired Immune Deficiency Syndrome
NGOs	Non Governmental Organizations
PMTCT	Prevention of Mother To Child Transmission
FGDs	Focus Group Discussions

DEFINITION OF KEY CONCEPTS

Some important concepts used in the study were identified and defined in order to understand and know what they mean in the study. The concepts were defined as follows;

Culture

Is a system of interrelated values active enough to influence and condition perception, judgment and behaviour in a given society. In the study, socio-cultural practices were being assessed to see how they contribute to the spread of HIV/AIDS.

Knowledge

A way of understanding, especially the information gained from education/sensitization. For the case of this study, it was necessary to find out the facts and general information about the causes of HIV/AIDS in the region I chose.

Attitude

This can be defined as a complex mental state involving: beliefs, feelings, values and depositions to act in a certain way. In the study the respondents' attitude towards the risky cultures that cause the spread of HIV/AIDS were found.

Socio-Cultural Practices

These are interactive systems in communities of people (society especially with regard to the traditional and customary practices of a particular ethnic group(s).

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Globalisation affects all areas of human life, with health and the general well being of people included. HIV/AIDS is an epidemic which has exposed the way in which health of the human race has been affected globally.

Many of today's headline insecurities have readily evident connections with globality. Some of these misfortunes strike suddenly. Other insecurities with links to globalization carry on from day to day. Then there are longer term global risks of harm, like those associated with HIV/AIDS and Cultural Destruction.¹

Millions of people have died of HIV/AIDS, however it has been noted that many of these are from Sub Saharan Africa, and many more are still living with it.

Sub Saharan Africa has borne the brunt of this pandemic with two thirds of all cases of HIV in the world, or 24.7 (21.8-27.7) million people being infected with HIV. In Uganda, AIDS or "SILHIMU" was first documented in the district of Rakai in 1982. Since then, infection levels have reached epidemic proportions having spread to all districts of Uganda. To date (2008) in Uganda, up to 350,000 people are believed to have AIDS and 1.5 million people are estimated to be carrying the virus in a country of 28 million people.²

It is of late that people have opened up and most governments, policy makers, development supporters, NGOs and all concerned citizens are joining hands to fight the scourge, help reduce transmission rates, and support the infected and the affected.

The HIV/AIDS epidemic has been considered a fundamental threat to human life and development. It has caused human suffering both directly and indirectly, threatens food security, productivity, human resource availability and development. It may also even jeopardize national and regional security.³

With these dangers of HIV/AIDS exposed, a challenge is still facing nations to fight hard and curb the disease from spreading and at least minimize its effects. To do this however, all the possible ways and behaviours that can lead to infection have to be avoided and if possible dealt away with.

¹ Jan Aart Scholte, 2005. *Globalization, a critical introduction* 2nd ed, Palgrave Mcmillan, 280

² Elly Katabira, 2009. In *psychiatric problem of HIV/AIDS and their management in Africa*, Fountain Publishers Kampala, 2

³ Helen Jackson ,2002. *Africa Continent in Crisis*. Harare; SAF AIDS, 137

Africa in general and Uganda in particular, has some socio-cultural practices which are cited as being among the ways that can lead to the increase and spread of HIV/AIDS. The patriarchal culture in some of these regions, where men always hold the top position in society and all decisions in their hands, has led to the support of the continuation of some socio-cultural practices, which have long been considered barbaric and, in this era of HIV/AIDS, furthering it. These include: widow inheritance, wife sharing, female genital mutilation and child marriage among others. Other socio-cultural practices like polygamy – if partners are not faithful, and circumcision-practices, using the same blade, are equally dangerous.

In traditional Nigerian society for example, there is no separation between laws governing secular and spiritual spheres. What the gods say is sanctioned by society and forms the norms of the community. They cannot be challenged, especially by women. This divinely ordained male dominance constitutes the basis of patriarchal entrenchment in Nigerian culture.⁴

Similarly, Ugandan traditional society is not any different from the Nigerian society. Male dominance is clearly portrayed in all socio-cultural practices in Uganda; the way Ugandan men are respected and defended in marital affairs leaves a lot to be desired. Men have the liberty to have extra marital affairs for example, while women are prohibited, otherwise will be called prostitutes and thrown out of their matrimonial homes.

The above ways should not be ignored, though the most common ways of HIV/AIDS transmission is considered to be through sexual intercourse with an infected person. The extent to which socio-cultural practices influence the spread of HIV/AIDS and what should be done, through cultural changes, to curtail/prevent the spread should be a matter of serious and immediate attention.

1.2 Statement of the Problem

There is always a belief that in order to tackle a problem, you first have to know the cause and then see how to go about resolving it. A number of causes of HIV/ AIDS have

⁴ News 2003, *International Humanist and Ethical union* the World union of Humanist Organisation.

been exposed and different ways to avoid them are equally known to the people. Though often some individual ignore them, generally as a result of cultural norms, however there has been some change. And I will focus on the main objectives which were;

1. To identify the socio-cultural practices that contribute to the spread and increase of HIV/AIDS.
2. To assess the processes through which these cultures are propagated.
3. To try and find out whether people have knowledge, attitudes or behaviours which are considered as a risk to being infected with HIV/AIDS.
4. To establish measures that can be put in place to reduce/prevent HIV/AIDS infection risks.

1.3 Scope of the Study

A lot of publications have been made about HIV/AIDS in different ways, this can be evidenced by the references used in chapter two of this dissertation and a lot of research has been done in different areas. This study however, focused on how Ugandan socio-cultural practices play a role as far as the increase and spread of HIV/AIDS is concerned, and what could be done to help avoid these socio-cultural practices since they are a threat to human life. The study area was Nyabubale sub-county, Bushenyi district, south western part of Uganda

1.4 The Significance of the Study

The study findings will help people realize the role and influence of some of the socio-cultural practices in the spread of HIV/AIDS and, how to 'safely' modify them, or even do away with them, to prevent the spread. The study may help government and policy makers also to come up with new effective, practical and progressive measures to further fight the scourge, since they will be able to get a copy from the library.

It would also help Non-Government Organisations (NGO's) in the struggle against HIV/AIDS, to realize the importance of using culturally based strategies for implementing and evaluating HIV/AIDS prevention.

1.5. Areas and population of study

The study area was Nyabubale sub county in Igara county, Bushyenyi district, south western part of Uganda. The population of study included the village opinion leaders, village chiefs (LC1s), household heads as well as elders who are informed about the socio-cultural practices.

1.6 Sample size and sample selection

Fourty people were interviewed; these were found in different villages of the four parishes that were chosen randomly. However, among these, at least twenty people were interviewed as key informants, these are elders both men and women though there were more men than women due to cultural beliefs as we shall see in the chapters that follow. These were Local Councils and elders.

1.7 Methods and tools for Data Collection

The researcher used questionnaires for quantitative data collection, key informant interviews with the help of interview guides and discussion guides for Focus Group Discussion for qualitative data.

While in the field, population of interest was too high yet the researcher had little time in the field. Therefore, decided that at least twenty of the forty informants should be key informants in order to get the gist of the information needed without wasting time, with unreliable information. On entering the field, the researcher did not have all the names of the local leaders of the area.

And, decided to use one local council leader to give her the names and location of the other elders. The researcher's grandmother played a very big role in connecting her to this local council leader. This was so helpful because it reduced time wastage. While randomly selecting the cultural elders from the names given; the researcher used background information given about them to judge, who would be beneficial in giving clear information about the subject in question.

1.8 Data Analysis

1.8.1 Qualitative Data Analysis

The key informant interviews and Focus Group Discussions were transcribed and analyzed continuously during and after field work each day. The analysis was done around sub-themes of the study and added together to get the general views of the study and make conclusions.

1.8.2 Qualitative Data Analysis

Each interview questionnaire was edited to check uniformity, accuracy, competence and consistence. These were then coded and analyzed. Frequency tables were used to describe the findings and the report was written.

1.9 Challenges of the Study

The researcher faced problems of hydro-electric power shortage. Having gone deep in the villages, most of the time power was off and she had to improvise, using a hurricane lamp which had deem light and her eyes were affected.

In addition to the above, transport in the rural areas was a very big problem, getting a bicycle to the different places used to take hours and it was heavy going. Financial constraints were another problem because the researcher had under budgeted most of the things she needed to use while in the field, but the researcher got more money from her dad to help her carry on with the research.

1.10 Research Questions

- (i) What is the role of socio- cultural practices in the spread of HIV/AIDS?
- (ii) What is the role of traditional cultures in influencing behavioural change?
- (iii) How can the positive aspects of culture be used to combat the spread of HIV/AIDS?

CHAPTER TWO

2.0 Literature Review

2.1 Introduction

A vast literature on HIV/AIDS infection is now available, even in the developing countries, detailing: etiology, symptoms, signs, diagnosis, availability of test facilities and principles of treatment, to mention but a few of the advances made in investigating HIV/AIDS infection. Such books include *Psychiatric problem of HIV/AIDS and Their management*. Meanwhile, new cases of HIV/AIDS infection are being reported daily on an alarming scale! The growing numbers do not appear to be the effect of quality of service being offered. Observation and research point to the various and causal ways, infection is passed on, knowingly or unknowingly from one individual to another, globally.

Research studies would suggest that more effort ought to be directed to possible weaknesses in the already known or promoted methods of prevention and or treatment of HIV/AIDS infection. In this connection much has already been written concerning cultural and collective behavioural practices, as key avenues in the spread of HIV/AIDS infection. This can be evidenced by books like *Aids in Africa Theological reflections and Aids and the Church in Africa*. Certainly, little, if anything, has been done to enforce visible change in cultural behaviour or morals, as an effort to curb the increase of new cases of HIV/AIDS infection.

In many parts of the western world, “culture” and “custom” are used synonymously; this is not so in most developing countries. There, the term “culture” has a wider meaning embodying, as it does “customs, beliefs, etc. “Custom” generally refers to “established and habitual practices. This subtle dissimilarity between the two terms is critical, when applied to cultural practices in defining the spread of HIV/AIDS infection, as will be postulated subsequently.

Mazrui brought this difference out-well when he defined “culture” as: “a system of interrelated values active enough to influence and condition perception, judgment and behaviour in a given society”.⁵

Each culture has certain beliefs about most things or states, including health and disease, that explain how and why the condition obtains. Take catching a cold, for instance. Depending on one’s cultural background, the cold may be a result of a cold draft; a punishment by the gods; bad luck; a supernatural spell; etc. It is only through learning and understanding other people’s cultural views about health and disease, in this respect, can health needs of diverse populations be addressed effectively and meaningfully. Incorporating their traditional medicinal knowledge into modern treatment processes, may be added advantage in the partnership of treatment of HIV/AIDS infection.

Many definitions may be given by different people as far as culture is concerned. However, it is generally believed that culture is the foundation on which health behaviour in general and HIV/AIDS in particular is expressed and through which health must be defined and understood, because culture plays a vital role in determining the level of health of the individual, family and the community. This is particularly relevant in the context of Africa, where values of the extended family and community significantly influence the behaviour of the individual. The behaviour of the individual in relation to family and community, is one major cultural factor that has implications for sexual behaviour and HIV/AIDS spread or control.

Some African cultural practices in general and Uganda socio-cultural practices in particular are looked upon as champions of discipline in society, especially in homes; for example sex before marriage and adultery culturally would never go unpunished. However, there are some socio-cultural practices that expose people’s lives to the risk of being infected with HIV/AIDS.

⁵Ali A Mazrui, 1986. *The Africans: A triple heritage*. Boston: Little, Brown 239.

Tradition and custom are valuable in protecting our heritage and passing on valuable lessons to the growing youth, these are often perverted early to suit the interests of a small group of corrupt individuals. Practices like early marriages, forced marriages, female genital mutilation, and dry sex-practices that expose women to additional suffering and risk, should be outlawed.

2.2 Risky Socio-Cultural practices that can lead to the spread of HIV/AIDS

In Africa some socio-cultural practices are always twisted around to favour the predominantly patriarchal society, but in the end may pose a danger to society generally. Society inequalities in patriarchal societies are the base upon which most of these socio-cultural practices stand.

As with all heavily patriarchal societies, the expectations of men and women are vastly different when it comes to sexual relationships. For women to engage in extramarital relationships is a taboo; men to do so are considered virile.

To prove their virility and power, Nigerian men engage in extramarital sex in the face of HIV/AIDS. The case of Modupe, a young woman from Ibadan, in Western Nigeria, is an illustrative example.

Modupe discovered that her husband was having sex with prostitutes. She did everything within her power to make her husband stop but to no avail. So, for fear of contracting venereal disease and HIV, she decided to stop having sex with him. Her husband reported her to the elders of his family. Modupe was asked to choose between divorce and satisfying her husband's sexual demands. Modupe insisted that she would not have sex with him unless he stopped seeing other women. The elders asked her to leave. She did, and her former husband remarried two months later. To add to Modupe's suffering, her mother also castigated her for bringing shame to the family. Few women would have the courage to face such a situation.⁶

I agree with the International Humanist in the News, because most women in Uganda would rather suffer silently than see them leave their husbands despite their infidelity in the face of HIV/AIDS. This is more so because most women in Uganda depend on their husbands, that is to say they have no income to sustain themselves. It is really sad but life goes on anyway.

⁶ News 2003, *International Humanist and Ethical Union* the World union of Humanist organisation

A number of commonly observed socio-cultural practices are now recognized as being directly responsible for the spread of HIV/AIDS. These include among others:

(a) Widow inheritance

A widow marrying a kinsman of her late husband, often his brother is a common socio-cultural practice in Africa. In Uganda, it is mainly practiced by the Luo people and it is meant to be serving as a relative proportion for social protection and control over the widow and her children. The widow is obliged to accept the man put forward by the family, with no real prospect of turning him down since bride wealth was paid by her late husband.

The practice of the levirate (inheritance) of a widow by her deceased husband's brothers is still cited in some parts of Africa. In Zambia and Zimbabwe, a woman is supposed to become the brother in-law's wife and this does not take into consideration whether the husband died of HIV/AIDS or not!⁷

Another widow also reported that,

After my husband's funeral his relatives in the village gathered around the fire at night and they told me that I had to choose one man as my husband in the clan. I told them that I am an HIV positive and so I could not marry any of them, but they did not believe me. They thought if I were not inherited, my husband's ghost would come back and haunt them. Said Jacqueline ⁸

However a new bill on marriage and divorce in Uganda, wants to ban widow inheritance and once this is passed all tribes in the country will have to abide by it.

(b) Widow Cleansing

This is the assumed pacification of a woman after the death of the husband; it is believed to drive away the demons of the husband. In Zambia, a widow has to have sex with the brother in law in a similar cleansing ceremony. In a widow cleansing ceremony in Lesotho, a widow is expected to sleep with a man chosen by the community or herself, and similarly in Zimbabwe. This is done to mark the end of her mourning ceremony.⁹

With the above, one realizes that socio-cultural practices are accountable for the spread of the killer disease.

⁷ Helen Jackson, 2002. *Africa, Continent in Crisis*, 138

⁸ Kadowe, Kaleeba and Williams Kalinaki 2000. *Open Secret*, London: Oxford University Press, 28

⁹ Helen Jackson, 2002. *Africa Continent in Crisis*, 139.

Women are further exposed to the risk of HIV/AIDS by particular rites and customs...Nigerian women are also exposed to health hazards, including the risk of HIV/AIDS infection, by the rites they must perform at the death of their husbands. These religious rites are considered to be important in easing the journey of the soul of the departed to the next world. The widow's head is shaved with an unsterilized razor. She may be forced to marry a relation of her late husband, who may not have undergone an HIV/AIDS test.¹⁰

The head of the widow and the orphans are still shaved in Uganda today, and this is practiced mainly by the Banyankole people of Nyabubale in Uganda. It is a sign of mourning. Although some of the African cultural sexual practices may seem strange for other people, their philosophical basis and metaphysical significance are part of a broader concept of the universe by the people who practice them.

(c) Initiation Rites

These are formalized socio-cultural practices (rites of passage) as an individual moves from stage to stage. Transition from childhood to adulthood, involves many procedures. These could be public or private and or painful and difficult before the initiate can be accepted as a real man or woman in a community.

These are believed to initiate children to adulthood, manhood for the case of the boys, and womanhood for girls. In some cultures the ceremonies go along with sex encounters i.e. in some parts of Malawi, when the girl is being trained to become a wife, she has to have sex with an anonymous man selected from the community.¹¹

(d) Wife sharing

This is where a woman is not for one man in society, so she is shared by the society culturally.

The practice of women sharing is based on the concept that it is the woman's duty to accept sexual intercourse with any man from the community who request it. A Yao woman should never say no to a request for sexual intercourse, because sex is a free gift from God. Among the Yao tribes of Malawi, Tanzania and in Swaziland it is an accepted practice that a woman must always have three stones (men) to sustain her. The woman must ensure that the three men never know one another. Among Zaramo tribes in Tanzania, the practice of sharing wives among

¹⁰ News, The International Humanist: 2003, Women in Nigeria: *Religion, Culture and Aids* , 2

¹¹ Helen Jackson,2002. *Africa Continent in crisis*, 142

all men of the same generation is practiced; sharing of a wife among sibling men is also common among the Ankole tribe western Uganda.¹²

People should inculcate the will to abandon these disease perpetuating ways, through counseling preferably, otherwise HIV\AIDS will continue claiming masses in Africa.

(e) Polygamy

This is a situation where by a man can marry more than one woman. And in case one partner is infected, all the rest are at the risk of getting the disease. Sex is the main means of infection by HIV virus. Women's susceptibility is correlated with the religious cultural demands of society with regard to sexual relations.

Both traditional and Islam allow polygamy and women cannot expect fidelity from their husbands. Even Christianity, while emphasizing marital fidelity and monogamy, expects the submission of women to their husbands.¹³

This is a matter of how one examines one's conscience in the areas of fidelity and self-respect and the esteem in which you hold your creator, if you believe in Him.

(f) Female and male circumcision

In some cultures, circumcision is part of the initiation package. This practice in some areas is still done in a traditional way, i.e. using the same knives or blades. This is a very important stage in an African's life. Mbiti had this to say,

The second major point in the life of the individual comes when a young person goes through the initiation period. Not all African peoples mark this period with outstanding ceremonies, but most of them give it a special recognition...One of the main rites is that of circumcision for boys and clitoridectomy for girls. This is practiced in many parts of Africa, and is highly treasured in traditional life.¹⁴

As a researcher I would say that where it is practiced, I have never thought of circumcision as meritorious; as for clitoridectomy I think it is a senseless deprivation of sexual pleasure in women by men because of fear of losing their women to other men.

The same men would go bizarre if they suddenly find themselves impotent.

Women are further exposed to the risk of AIDS by particular rites and customs. The most shocking is the genital mutilation. Enforced as a check on women's promiscuity, and often justified as part of Islamic tradition, these horrific

¹² Helen Jackson,2002. *Africa Continent in crisis*, 5

¹³ News 2003, International Humanist: Women in Nigeria: *Religion, Culture and Aids*, 2

¹⁴ John S. Mbiti,1977. *Introduction to African Religion*, Whistable Litho Ltd , 91

operations are often carried out by local 'physicians' using unsterilized instruments.¹⁵

Such operations in themselves carry considerable danger to the girls' health. The implications for the spread of HIV/AIDS need not to be spelt out. Further, as a check to the spread of aids these practices should be proscribed.

Among the Bagishu of Eastern Uganda, it is believed that once a boy is circumcised, he becomes a true Mugishu and a mature person referred to as *Musani*. An uncircumcised Mugishu man is called a *Musinde*, meaning timid and the community will hunt such a person until he is forced to do it. This is a public ritual among the Bagishu of Uganda. However the unsterilized instruments used for circumcision pose great danger to people's lives.

(g) Sorcery

Fundamentally, a sorcerer is someone who begrudges the life of a fellow human being, whose life-force the sorcerer consumes. So, to the extent that someone approaches his fellow man with hatred, envy, jealousy, lies and the like, he or she is a potential sorcerer. Nowadays, sorcery in sub-Saharan Africa is often understood in a very limited way so that its actual meaning is no longer grasped.¹⁶

I do not agree with this definition because envy or hatred with no practice of witchcraft cannot be equated to taking someone's life. As regards general beliefs of the unformed, I am more in agreement with Sarpong who wrote that in the case of the HIV/AIDS, many societies in Africa attribute it to witches.

Some believe that since it is a kind of epidemic, it must be due to our sinfulness, which causes the Supreme Being to react to our unfaithfulness in such a drastic way. Many people believe that HIV/AIDS is the result of human beings' deliberate or inadvertent breaking of taboos of the society. The idea of infection through sex, often indiscriminate, is there alright but it is not too much emphasized.¹⁷

(h) Traditional healing practices

Medicine men/women are found in every African society and village. They carry out the work of healing the sick and putting things right when they go wrong.

¹⁵ News 2003, International Humanist: Women in Nigeria: *Religion culture and AIDS* , 4

¹⁶ Bujo Benezet and Czerny Michael, 2005. *Aids in Africa Theological reflections*, Paulines Publications Africa, 72

¹⁷ Peter Abp. K. Sarpong, 2005. *Aids and the church in Africa Jesuit AIDS network*, 44

Their knowledge and skill have been acquired and passed down through the centuries. Since in every homestead and every village people fall sick or meet with accidents and misfortunes, medicine men/women are considered to be extremely important.¹⁸

These practitioners could be useful to society, if they are accorded relevant training in their practice. However we all have to remember that no cure has been discovered as yet as far as the epidemic is concerned, though these traditional healers could be useful in offering medicine which eases pain.

Medicine men/women and their healing would not have been a big threat to people's lives, but in this era of HIV/AIDS epidemic, extreme caution must be exercised. Traditional healing practices where a single razor blade is likely to be used on several patients to administer local medicine, will increase the spread of HIV/AIDS. Because rural areas are usually so remote from any medial centre, and medical facilitation so inadequate any way: HIV/ AIDS, death and sickness are all often blamed on witchcraft or superstition in several rural communities in Jinja, district Eastern Uganda.¹⁹

I agree with Kizito in this respect; and that even deaths caused by HIV/AIDS are attributed to witchcraft or superstition. From my own observation and information, what is true of Jinja district, is true of Nyabubale sub-country in this regard. The people there lack proper information about HIV/AIDS infection.

Other risky cultures include dry sex, which besides causing irritation, puts one at a risk of being infected with HIV/AIDS, and other sex transmitted diseases, if the other partner is infected.

The practice of 'dry sex', one of the rites of passage into adulthood, is demanded by men to ensure that there is less lubrication, to render the vagina as small as possible. This is practiced in Lethoso, Swaziland, Zimbabwe, Malawi, Zambia and Tanzania rites of passage named 'washing': in which boys and girls aged 11-15 are required to sleep either with an old lady (boys) or an old man (girls) chosen by the community for the purpose.²⁰

¹⁸ John S. Mbiti, 1977. *Introduction to African Religion*, Whitstable litho ltd, 150

¹⁹ Kizito E, 2004. *International Conference on AIDS*, Bangkok Thailand, 1

²⁰ Malungu N.2005. *Contact Tracing is Problematic in Light of some existing Cultural Sexual Practices*. Electronic letters published, 2

(i) Secret Practices

In Africa, peoples love for their family members is so great and good, but in this era of HIV/AIDS has to change for the good of the infected, if his\her health is to be put as a priority then those around the infected must know so that they can offer the necessary assistance.

Often people are quiet on contagious disease e.g. HIV/AIDS which could be prevented from spreading if mention of them had been made in time. Traditionally, in many African societies, certain diseases are considered unclean and shameful. For this reason, relatives tend to hide the fact that those who are dear to them have contracted such a disease. An example of this is leprosy. It has been known that some of our people have hidden the fact of a contraction of leprosy by their relatives until their condition become so bad that the damage had been done. If they had revealed the fact earlier, something could have been done to stem its spread and devastation.²¹

(j) Other unmentionables are institutionalized vindictiveness and vendettas

This principle has, unfortunately, given impetus to some people to spread HIV/AIDS. In some societies, realizing that the opposite sex has given the HIV/AIDS virus to them, some decide in revenge to inflict as many people as possible with the same scourge. Hence, a man being told that he is HIV-positive, in anger at women in general, would go from place to place seducing women to sleep with him. The same happens when it is the woman who is the victim.²²

Many people become heartless when they get infected; this has also caused such great danger to many innocent people. The question is, with such hearts that will be saved from this infectious disease? If love that Christ preached should be preached, such is the time.

All these traditional practices backed by social norms are designed to subjugate the female, who is ever the remain subservient, so that the male asserts his manhood and control over all relationships. Thus culture inculcated the will to obey without question early in the female.

²¹ PeterAbp.K. Sarpong, 2005. The cultural practices influencing the spread of HIV/AIDS in Michael F. Czerny *AIDS and the church in Africa* Jesuit AIDS network; 44

²² Peter Abp Sarpong ,2005. The cultural practices influencing the spread of HIV/AIDS in Africa, 45

The rigid implementation of traditional practices given above, allows men to buy as many women as they can as long as they can afford.²³

This is risky as far as HIV/AIDS goes. While men are encouraged to be promiscuous, even in marriage, women are expected to remain faithful.²⁴

This is a common thing in most African societies; women suffer silently!

Discussions of sexuality are considered indecent for girls and women. Throughout their lives, women are expected to bear suffering and humiliation in silence. Right from the cradle, this is the life in which girls are groomed and indoctrinated. Thus, from fear of castigation, rejection and shame, most women suffer from venereal diseases, including HIV/AIDS. Women sacrifice a lot to keep the sanctity of marriage, to avoid rebuke, dishonor and the disgrace of divorce; a successful marriage means, in effect, providing sex whenever their husbands demand it.²⁵

In Lango region in northern Uganda, the Tweyo-Law, an ancient ceremony, is supposed to be performed for young married women as they are being initiated in their husband's class; and; women have to appear in their nakedness. This ceremony also subjects them to some insults from the husband's relatives.

Besides being rebuked publicly, it is during this ceremony that a woman is informed that Lango culture accepts polygamy and therefore one has to be prepared to welcome other wives a husband may choose to marry later²⁶

Accepting and adhering to such cultures is now a risk because of the presence of HIV/AIDS. A man who marries more than one wife is putting his family at a risk of being infected by HIV/AIDS.

2.3 What can be done to Reduce/change these risky cultures?

Before the HIV/AIDS problem can be tackled effectively in Sub-Sahara Africa, the cultural and social attitudes that promote the spread of AIDS need to be changed, because culture has shown to have both positive and negative influences on health behaviours. Indeed, culture is often shown to be a factor in the various ways that HIV/AIDS has

²³ Irin News, 2003. *Elements of Traditional Culture, Female Roles and the spread of HIV in Kenya, Uganda, Tanzania, Arusha.*

²⁴ Africa online, 2003. *Traditional Culture spreading HIV/AIDS in East Africa Arusha.*

²⁵ News, 2003. *International Humanist: Religion, Sex, and the Status of Women ,2*

²⁶ Alice Emazu, 2004. "Unveiling Longo's mysterious cultures" The New Vision ,Kampala

impacted on African population. These factors are the product of beliefs and values regarding sexuality.

The pervasiveness of different myths as misconceptions of values that lead to risky behaviours, relationships and harmful cultural practices vary from society to society. Cultures, traditions, beliefs and values are dynamic, changing over time and they can be influenced in positive ways. Sensitive approaches are required to promote discussions and involvement. Initiating change does not mean abolishing particular practices but merely changing the demanding elements while retaining the over all custom.

In general, one can say that traditional Africa cares for strong discipline. A clear case in point is initiation, whose purpose is to prepare young people for the whole of life. Among many peoples, the process of initiation was associated with harsh physical and mental practices. These taught the young person that life itself is harsh and only to be mastered through self-control. This self-discipline touched on many things, among them sexuality itself, which demands a self-mastery throughout life. From this point of view, one can understand why marital infidelity, sexual offences and other misdeeds carry a severe punishment that can go as far as mutilation.

Up-bringing was not only achieved through discipline; the latter was in turn supported by taboos, proverbs, fairy tales and such like. Here we will only go into the thinking behind taboos since they play a huge role in the areas of sexuality.

First of all, taboos certainly do not belong only to an archaic, naïve way of thinking. Rather, they are often an important stage which leads one into womanhood or manhood. There are taboos which forbid sexual intercourse during certain times in marriage. The injunction against sexual intercourse during menstruation or pregnancy, after birth and while nursing, is well known. Equally forbidden, at the same time, is martial infidelity. The grounds for the taboo are, admittedly, not always rationally understandable, for example, the warning that the man will become impotent or the child will die. In actual fact, it is a matter of showing mutual respect between husband and wife.

This is true particularly for the husband who should care for his wife and should appreciate her value anew even in difficult times. So, he may not have sexual intercourse after the birth and during nursing, when the mother should first of all be recovering from the birth and then devoting herself totally to the new-born child. To sum up, the taboo seeks to lead the couple to an ever greater awareness, outside of sexual relations, of their mutual worth. The self-discipline learned in the initiation comes into its own here.

Not to be underestimated is the custom – so ridiculed in the West but prized in many ethnic groups in Africa – of preserving the woman’s virginity before marriage. Nothing justifies doing away with this practice as obsolete. In the tragic current situation of the sub-Saharan continent, it is a matter of survival and an ancient, proven practice should not simply be labelled as primitive in the name of Western modernity, since it provides a modicum of protection against HIV.²⁷

Culture is not static at all and it is liable to change any time depending on a given context and situation.

In practice theory, it is emphasized that routines are embedded. However, contrary to the essentialist approaches, culture is not in our minds, only in our routines and practices. Our practices are routines, our bodies are socialized in the societies in which we have grown. However practice is changeable and possible to negotiate.²⁸

Over-all, I am in agreement with Øyvind Dahl. The conclusion here is a product of sequence, for we can always make changes in our lives as it so fits for our own good. Fearing any change is being naive in this era of HIV/AIDS, since its people who put those practices they can still be revised for our own good. Instead of change being threatening to people, they can also share in the benefit of change and promote it.²⁹ I do not agree with Jackson, because the threat precedes the benefit and foils any change of promotion. Opening up and sensitization can be part of problem solving. Discussing issues in reality is equally positive. Moderation would be an asset.

We must recognize that early marriages per se offer no protection against the infection. They instead put young women at enhanced risk, unless men are prepared to commit themselves to a completely monogamous relationships.³⁰

²⁷ Benezet Bujo and Michael Czerny, 2007. *Aids in Africa Theological reflections*, 74-75

²⁸ Øyvind Dahl, 2006. *Bridges of Understanding perspectives on Intercultural Communication*, Oslo Academic Press, 17

²⁹ Helen Jackson, 2002. *African Continent in Crisis*, 136.

³⁰ Nafis Sadik, 2000. *African Development Forum*, Addis-Ababa: Longman, 20

In principle, I agree with Nafis Sadik. Such realities have to be emphasized to make people know the truth and change accordingly. Secondly, as change is being advocated for in Sub Saharan Africa, the perspective of the people in Africa has to be understood because;

The biomedical perspective of western medical systems focuses more on the objective, physiological process of disease while non-western medical systems tend to focus more on the subjective aspects of illness.....Previous cultural beliefs about health and illness fade and new ones are acquired through acculturation, become more prominent....It is however assumed that people are still embedded in their cultures. .³¹

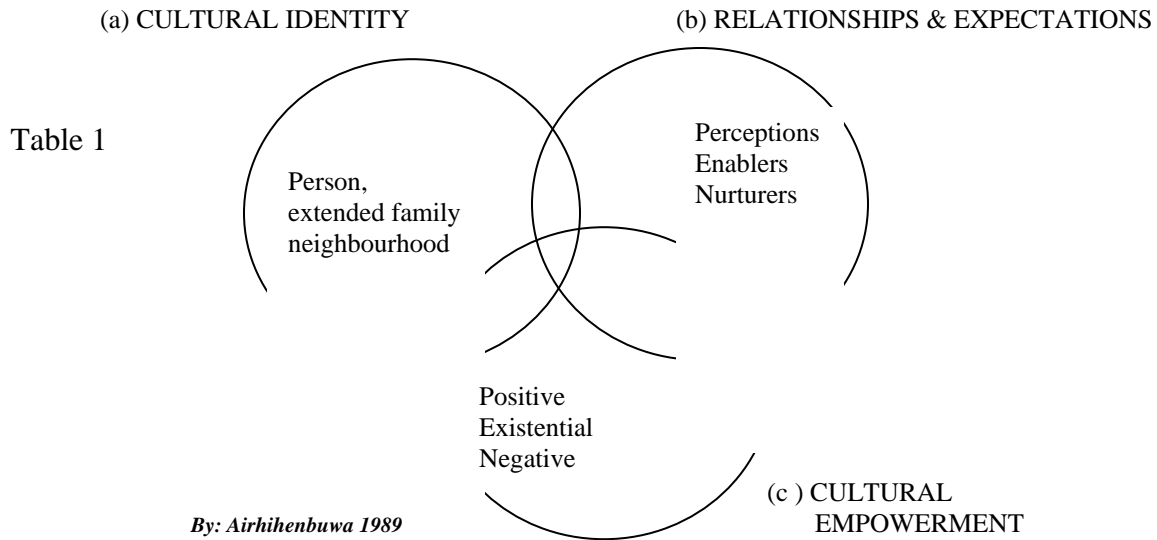
Such a reality cannot be underestimated in the fight against HIV/AIDS. This is an important point to note I completely agree with Kim Witte. Leadership and mobilization can also be considered vital as far as renewing socio- cultural practices is concerned. There are some areas in which traditional leaders could show true leadership. As custodians of many of our traditions, they could develop and spread an understanding of principles that lie behind our traditions, so that those principles can be maintained, while unhelpful practices are discarded.

2.4 A Way Forward for Health in Africa

Airhihenbuwa in his journal *Social Aspects of HIV and AIDS* journal alliance suggested that; in order to help the African peoples improve their health, their culture, language, way of living and beliefs have to be understood. Airhihenbuwa formed a cultural model to address the health behaviour of African collectiveness rather than their individuality as a possibility for solving health problems of Africa in future, in this era of HIV/AIDS.

³¹ Kim Witte, 1991, Role Culture in Health and Disease in Larry A. Samovar, Richard E. Porter *Intercultural Communication*, Palgrave McMillan, 200

CULTURAL MODEL



1. Using Table 1 above; Airhihenbuwa argued that, relationships and expectations, conventional individual- based models of behavior change tend to focus on perceptions, resources and influence of family and friends in making health related decisions. The above figure focuses on the same characteristics of behaviour, but from the point of view of how culture defines the roles of persons and their expectation in family and community relationships. With this, personal actions are examined as functions of broader social cultural contexts.

The construction and interpretation of behaviour are usually based on the interaction between the perception we have about that behaviour, the resources, and institutional forces that enable or disable actions and the influence of family, kin, and friends in nurturing the behavior. The three categories of relationship and expectation being:

- a. Perception: In this component, is the knowledge/belief that HIV causes AIDS and the knowledge/belief that HIV/AIDS is a problem of Africans.

b. Enablers: Resources and Institutional support availability of services such as drugs for treating HIV an example of such could be antiretroviral (ARV) therapies and a culture of activism that have led social movements to force drug manufacturers to reduce prices of AIDS drugs so that even Africans in remote areas can afford them.

c. Nurturers: supportive family members and friends who encourage the sick to eat and take the drugs and discourage him/her from things such as Alcohol. The culture of caring for the sick at home is needed on the one hand; on the other hand a patriarchal practice of subjecting a widow's autonomy to the authority of her in – laws, as in wife inheritance or marriage rules and expectations after the husband's death have to be discouraged. (Airhihenbuwa 2004, 7-9)

I agree with what Airhihenbuwa wrote in (1a) and (1c) above, however I do not agree with what Airhihenbuwa wrote in the statement quoted under (1b) above, sub heading enablers, with the situation on the ground, for the following reasons:

- a) Since chemical synthesis and biotechnology are denied to low investment research manufacturers in developing countries, Uganda amongst them, finished pharmaceutical products are imported only by a few and, at prohibitive prices. Only a few can afford to buy them.
- b) The relaxation of import controls favours only pharmaceutical manufacturers with unlimited production capabilities.
- c) The limiting effects of the World Trade Organization (WTO) Agreements, Trade Related Aspects of International Property Rights (TRIPS) policies of 1994 have placed the peoples of Uganda in beggar positions for effective pharmaceutical finished products.
- d) Increase in scale, as a result of globalization and its consequences, have left their mark too!
- e) Controls now imposed on Good manufacturing Practices (GMP) – a good thing in itself – adds extra burden on the manufactures meager incomes. Many have now closed shop.

None of the points just raised favour ease of availability of anti HIV/AIDS drugs let alone their affordability! It is no comfort to point out that the pricing is dictated by the affluent pharmaceutical manufactures, whose ultimate desire is to make a profit on everything they sell. No, I do not concur with Airhihenbuwa, because I do not agree that culture of activism has led social movements to force drug manufacturers to reduce prices of AIDS drugs so that even Africans in remote areas can afford them.

My reasons are that among the factors that are important, the prices of drugs, the cost of treatment in order to achieve the required outcome cannot be afforded. People's income and the financing mechanisms vary a great deal and they determine their ability to afford drugs.

Studies show that a large number of people in the third world have no access to these drugs that have been prescribed for them due to lack of purchasing power.

Faced with this situation, State and Church in Africa are trying hard to give people hope again. Many obstacles lie in their path, poverty being one of the greatest. I am in full agreement here; and "Concretely regarding AIDS, every member of the community and especially every Christian in the Church as family is responsible for promoting or checking the spread of the disease. Not only a well-ordered sexual life, but every right behaviour, every good world, are an important contribution to the health of the community and the church as family³²

All in all, the existing literature could not embody all variations in cultures; consequently, it could not be generalized; hence the need for the present research study. However HIV/AIDS as a disease, is a common enemy that needs joining hands, regardless of differences in social economic backgrounds.

Finally, this means that the problem of AIDS will find a durable solution only when the African community shows consideration for all its own members, and when, in addition, the world community is ready to address all issues – particularly in relation to the people of the South, first and especially in Africa the most exploited – with justice and letting love prevail.³³

³² Benezet Bujo and Michael Czerny, 2007. *Aids in Africa Theological reflection*, Paulines Publications Africa, 76-77

³³ Benezet Bujo and Michael Czerny, 2007. *Aids in Africa Theological reflection*, Paulines Publications Africa, 76-77

Love for one another, will help in the genuine fight against this killing epidemic, which has claimed masses of even the young and innocent generation. Many ways have been applied but also;

Mainstreaming HIV/AIDS into biblical and religion studies, is one way of unifying a joint venture. Several ways in which this can be done are available, but key to this is:-

to discover and generate the theology that is contextually relevant to our time... whatever methods we adopt, they should address some of the above-mentioned problems that are precipitated by HIV and AIDS, and contribute to prevention, provision of quality care, elimination of both the HIV and AIDS stigma and HIV and AIDS discrimination, and the minimization of the wide-reaching impact of the epidemic.³⁴

Lastly in the book *Psychiatric Problem of HIV/AIDS and their Management in Africa* by Seggane Musisi and Kinyanda Eugene, I am in agreement with their views that;

Stigma is a consequence of being infected or effected by HIV/AIDS; and its management is problematic in mental cases associated with HIV/AIDS. These issues include pain control in HIV/AIDS use of psychotropic drugs in manifest mental illness in HIV/AIDS patients and the special problem of drug-drug interactions with ARVs. Many psychiatrists will also appreciate a down-to-earth description of the ARVs themselves and their adverse euro psychiatric effects, which may produce mental health problems e.g. delirium, mania, etc.³⁵

³⁴ Wekosi Dube, 2008. *The HIV and AIDS Bible*, University of Scranton Press, 66

³⁵ Eugene Kinyanda and Seggane Musisi, 2000. *Psychiatric Problems of HIV/AIDS and their Management in Africa*, pg xvi

CHAPTER THREE

3.0 PRESENTATION OF RESEARCH FINDINGS

3.1 Introduction

The findings were presented according to the study objectives, that is the socio-cultural practices contribute to the spread and increase of HIV/AIDS; how these cultures are carried out in societies, people's knowledge; and attitudes on other behaviours that increase the risk of one catching HIV/AIDS, apart from the socio-cultural practices; and lastly information on measures that should be put in place to reduce these cultures or stop them.

3.2 Brief Information on the Study Area

Nyabubale sub-county is found in Igara County in Bushenyi District, south western part of Uganda. The town council lies at the borders of the sub-county in the east. Kakanju in the north and Kyamuhunga sub-county in the west. It is composed of the following parishes, namely: Kahungye, Kashenyi, Kizinda, Nkanga, Nyarugote and Nyabubale. The sub-county is made up of eleven villages (Local Councils) with over 35,000 people living in them. Farming is the major economic activity in which the majority of the locals engage in. This is mainly done on a small scale for subsistence purposes and a little is always sold for income. The crops mainly grown include bananas, millet, beans and tea. Some people also keep animals, which include cows and goats.

3.3 Findings

3.4 General Characteristics of the Respondents

Given below are tables 1,2,3 and 4 showing the general characteristics which were: Age, Sex, Marital Status and Educational Level. These were thought to influence the respondent's perception of socio-cultural practices and the spread of HIV/AIDS in Uganda and Nyabubale sub-county in particular.

3.5 Age

The researcher wanted to know different views from different age groups, as each of these groups had their own perception of the socio-cultural practices and the spread of HIV/AIDS in Nyabubale sub-county.

Table 1: Age of Respondents

Age	Interviewee	Percentage %
15-20	4	10
21-30	7	17.5
31-40	11	27.5
41-50	9	22.5
51-60	6	15
61-above	3	7.5
Total	40	100

According to table 1 above 27.5% (11) were the majority of respondents, then 22.5% (9) came second followed by 17.5% (7) and 15% (6) respectively. The youth and the elderly who made up 10% (4) and 7.5% (3) respectively, rounded off the total.

3.6 Gender

Sex of respondents was a very important sector, as men and women have got different attitudes towards the socio-cultural practices and the spread of HIV/AIDS.

Table 2: Sex of Respondents

Sex	Interviewee	Percentage (%)
Male	25	62.5
Female	15	37.5
Total	40	100

According to table 2 above, the gender of the respondents was not balanced. Males dominated the survey with 62.5% (25) to females' 37.5% (15)

3.7 Marital Status

Marital status was also considered during the study, as married couples had different views or attitudes since they have had experiences with socio-cultural practices and the spread of HIV/AIDS. Those that are not married had their own views as well.

Table 3: Marital Status of Respondents

Marital Status	Interviewee	Percentage (%)
Married	25	62.5
Single	15	37.5
Total	40	100

Table 3 above shows the majority of the respondents 62.5% (25) were married while 37.5% (15) of them were single.

3.8 Education

The researcher wanted to find out the influence of educational level of the respondents since in most cases the views of the educated differ from those who are illiterate.

Table 4: Education Level of Respondents

Education Level	Interviewee	Percentage (%)
University	4	10
Tertiary Institutions	7	17.5
A' Level	6	15
O'Level	6	15
Primary	10	25
Illiterate	7	17.5
Total	40	100

According to the table above, the percentage of those with tertiary level education was equal to the percentage of those with no education (illiterate) at 17.5% (7); the percentage of those with Ordinary level of education and those with Advanced level of education

tied with 15%. University level was the lowest with 10%, while primary level was the highest with 25%.

3.9 Socio-Cultural Practices that are Associated with the Spread of HIV/AIDS

The researcher wanted to find out the respondents' views on socio-cultural practices that are associated with the spread of HIV/AIDS. The respondents' responses are shown in table 5 below.

Table 5: Socio-Cultural Practices that are Associated with the Spread of HIV/AIDS by the Respondents

Responses	Interviewee	Percentage (%)
Polygamy	7	17.5
Wife sharing	5	12.5
Early marriages	3	7.5
Using unsterilized traditional instruments	4	10
Widow inheritance	4	10
Blood relationships	3	7.5
Belief in traditional healing & protection	5	12.5
All the above	9	22.5
Total	40	100

From table 5 above, it was realized that most of the socio-cultural practices listed above: polygamy, wife sharing, early marriages, using un-sterilized instruments, widow inheritance, blood relationship and circumcision are the major risky socio-cultural practices through which HIV/AIDS is spread (22.5%).

The percentages of those that are attributed with the spread of HIV/AIDS are: polygamy was 17.5% (7) wife sharing 12.5% (5) widow inheritance 10% (4), early marriages 7.5% (3) un-sterilized instruments 10% (4) blood relationships 7.5% (3); belief in traditional healing and protection were equal with wife sharing possibly because the two practices are common among the Banyankole, the ethnic group of this area of western Uganda.

3.10 Knowledge and Attitudes of other Behaviours that Increase the Risk of Getting HIV/AIDS.

The researcher wanted to find out whether the respondents were aware of any other dangerous behaviours that can spread HIV/AIDS. The responses that were given are indicated in table 6 below.

Table 6: Respondents' Knowledge and Attitudes on Risky Behaviours that Increase the Spread of HIV/AIDS

Responses	Interviewee	Percentage (%)
Prostitution	12	30
Unsafe blood transfusion	7	17.5
Use of un-sterilized instruments e.g. syringes	4	10
Mother to child transmission	3	7.5
Unfaithfulness	8	20
All the above	6	15
Total	40	100

From table 6 above, it is observed that 30% (12) believe that prostitution is the major cause of HIV/AIDS spread, followed by 20% (8) who attribute AIDS spread to unfaithfulness, then 17.5% (7) who said AIDS spread is through unsafe blood transfusion, while 10% (4) and 7.5% (3) said AIDS is transmitted through use of unsterilized instruments and mother to child transmission respectively, but 15% (6) were in support of “All the above” views.

3.11 Measures for Reducing Cultural Influences and Spread of HIV/AIDS

The researcher asked the respondents to mention the measures that can be used to reduce the socio-cultural practices that influence and the spread HIV/AIDS. They gave their responses as shown in table 7 below.

Table 7: Respondents' Views towards Reducing Cultural Influences and Spread of HIV/AIDS

Measures	Interviewee	Percentage (%)
Discourage widow inheritance	10	25
Monogamy support	7	17.5
Counseling and guidance	6	15
Promotion of girl child education	6	15
All the above	11	27.5
Total	40	100

From the table above, we see that 25% (10) of respondents agreed that widows inheritance should be discouraged, 17.5% (7) said monogamy should be encouraged, 15% (6) were pro-counseling and guidance services, while 15% (6) wanted the promotion of girl-child education. However, 27.5% (11) of respondents believe all the above methods should be encouraged.

3.12 Other ways of curbing HIV/AIDS as Pointed out by Respondents

Table 8 shows some of the other ways/methods that were pointed out by respondents in an attempt to curb HIV/AIDS. However, different groups of people preferred a particular method as noted below.

Table 8: Respondents Views on other ways of Reducing the Spread of HIV/AIDS

Other Measures	Interviewee	Percentage (%)
Abstinence	8	20
Loving Faithfully	10	25
Sensitization	4	10
Voluntary testing	6	15
Condom use	7	17.5
All the above	5	12.5
Total	40	100

With the above table, the majority 25% of respondents preferred being faithful, 20% opted for abstinence, 17.5% suggested condoms, 15% preferred voluntary testing, 10% wanted sensitization while 12.5% said all the above methods.

3.13 Conclusion

This chapter has presented and described the research findings or data as collected from the field. The next chapter will therefore interpret the data presented in chapter three above.

CHAPTER FOUR

4.1 INTERPRETATION OF THE RESEARCH FINDINGS

The purpose of the study was to identify the risky socio-cultural practices that have contributed to the spread and increase of HIV/AIDS in the area, assess the processes of how these socio-cultural practices are carried out, find out people's knowledge and attitudes on other behaviours or ways that increase the risk of one catching HIV/AIDS and then establish measures that can be put in place to reduce HIV/AIDS risks by these cultural practices or do away with them.

The previous chapter dealt with presentation and description of the study findings. This chapter interprets findings in the light of the hypothesis, variables and the objectives of the study. In this chapter therefore, various instruments stated in chapter three will still be used for easy interpretation of data.

4.2 General Characteristics of the Respondents or Social-economic Characteristics of the Respondents

4.2.1 Age

With reference to table 1 in chapter 3, 3.5, the respondents above, 20 were all village elders who were chosen purposely because they had more knowledge on how the socio-cultural practices were carried out. The rest of the respondents were randomly chosen or selected, for the researcher to see whether there would be similarities and differences in the information given for good analysis of data.

4.2.2 Gender

Table 2 in chapter 3, 3.6 shows that the gender of the respondents, that is both male and female, were all represented though it was not on equal basis. However, these figures were not predetermined since the respondents were chosen randomly and the male were more open and easier to interview.

4.2.3 Marital Status

According to the study findings on marital status, presented in chapter 3, 3.7, both the married and the unmarried (single) were represented though the number was not equal, not because the researcher wanted the married to be more than the unmarried, but because among the Banyankole in Nyabubale subcounty, men are the ones who talk about sexual issues publicly.

4.2.4 Education Level

The study findings in table 3, 3.8 on the education level of respondents can be interpreted that since most of the respondents had at least attained some education, therefore they were more likely to come across information on the risky socio-cultural practices in particular and in general; hence they were aware of most issues on this topic.

4.3 Socio-Cultural practices that Are Associated with the Spread of HIV/AIDS

With reference to table 5 in chapter 3, 3.9, the responses obtained varied. The highest percentage was 22.5% given by respondents who said that polygamy, wife sharing, early marriages, use of unsterilized traditional instruments, widow inheritance, blood relationship and circumcision were the most risky socio-cultural practices that have increased the spread of HIV/AIDS.

According to the findings, a good number of the respondents were aware of the socio-cultural practices that can increase the spread of HIV/AIDS and, the practices considered risky and dangerous as far as the spread of HIV/AIDS is concerned were identified as listed above. One of the clan elders was interviewed at his residence in Kyanyakatura village Nyabubale parish and had this to say;

All the practices I have mentioned to you are dangerous as far as catching AIDS is concerned, and more especially exchange of blood to cement relationship and, widow inheritance. Others like circumcision, the danger is not in the carrying out the circumcision. It is in the state of health of the person to be circumcised (positive with HIV/AIDS or not) and in the state of sterility the instruments to be used are in.³⁶

³⁶ Jacob Mwebesa, elder, *Interviewed by author at his residence* on 11th June 2009

However, according to the respondents, some of the above practices are somehow dying out and these include widow inheritance and blood relationship; while others like circumcision were/are never practiced by the Banyankole. On this, one respondent had this to say during an FGD in Karujumbura Village in Nyabubale Parish.

Circumcision was earlier not practiced by the Banyankole, but today for various reasons men are circumcised every where even among the Banyankole. What we know is that if not done carefully, it may pose danger as far as spreading HIV/AIDS is concerned.³⁷

All the above information was supplied by respondents aware of the spread of HIV/AIDS. The procedures and ways in which the exercise was conducted are discussed in the next topic.

4.4 Processes of Socio-Cultural Practices

In the previous chapter, the socio-cultural practices were identified one by one and then the respondents explained the processes how they were carried out in society. These practices were polygamy, wife sharing, early marriages, widow inheritance, blood relationship and circumcision. Different ideas and views on how these socio-cultural practices were carried out and, how they are still carried out in society were identified by respondents particularly in relation to how they contribute to the spread of HIV/AIDS.

(a) Polygamy

From the findings in the previous chapter, they reveal that 17.5% of the respondents forwarded polygamy as a socio-cultural practice risky behavior that has led to the spread and increase of HIV/AIDS in Nyabubale subcounty.

According to the respondents, polygamy was explained as a situation where a man marries more than one woman, for reasons known to himself, and retains all of them. Previously, the most common reasons advanced by a man before taking on a second wife were mainly because of failure by the first wife to bear him a male child (who would take over after the father dies). Secondly, more wives means increased labour force and marketable produce which brings wealth. Thirdly, more wives mean more children,

³⁷ Francis Karujumbura *Interviewed by author* on 13th June 2009

especially girls who bring into the family substantial dowries. Rweyama Yorum a village elder at Rwekitooma trading centre had this to say during an interview.

There was no compromise on such a thing, and no relative would dare to intervene to plead for the woman who doesn't bare children, because he or she would be considered to be some one who does not wish well for the family³⁸

In confirmation of the practices of polygamy, one of the respondents also had this to add;

When you are a woman and you give birth to a baby girl as the first-born, then the second, automatically you know what will follow. A co-wife has to come in and 'rescue' the family. Even when the man himself is not interested in marrying another woman, he cannot withstand the pressure from the clan.³⁹

Following the findings, a man would also be expected to marry another wife if the first one is considered to be lazy for example. If she does not know how to dig like the rest of the women in the village and therefore could not produce enough food; or she does not know other domestic chores very well, such as cooking millet food, etc. In such a situation, another wife would be taken on to assist. All these reasons were approved by society.

Today however, different men advance different reasons to justify their action of marrying more than one wife. The number of people who are polygamists is small compared to monogamous ones, and the reasons they advance to defend polygamy are considered unfair. On this still, the chairman LC II Buramba II had this to say during an FGD,

Some people for example say they marry many women because they have got enough resources to look after them, others just want to have a change, while others want the ones who are more beautiful than their first wives.⁴⁰

The findings also revealed that polygamy, though not so much pronounced in today's society in general and Banyankole in particular, whoever still practices it is at the risk of catching AIDS; in case of infidelity one infected partner will infect all partners, if he keeps on marrying whenever he wishes. The issue of polygamy does not only affect

³⁸ Yorum Rweyama, *Village elder, interviewed by author, at Rwkitooma trading center* on 15th June 2009

³⁹ Nzera Katima *Interviewed by the researcher* on 17th June 2009

⁴⁰ Elias Kamuntu, Chairman LC II, *Interviewed by author at his residence* on 19th June 2009

individuals but society at large. To confirm the worries, one of the respondents had this to say:

We wouldn't mind if it was not for HIV/AIDS, one would tolerate her husband to marry as many wives as he wants, but now you can't be certain. You may be faithful to your husband, but you may never know whether the co-wife has other sexual partners who may be HIV/AIDS positive!⁴¹

Although most respondents realize the reasons that were used to defend a man who wished to marry a second wife in the traditional Ankole culture, but they still considered them unfair. Today's situation is considered the most risky due to the rampant sexually transmitted diseases HIV/AIDS included. It was therefore clear that this dangerous custom must stop.

(b) Wife Sharing

In chapter 3, table 5, the respondents who said wife sharing is a risky socio-cultural practice that has led to increase and spread of HIV/AIDS were 15%. The respondents had the view that wife sharing is when men share one woman or when married people exchange married/unmarried partners. Among the Banyankole people of Uganda, this would be done secretly or openly in case the two men were very good friends. One elder had this to say:

A man would walk to his friend's home, have supper with the family, and on realizing he has come to stay for the night, the family head would go to seek accommodation somewhere else, or also goes to that man's home. However, this was not very common.⁴²

Few people participated in wife sharing and even then did so secretly, but it would not go unnoticed. The practice would rarely be criticized, but today it is not only a disgrace for the families involved, but it is also dangerous and deadly in this era of HIV/AIDS.

People used to share wives like they shared clothes. Thank God there was no HIV/AIDS in those days; and the other sexually transmitted diseases were not common or even as deadly as HIV/AIDS.⁴³

⁴¹ Tereza Kemizano, *Interviewed by Author* on 20th June 2009

⁴² Eliab Karyaija, *Interviewed by the Author at his Home* on 24th June 2009

⁴³ Samson Mugumya, *elder, as interviewed by the researcher at his home in Kizinda trading centre* on 25th June 2009

Today, there are people who still carry out these practices; and the only difference is that it is strictly secretive, because no one would like to see his wife with another man, and no married woman would like to be caught with another man. This is always an arrangement between only the two concerned people, but a very risky one since HIV/AIDS is rampant.

(c) Early Marriages

From the findings in the previous chapter in table 5, 7.5% of the respondents attributed the increase and spread of HIV/AIDS to early marriages. This has helped us interpret the data of some of the respondents, who say that early betrothals were in the past opted for and after a certain stage in life one would be expected to marry. Today the same thing still happens in different societies due to different reasons. The most common reasons as to why some children are married off very early today are: failure by some parents to take good care of them, for example lack of money to pay their school fees; a desire for wealth from bride price. Respondents gave different views on the above socio-cultural practice; one housewife had this to say

Some parents cannot stand seeing their children out of school; they would rather have them married, since they can no longer afford to keep them at school.⁴⁴

Another respondent had this to add;

As long as some of our people still value bride price and consider it a source of wealth, our children will be faced with the problem of early marriages. Some parents have not only failed to pay school fees for their children, but they have also insisted their children get married at an early age.⁴⁵

Benon also had this to say,

Some parents go to the extent of arranging the marriages for their children and marry them off before the age of consent.⁴⁶

This, marriage before the age of consent is illegal according to the respondents, exposes the young couple to the risk of getting HIV/AIDS because there is quest for adventure, since many of these young couples enter marriage institutions unprepared for the

⁴⁴ Aida Komunda, *Housewife*, interviewed by the researcher on 26th June 2009

⁴⁵ Asaaph Bagumya, interviewed by the researcher at his area of work in Kigoma Parish Buramba II village on 27th June. 2009

⁴⁶ Benon Baryaija, as interviewed by the author on 28th June 2009.

challenges and not committed, because the decision to marry was not really their own, but of their parents. Therefore, when they come across their sole mates, they cannot fight their feelings thus end up cheating on their spouses.

(d) Sharing Sharp traditional Instruments

The respondents who had a chance to participate in practices where sharp, unclean implements are used in traditional medical practices or extractions of any kind, reported the repeated use of blood or puss stained instruments, used earlier by operators on other patients to extract jiggers with a needle, or a razor to open up a wound or slice open or boil to extract puss and insert medicine. However, today this practice is dying out among the Banyankole although a few individuals still practice it, hence change.

A student had this to say,

We used to have one sharp object for removing jiggers from feet but now individuals make sure that they have got their own safety pins, apart from the careless ones. There has been a lot of sensitization about the dangers of sharing same instruments, those who have ears have heard and, those who haven't it is hoped they come to hear about it soon.⁴⁷

(e) Widow inheritance.

This is a situation whereby a man marries, by custom, the widow after the death of her husband. The person to inherit is, in most cases, a relative of the deceased i.e. a brother, an uncle, cousin etc. This was based on particular reasons. One respondent had this comment:

It was always assumed that after the death of a husband, the widow could not cope on her own, as she had to look after the children (orphans). So the children needed a father to take care of them, together with their mother.⁴⁸

Also because the bereft family had paid a bride price for the woman, the wife could not be allowed to go back to her parents, because in most cases her parents could not afford to pay back the bride price; in any case, she would not be welcome at her parents' home. She had to stay with the late husband's family and, be inherited. The clan leader had this to say:

⁴⁷ Thomas Banturaki, *student, interviewed by the author on 29th June.2009*

⁴⁸ Abel Baitwabaabo, *interviewed by the researcher at his office on 29th June2009*

When you lose a husband, particularly at an early age, then another partner would be found for you and you continue the lineage. You could not even think of going back home. To do what? After the burial, you would be expected to stay and take care of the children and the new husband the clan would select you.⁴⁹

Today, this practice is dying out slowly among the Banyankole, especially when it is strongly suspected that the late husband was infected with HIV/AIDS; having sexual relationship with the widow might be deadly. Even so, some people go ahead to date the widows/widowers even when they are aware their partners died of HIV/AIDS.

(f) Blood Relationships

According to the study findings the researcher discovered that the respondents knew that this socio-cultural practice was practiced in the past. They explained it as a process whereby friends cemented their relationship by exchanging their blood. Two people or more would cut their bodies, get blood to flow, mix it together and then each takes a drop which he/she would mix with his/hers through the open cut. This was locally referred to as *Okusharana aha nda*. On this an elder had this to say;

In certain instances in our society people would pick coffee beans and the two people willing to make a blood relationship would hold a bean each, mix it with their individual blood, each after cutting on their stomachs using a single knife; then they would exchange the blood stained beans and swallow them. The relationship would be considered sealed.⁵⁰

From the findings one can argue that a lot of benefits were normally expected from the relationship as these two people would confide in each other and share things in most cases. However, when analyzed, this could only have been possible before the advent of HIV/AIDS. Now people are aware of the risk of socio-cultural practices that have led to the increase and spread of HIV/AIDS

g) Circumcision

From the findings the respondents argued that the practice of circumcision was never practiced in Ankole; however the respondents were aware that it is a traditional ritual elsewhere: normally done to initiate the youth in society by cutting their fore skin on

⁴⁹ Francis Karyaija, *Clan leader*, interviewed by the author at his home on 30th June. 2009

⁵⁰ Brandima Mbazira, *Interviewed by author* at her home on 1st July 2009.

their penises for the boys and, the clitoris for girls. However, the Banyankole never practiced this culture. They are now aware that it may be risky as far as spreading of HIV/AIDS is concerned. It is known that if the above practice is done carefully, for example by not using the same knife or razor to carry out the exercise, then it may be safe for the victims involved.

People in Nyabubale subcounty were well aware of the cultural practices that are dangerous and risky for one to be infected with HIV/AIDS, though some of these cultures are no longer existing. For those which exist, however, it is the peoples' wish and prayer that they too will stop.

h) Belief in Traditional Healing and Protection.

About traditional healing and protection one doctor Mr. Kaddu has this to say;

The use of herbs for the treatment of human illnesses in Africa, is a practice which has been passed on from generation to generation by our forefathers. It is claimed, there are today as many medicinal herbs as there are known diseases in any part of black Africa, and Nyabubale subcounty uses its own herbs as I will inform you.

The names given to the medicinal herbs may differ from region to region, depending on the ethnic group of the region. The known purpose and application of the herbs remain the same.

For newer diseases, however, in particular HIV/AIDS, treatment with herbal drugs has overwhelmingly been palliative, as contrasted with therapeutic for older diseases. This state of affairs is attributable to three factors:

a. The processes of identifying medicinal from non-medicinal herbs were not laid down; and, if they were, they were simply not propagated! With the advent of western European processed drugs the employment of medicinal herbs, in the treatment of diseases, dwindled. In the passage of time, whatever little information there might have been about methods of identification, become gradually neglected and eventually lost.

b. The application of herbal drugs in the treatment of HIV/AIDS scourge is relatively new. Test results for the evaluation and establishment of the worth of herbal medicines in this regard and, for new diseases generally, are in my view, a long way to go yet before their purpose is achieved.

c. Viral diseases have so far globally defied all manner of known treatment for years.

The foregoing statements should not be construed to deny the existence of effective herbs in the treatment of HIV/AIDS infection. There are no bases for denial, at the present time. What can be stated, at this point in time, is that the results are of indeterminate value.

In the rush to find an effective herb for the treatment of HIV/AIDS, signs and symptoms have often been treated instead of dealing with the real disease.

The search for methods of identification of effective herbs in the treatment of HIV/AIDS and, the hope of finding such herbs continues unabated. However, the herbs our people believe in relieving pain and lessen agony are as shown below.

Table 9 below shows a variety of herbs widely employed in Uganda to-day and Nyabubale subcounty in particular for the relief of some side effects of HIV/AIDS. The NOTES column provides additional information.⁵¹

	NAME OF HERB/PLANT	PROCESSING OF RAW MATERIAL	PRODUCT	ROUTE OF ADMINISTRATION	AILMENT TRARGETED	NOTES
1.	MUGOSOOLA (weed)	Collect leaves and flowering twigs shred and crush in a bowl. Add cold drinking water to desired levels. Stir vigorously. Allow to settle and decant through a sieve.	Green tasteless concoction	Oral	Diarrhea, stomach upsets etc.	These herbs may be used singly or in combination
2	NAMAKULA	As for	Green	Oral	Diarrhea,	

⁵¹ Kaddu Anatole, Interviewed by author in Nyarugote on 5th July 2009

	(weed)	Mugosoola	tasteless concoction		Stomach upsets etc.	herbs do not wilt before processing	
3.	MUBIRIIZI (Alias Mululuza) (a tall bush)	Collect fresh leaves and proceed as at 1	Bitter green concoction	Oral	Fever, body temperature abnormal changes	The raw materials may be collected any time of the day irrespective of weather.	
4.	MAKAAYI (tall weed)	Collect young leaves and flowering parts. Proceed as at 1					
5.	BBOMBO (erya balongo) (a creeper)	Collect plant, excluding fruit and roots. Proceed as at 1					
6.	KAWULIRA (crawling weed)	Collect weed and free it of soil and dirt. Break it into suitable lengths and place in dry, fired clay sauce pan. Add edible Mushrooms (tiny species) previously well dried in the sun. Add a pinch of yellowish crystalline salt and cook over a naked fire of dry reeds until the contents are reduced to a black mass. Allow to cool and grind to a powder.	Black powder, salt to taste	Oral	Allow small amounts to dissolve in the mouth and swallow	Persistent Dry or wet cough	Water/moisture must be excluded at all cost during and after processing
7.	BUTIKO BUBAALA (mushroom)						
8.	OMUNNYO GWE KISULA (a mineral)						

9.	TTWATWA (short bush)	Collect leaves and young twigs with flowering tops. Boil in adequate amounts of water. Allow to cool to required temperatures	Warm bath	Topical Bathe all parts of the body, using the leaves as sponge. Allow excess moisture to dry off. Do not wipe dry.	Skin rashes and inflammation; and skin infections which have not developed into sores etc.	All the ingredients are prepared and used together, NOT singly. The bath may be prepared and used a second and third time using the initial ingredients, by just adding warm water.
10.	NAMIREMBE (weed)	Collect and use whole weed except the roots. Slice into suitable lengths and proceed as at 9 above.				
11.	NNONGO (tree)	Chop small pieces off the trunk of the tree and proceed as at 9 above				
12.	KAKANSOKANSO (tall shrub)	Collect leaves and flowering twigs; and proceed as at 9 above				
13.	KAFUGANKANDE (low shrub)	Collect young leafy twigs and proceed as at 9 above				
14.	MAVIGAMUKULU (weed)	Collect whole weed except the roots, and proceed as at 9 above				
15.	LUWAWU (tree)	Gather mature green leaves. Using a suitable sauce pan, add good drinking water up to a desired level and boil. Cool and decant	Cocktail	Oral Sip small amounts as often as required	Recovery Appetite (anorexia)	

16.	MUBIRI (low shrub)	Crush dirt free thick but supple leaves between the palms of the hands to form a liquid saturated mass	Liquid saturated mass	Topical Squeeze out fluid from the mass on to the sore and cover sore with portion of the mass. Leave to dry	Fresh body and limb sores	The sore covering mass is not removed till the sore heals. It will normally drop off.
17.	CASSAVA (tall cultivate plant)	Thick fleshy roots are striped off their covers. The bare roots are then scraped with a sharp tool, to form heaps of scrapings or pulp masses.	Pulpy wet heaps	Topical The whole body or parts of it are rubbed with the wet mass. Leave to dry. Do not wipe dry!	Skin rashes and other superficial skin infections.	
18.	KAYINDIYINDI (a creeper plant)	Harvest fresh green leaves. Free them of dust, dirt, etc. Crush them to a pulp. Squeeze all fluid out of the pulp into a clean dry vessel. Protect from dust and light, etc.	Green solution for eye drops	Topical Eye drops	Various eye infections	The green leaves must be processed before the wilt.

19.	MUSAALI (tree)	Small pieces cut from the trunk of the tree				
20.	KAYUKIYUKI (low shrub)	Collect fresh clean leaves and young flowering twigs				
21.	KALITTUNSI (tree)	Collect fresh, clean mature leaves				
22.	MULIIMU (Planted fruit tree)	Collect mature green leaves and fresh peelings of a ripe fruit. Put all the collected ingredients in a clean cooking pot. Add good clean drinking water. Boil cool and decant	Liquid extract	Oral Ample quantities are swirled about the mouth cavity, gargled with and spat out	Throat infections and irritations	Shake liquid extract prior to drawing off required quantities

4.5 Knowledge and Attitudes on other Behaviours that Increase the Risk of Getting Infected with HIV/AIDS

According to the study findings in the previous chapter, the community knows most dangerous behaviours that can spread HIV/AIDS. Equally also, people have got most facts about HIV/AIDS, which they commonly referred to as “the killer disease”. The dangerous behaviours include; prostitution, unsafe blood transfusion, use of unsterilized instruments like injection/syringe needles, unfaithfulness in marriage and mother to child transmission.

(a) Prostitution

During the FGD, it was found out that prostitution is a situation where one has got more than one sexual partner and; this is done for commercial purposes, because one expects money from his clients. This is rampant these days due to unemployment, hunger and need for money. As if to justify the presence of this dangerous behaviour in society, one respondent had this to say in relation.

What do you expected a young girl to do, who has finished her education and spends four years without a job and yet her hair has to look nit and her face has to look young forever?⁵²

From the study findings when interviewed, most of the respondents said that prostitution is a problem that can be handled by government and society by addressing the problems the youth are facing, particularly unemployment. One respondent had this to add;

Very few people would think of getting involved in prostitution when they are very busy at their work; and most importantly when they are earning a living, because poverty is, in most cases, the leading cause of prostitution.⁵³

One respondent pointed out that;

Prostitution is a problem which has been for long ignored by governments and other concerned authorities, often referring to it as an individual's problem, but in the real sense it is a danger to all of us, since it is associated with the spread of HIV/AIDS and therefore need to be addressed urgently.⁵⁴

Prostitution is now being realized as a danger to society, as far as the spreading HIV/AIDS is concerned. Society needs to be cautioned and sensitized on how to try to avoid the danger. If the people concerned join hands to address this problem, then prostitution would be history as a trade , unfortunately we have to keep wishing and praying because those who benefit from it, are not ready to call it quits.

(b) Unsafe Blood Transfusion

The findings establish that the respondents were aware that unsafe blood transfusion is when one gives blood to another person, before checks for absence of HIV/AIDS in the recipient and donor are done!! To do so is to take risks. This is normally done in case of

⁵² Proscovia Kemizaano, *Interviewed by author in Rushoroza village on 5th July 2009*

⁵³ Jane Ntahanabo, *Interviewed by researcher on 5th July 2009*

⁵⁴ Boaz Kamugisha, *interviewed by researcher on 5th July 2009*

accidents where people lose blood; at birth and for the very sick that need it. Respondents were aware that blood transfusion in hospitals is no longer a danger, since now most hospitals, not all, do test the blood before giving it to the people who need it.

Chairman LC I Buramba I had this to say,

As far as we know most hospitals give safe blood. But if there are health workers who don't, they should be punished. The government can investigate such clinics and make sure blood is tested before given to any patient. One would rather die of lack of enough blood, than die of HIV/AIDS.⁵⁵

Most hospitals and clinics in Ankole, and generally in Uganda no longer give untested blood to patients, clinics that may still be careless in this matter should be cautioned and the public warned.

(c) Use of Un-sterilized Instruments.

This is when people share sharp instruments, which are not sterilized. These can be needles, razor blades, safety pins etc. One is at a risk of acquiring HIV/AIDS, if he/she uses these. According to the respondents, this is one way of transmitting HIV/AIDS which can easily be avoided. This can be emphasized through sensitization. Individuals can have their own instruments, even if it means going with the injection riddles to the hospital. A member of Kabungu village had this to say,

A safety pin and razors are the cheapest instruments so individuals can afford to have one each. By doing this we can do away with the habit of sharing these instruments and hence reduce the spread of HIV/AIDS.⁵⁶

LC II chairman Nyakahandagazi had this to say

The issue of unsterilized instruments no longer worries us as in the past. Our hospitals are more careful in this. These days even one can buy his/her own needle and go with it to the hospital. This is an achievement; given time other needs will be worked upon.⁵⁷

The respondents knew clearly that the above danger can easily be avoided, but they still advocate for more sensitization, in case there are some people somewhere, who are still not taking it seriously. This view was given by one of the respondents.

⁵⁵ Samson Kanyandago, *LC I Chairman Buramba I, interviewed on 6th July 2009*

⁵⁶ Patrick Kacuumu, *Interviewed by the Author on 7th July 2009*

⁵⁷ Ferdinand Aribariho, *Chairman LC II Nyakahandagazi Village, interviewed by author on 20th July 2009*

Yes to some of us the problem of using un-sterilized instruments and sharing instruments can easily be avoided. We may think all people are aware about this problem, but there may be some out there who still take it for granted and hence need to be sensitized more.⁵⁸

Whether or not the use of un-sterilized instruments and sharing sharp instruments is no longer a serious problem in the communities, still society need to be sensitized about it to avoid taking chances.

(d) Mother to Child Transmission

During an FGD, the respondents said that mother to child transmission is when the baby gets infected from the mother, during pregnancy, at birth and when breast-feeding. On this, some people especially mothers were aware of the existence of medicine in most health centers that can reduce the risk. The availability of these vaccines would be more beneficial and helpful during pregnancy, when treatment would arrest the situation. Fathers need to be cooperative in this struggle. A retired teacher at her home village in Mastsya had this to say:

Though PMTCT is a very new program, its existence and the way it is being carried out have spread like fire in the community through different means i.e. radios and information at health centre. However, mothers need to be encouraged to test for their status and hence benefit from it.⁵⁹

A student had this to say:

Most people used to know that when you are infected with HIV/AIDS and you produce a baby, certainly the baby has to be positive. Now at last there is hope about having a healthy baby when you are sick. However, some people are still not sure about the programmes, hence they need to be given the facts.⁶⁰

Respondents were not only aware about the spread of HIV/AIDS through mother to the child, but they were also aware of the programmes that gives HIV/AIDS positive pregnant mothers a chance to produce healthy babies. Respondents however were always leaving room for those who may not be aware of the facts on mother to child transmission, and call for more sensitization.

⁵⁸ Perez Katungi, *Interviewed by the researcher* on 8th July 2009

⁵⁹ Mauda Kamugisha, *retired teacher, interviewed by the author at her home* on 10th July 2009

⁶⁰ Teddy Katwire, *Students, interviewed by the author* on 11th July 2009

(e) Unfaithfulness

Some of the respondents pointed out that unfaithfulness in marriages is another risky practice that has increased the spread of AIDS in our society. The act of having more than one sexual partner for whatever reason has led to the breakup of marriages and also exposes individuals to the risk of catching AIDS.

The findings revealed that unlike other problems, unfaithfulness in marriage is still a danger to the Ankole community in particular and other communities in general. The habit has not only seen marriages break up, but also exposes individuals to the risk of being infected with HIV/AIDS. LC1 Chairman had this to say:

Unfaithfulness is a danger that almost every person talking about fighting HIV/AIDS cannot overlook. However, people turn a deaf ear and assume nothing is happening. But we can't give up. We will continue to talk; you never know we may eventually get to people's eardrums.⁶¹

One of the respondents had this to say,

Even those with three wives, they leave them and go for extra marital affairs, and surprisingly if you ask them what they are looking for, no one will give you genuine reasons. It is just becoming a habit. Unfaithfulness although indulged in by individuals, it eventually affects the faithful partners left at home. I wish there was a strict law to deal with this. Unfaithfulness mostly affects women in the villages, as, in most cases, it is the men who go out and return home infected.⁶²

Commented one respondent,

Whether it is the man or woman who is unfaithful in marriage or not, this problem need to stop or else we are in hot soup. People need to be discouraged to stop the habit. Let's keep shouting. It is when the shouting intensifies that the kitten drops the young chick it had picked.⁶³

From the study findings during the FGD, some respondents said that although the habit of unfaithfulness is one of the dangerous habits still practiced by Banyankole, it can not be left unchallenged. According to the respondents this dangerous practice by some individuals has to be discouraged and people sensitized more and more about its dangers, not only to individuals but also to society at large.

⁶¹ Steven Komunda, *Chairman LC I Rwebitooma Village, interviewed by the researcher on 13th July 2009*

⁶² Perez Katungi, *Interviewed by the researcher in Nyabitoote Village on 14th July 2009*

⁶³ Tom Baryakabo, *Interviewed by the researcher on 16th July 2009*

All in all, a lot of information is known about HIV/AIDS and this includes information on the causes as outlined above, information on the preventive measures, the recent medications that can help the patient live longer, etc., but most important of all people are aware HIV/AIDS has no cure, as yet.

4.6 Measures for Reducing Cultural Practices that Influence the Spread of HIV/AIDS in General

According to the respondents, a lot is known about the possible ways to reduce the spread of HIV/AIDS or not to get infected. What is needed now is to emphasize these measures, and if need be venture into other possibilities that may have been left unexamined. Much as these measures are ignored, and some people pretend they do not exist, but the fact is that AIDS does exist and is very real. The struggle to fight this disease therefore has to continue. One of the respondents made this observation:

People talk and talk about how this disease can be prevented, but our children have turned a deaf ear, as if everything is fine. But this should not discourage those who are giving related advice. We cannot rest when this ‘killer’ is still here with us. The fight has to be for all of us not only for individuals.⁶⁴

To most respondents, therefore, the struggle against HIV/AIDS is a continuous one and at the same time of general concern to society and hence the need for concerted effort, if success is to be achieved.

4.7 Respondents’ Views on What Should Be Done to Control HIV/AIDS

Quite a good number of recommendations to end the risky socio-cultural practices and help fight HIV/AIDS in general, were advanced by the respondents as follows.

The issues of abstinence, loving faithfully, ranked high during the discussions as the study findings, in Chapter 3, table 8 shows the percentages of 20% and 25% respectively. Most people are convinced they are the most reliable measures as far as fighting HIV/AIDS is concerned. If married couples can be faithful to each other and, then those

⁶⁴ James Bamwanga, *Father*, Interviewed by the author at his home in Nyarutooma Nyabubale on 17th July 2009

who are not yet married can stop engaging in sexual immoralities and wait until they are married and refrain from infidelity, then HIV/AIDS would be history.

Respondents also emphasized that people should avoid dangerous behaviours and or circumstances that can lead them to temptation. These behaviours at times are not intentional, but can make one lose self-control and eventually get involved in sexual immorality. These acts include overdrinking, dressing indecently, taking drugs and going into crowded places, which are associated with all sorts of immorality that most people, especially the youth, find difficult to avoid. One mother had this to say:

The youth have got a tendency of leaving their homes and go into towns to see films, to dance etc. and when they reach there they also start drinking, and some even come back in the morning. What do you think they do all the night?⁶⁵

The study findings also show that the respondents saw a need for more sensitization by all stakeholders. For example, there should be much emphasis on sex education in schools by teachers, and if need be, topics should be included in the syllabus. Parents also should have time with their children and discuss related matters and stop shying away.

The church should emphasize good moral behaviour among its people; for example, emphasize monogamy. The government should also come up with strict laws, which would effectively deal with defilers, rapists, child marriages and sexual harassment.

Also Non-Governmental Organizations can join in sensitization processes. Most of the respondents, mainly the young married couples and unmarried (single) persons were concerned and, demanded that partners should go for relevant tests before marriage; and pregnant women should do likewise since now there is an opportunity of saving their unborn babies from being infected, at birth. One respondent had this to say:

Gone are the days when one would meet a partner and they marry. Today one has to be extra careful because you cannot be certain.⁶⁶

⁶⁵ Rosa Kengyeya, *Mother, interviewed by author on 18th July 2009*

⁶⁶ Jane Nyamwija, *Interviewed by the researcher on 19th July 2009*

From the research findings, it is clear that people should be extra careful with their lives. For example, if one wants treatment one should visit a clinic where professionalism both in procedure and subsequent treatment are of the highest standards. People now know most of the clinics and hospitals take these matters seriously and therefore, they welcome them.

According to the study findings, the issue of protected sex was not taken as a priority, that is, the use of condoms and, those who pointed it out during the discussions did it with reservation. Not that they were not comfortable or shy to say it. They further said that the practice increases immorality amongst the youth. Good enough they do not doubt its effectiveness. They said it is better to emphasize its use, than to discourage the youth from using it altogether. One parent pointed out that,

I wouldn't wish the condom to be promoted so much because the youth will think immorality is being legalized. But since we cannot stand up openly and tell them not to use it at all, because we all know what that means, we have no option.⁶⁷

Some of the respondents were concerned and said that all the risky cultures that still exist should be abolished, not only in Ankole, but also in the country as a whole. These include wife sharing, widow inheritance, polygamy, early marriages, circumcision where it exists etc. This could be done by relevant authorities, mostly through sensitization of the communities, pointing out the dangers of these cultures, and with time they will die out like the rest. But cultures like circumcision if done carefully may cease to be a danger to the community. As pointed out earlier, the relevance of circumcision is unclear in these matters to me.

4.7.1 Religion as a prevention method

Strategies to prevent the spread of HIV/AIDS among the people could be more effective in this area(Nyabubale sub-county), if they tapped into the power of religious belief and practice said, Reverend Kanyomozi. He further said that,

I have been dealing with many people in relation to HIV/AIDS and sexual behaviour since 1996; people only need to heed the word of God, because He is no man to change His mind nor lie. God talked to us long ago and He cannot go back on His word.

⁶⁷James Baitwabaabo, *Father*, interviewed by the researcher at his home on 20th July 2009

If you could look into His word you will realize that God removes sickness. Exodus 23:25 writes: “You shall worship the Lord your God, and I will bless your bread and your water: and I will take sickness away from among you

If people could only heed to the word of God many troubled waters would be calmed my child, but people do not care as to whether God is still on the throne and whether His word is still active. He promised to bless us.

Deuteronomy 7:14-15

“You shall be the most blessed of peoples, with neither sterility nor bareness among you or your livestock. The Lord will turn away from you every illness. Do you know that God gave us a promise of healing? , Reverend Kanyomozi asked.

My child, illness can be a spiritual practice, added Reverend Kanyomozi. Prevention strategies for the spread of HIV/AIDS should harness religious belief and practice. It is unfortunate that many specialists working in international development are somewhat uncomfortable with faith-based efforts at personal and community transformation to prevent HIV/AIDS.

Yet where many people have strong beliefs, it might be possible to draw on spiritual inspirations to address some of the problems facing the society of Nyabubale sub-county.⁶⁸

I asked some Christian respondents if they were aware of their religion’s teachings and illness / healing and whether they followed it. Just over 35% of the people said they knew and followed it; with another 22% knowing the teaching but not following it, 43% were not bothered, they were baptized but not according to their will, since they were babies at the time of their baptism. With these percentages one realizes that Reverend Kanyomozi had a point in his comments.

Culture-based methods can be effective for HIV and AIDS prevention. In Nyabubale sub-county HIV and AIDS prevention messages, derived from and built within the cultural context of our local cultures, can be significantly more effective because they will definitely resonate more strongly. Negative or regressive aspects of culture are often highlighted, but in fact positive messages can and should be drawn out.

All in all, culturally sensitive communication from the Bible can help to constructively reach beyond taboos in ways that direct messages cannot. Indirect methods, and methods

⁶⁸ Kanyomozi Amos, Interviewed by author in Rushoroza village on 6th July 2009

which employ humour, can be ways into the beginning of conversations, which this community (Nyabubale sub-county) may find difficult to begin in a very direct manner.

Limitations also exist within conventional, direct HIV/AIDS communication methods, for example, the challenge of illiteracy, or semi-illiteracy in this community, can be best confronted by moving away from published, written materials and directed towards the spoken word.

Culture based methods such as street theatre or music in our local language Lunyankole can communicate the HIV/AIDS prevention message in an appropriate and engaging way to the people of Nyabubale sub-county.

“Edutainment” is often attractive and draws large audiences in situations where there is otherwise a deficit of entertainment. For example, traditional dances in Uganda often act as crowd pullers. Songs portraying the dangers of HIV/AIDS can be composed and traditional dances can be created and danced in public areas in our sub-county and people will pick the message. This would be better than giving them brochures to read or someone with a microphone standing at the public square to speak about HIV/AIDS.

Much as bad and risky socio-cultural practices should be abolished, the good socio-cultural practices that are used to emphasize good, especially among the youth should be reinstated. For example, introduction of harsh punishments to those who engage in sexual immoralities in society, and encourage respect for elders and obeying their word. All these and many others can help restore morals in communities; thus reduce the risky of one acquiring HIV/AIDS, which has no cure.

CHAPTER FIVE

5.0 CONCLUSIONS AND RECOMMENDATIONS

5.1 CONCLUSIONS

The research study of the spread of HIV/AIDS in black African communities allows a review of matters related to the economics and politics of the methods of prevention of the spread of HIV/AIDS. From such a review it becomes clear that the characteristics of the field of the research study are markedly different from other fields of study. This is so because the socio-cultural practices that lead to the spread of HIV/AIDS in the African communities need some important people of their own to be part of the sensitization process as far as HIV/AIDS is concerned. Someone they believe in and will listen to. That is why politics has a role to play in this and at the same time economics comes in because still the government has to talk to donors for the drugs, most people in black Africa, are too poor to afford them.

In chapter 1, the researcher gave the background to HIV/AIDS infection. She pointed out that it was only in 1982 that that infection was officially documented in Uganda. Recently, she has stated, everyone has joined in the fight against the HIV/AIDS infection, after realizing the danger if its spread.

In Chapter 1 some socio-cultural practices which could further the spread of HIV/AIDS in Uganda and Africa generally were stated. The practices were said to be supported by the patriarchal culture. Nigeria was given as an example of a patriarchal culture society. Also in this chapter, the statement of the problem was made and its objectives stated, as shown in 1.2 to 1.32 on page 3 of this chapter.

The scope of the study, the researcher stated, was to establish the extent of influence of some of the socio-cultural practices, which influences the spread of HIV/AIDS infection in Nyabubale sub-county in south western Uganda; and what changes need to be introduced in those particular cultural practices so as to remove their influence, on the spread of HIV/AIDS.

The researcher pointed out that the important thing in this study was to have the people realize the part played by bad socio-cultural practices, in the spread of HIV/AIDS and, to find a solution to that problem.

Nyabubale sub-county, in Bushenyi district of western Uganda, was picked for the research study. The researcher detailed the procedure she would follow and the tools she would use in the research study.

In Chapter 2, the researcher pointed out the difference between the terms culture and custom. These terms could not be used synonymously, culture is a wide term and, according to Mazrui⁶⁹ it is a system of interrelated values active enough to influence and condition perception, judgment and behaviour in a given society. The above definition by Mazrui therefore explains as to why socio-cultural practices as those given by the respondents in chapter 3, should not be under estimated as far as the spread of HIV/AIDS is concerned, because they are active enough to influence people's behaviour in this era of the HIV/AIDS epidemic, hence furthering it.

According to Nafis Sadik, tradition and custom are the practices in which heritage is kept, to be passed on to the youth for future generations. This further proves that socio-cultural practices still pose a danger as far as the spread of HIV/AIDS is concerned, because culture is simply passed on from generation to generation. Meaning, there are high chances of the majority of the youth today to follow what their forefathers did unless serious sensitization is done to prevent the epidemic. Herbs are still used in traditional Africa and on such a wide scale, but still the people must be told they are for relief and not a cure to HIV/AIDS.

Still in chapter 2, socio-cultural practices that can lead to the spread of HIV/AIDS were listed and these included, widow inheritance, widow inheritance, initiation rites, wife sharing, polygamy, female and male circumcision and traditional healing practices. All

⁶⁹ Ali AMazrui, 1986, *The Africans: A triple heritage*. Boston: Little, Brown 239.

these practices are truly part of most black African socio-cultural practices, though some changes are taking place here and there thus abandoning some of the socio-cultural practices.

However, notwithstanding what has gone on before, the findings from the field study indicate that there is substantial evidence to support the belief that socio-cultural and other practices, are accountable for the spread of HIV/AIDS in third world African countries, as also is evidenced by literature on hand.

The respondents named several socio-cultural practices. The following stand out because they not only appear in the available literature, but they were actually encountered in the research study.

Polygamy

While on the subject of processes of socio-cultural practices, respondents agreed unanimously that polygamy is a leading risky socio-cultural practice that had propagated the spread of HIV/AIDS. The dangerous practice had to stop.

It is stated in available literature that both tradition and Islam allow polygamy and therefore women cannot expect fidelity from their husbands. As far as I can establish, Christianity urges the married people (man or woman) to practise marital fidelity, at all times. Therefore, I dissent from the News (2003).

Before the marrying couple are pronounced husband and wife, the officer officiating over the ceremony extracts a solemn promise individually from each: to stick to each other, and no other, whatever the circumstances or conditions. It is only after each of the marrying couple has made that solemn promise does he pronounce them formally wed. I do not deny that tradition has condoned polygamy in the past. This practice is now being abandoned for fear of picking up the HIV/AIDS virus.

Wife sharing

The respondents said that this was done, but secretly, unless the men were very good friends. The practice would rarely be criticized. To-day, it is not only a disgrace for the families involved, but it is also dangerous and deadly, in this day and age of HIV/AIDS.

Widow inheritance

The research study showed that this was done with a purpose. Interestingly while in the field, the researcher found that this was emphasized on the fact that it was assumed the widow would not be able to take care of her self and the orphans. So a father was needed to take care of the widow and the children.

This practice is fast dying out amongst the Banyankole people, especially when it is strongly suspected that the late husband was infected with HIV/AIDS.

After establishing how much people knew, and their attitudes towards other behaviours which increase the risk of infection with HIV/AIDS, it was possible to highlight some factors for success and obstacles in the struggle against the spread of HIV/AIDS. Amongst the dangerous practices used by the respondents were:

Prostitution

This is a situation where one has got more than one sexual partner. It is done for commercial purposes. This attitude is not borne of support for prostitution, but of frustration and despair. It is a product of poverty! It is a product of poverty! When one has no money to sustain herself, she can do anything to survive because she is so desperate and looks at prostitution as the only hope for survival. The respondents on this problem said government and society can address the situation by solving the unemployment position for the youth.

Unsafe Blood Transfusion

The researcher found the respondents knew how risky it was to give or receive blood before both the donor and recipient have been checked for the absence of HIV/AIDS. Most state hospitals, not all, now ensure that the necessary precautions are taken.

Use of Un-sterilized Instruments

Respondents say that this is one way of transmitting HIV/AIDS which can easily be avoided. More sensitization would do no harm and a lot of good, as far as sharing blades and safety pins is concerned. Though to some the problem of using un-sterilized instruments and sharing instruments can easily be avoided others may need more sensitization.

5.2 RECOMMENDATIONS

This kind of research study may provide an opportunity to revise the practical and theoretical thinking on the methods employed or to be employed to stop the spread of HIV/AIDS. A revisit of older preventive methods was suggested in Chapter 2.

Ways and means to change these risky socio-cultural practices must now be effected, if the spread of HIV/AIDS is to be curtailed. Cultural and social attitudes, which promote the spread of HIV/AIDS, need to be changed, regardless of the fact that these risky behaviours vary from society to society. Initiating change should not be taken to mean abolishing a particular practice. Change should only affect the demanding elements, while retaining the over all custom.

As regards patriarchal culture, It is found in much of Africa's tribal black societies or countries and much more so Uganda.

The patriarchal culture is overwhelmingly large in terms of numbers. The present magnitude of male control or dominance can be traced back through folklore over hundreds of years. Male children are brought up to understand their supremacy over female children and, the methods of manipulating that power to their advantage. By the

time they grow to be men and bear responsibility and, carry it to the next generation, their upbringing has moulded them into lords over women.

Intellectually, some of them are very sharp, but with an arrogance that they have the right to rule and control other i.e., the ignorant masses, whom they view as inferior in matters earthly and spiritual. Any group which covets the complete control of other will be worrying within itself, as different factions seek the ultimate control. There is therefore tremendous internal strife conflict and competition amongst these groups of top people on culture. In the end, however, they unite in their desire to see that what they want is implemented and, at an opportune moment, they overwhelmingly join forces to advance their dominance, when it comes under challenge.

The patriarchal culture heads can and do direct the way people think and feel, through many and various forms of emotional and mental controls, including threats of taboos. In patriarchal culture, mind control is therefore practised. I define mind control as the manipulation of someone's mind, so that he thinks, and therefore acts in the way you want him to. Under this definition the question is not how many people are mind controlled. Everyone is, to a larger or lesser extent, in the researchers opinion. Whenever one is persuaded to do something by someone else and that person does it, then that person is being mind controlled. He could have refused doing what he was persuaded to do. That waiting to be told to do something, eventually becomes an attitude in that person's life. If that person desires to change, it will be that attitude (of waiting to be told) he will have to change (into thinking for himself what he wants to do).

Likewise, if change is to come into black African tribal societies' socio-cultural practices, it will have to begin with a change of attitude to HIV/AIDS perpetuating socio-cultural practices. In the researcher's view, this is most likely to be brought about by public education. It is effectual and appears to have decreased rates of HIV/AIDS infection in some countries, notably Thailand and Uganda.

While on the subject of sorcery on page 12, the researcher disagreed with the definition of a sorcerer, Bunjo Benezet and Michael Czerny (2007, page 72) gave, as it would not be understood and, may be difficult to accept. The researcher further disagreed that the sorcerer does anything else other than practicing his art to make a living, while his customers who seek his services approach him.

Black African societies are known for their strong traditional discipline. The old good ways should perhaps be revived. They made life a little harder, but manageable through self-control. Hence, marital infidelity, sexual offences and other misdeeds were punished severely. Taboos, often despised by to-days generation were an important stage leading to womanhood. It is true they were often rationally difficult to understand. That is not important; it is the purpose for which they were instituted which is important.⁷⁰

All this can be possible through self control as far as sexual desires are concerned. For those days a girl who got pregnant would disowned by her family, men who rapped were banned from the village. There was great respect for the laws laid by tradition and that helped many to grow up with no risks, faced by today's sexual perversions. Africans should accept to change their moral behaviours, where change is due, in relation to cultural practices, which support the spread of HIV/AIDS. Change should not and is not a threat in this case. "Instead of change being threatening to people, they can also share in the benefit change and promote it,"⁷¹ Helen Jackson writes. The researcher may agree with her that people can benefit from change though not so many people like to change easily.

According to the respondents the way to go is clear, against the spread of HIV/AIDS. The measures to be taken are known. What is required now is to stop talking and act. The respondents replied accordingly and made the following recommendations. Married people must love faithfully and unmarried ones should practise abstinence. Generally, people should practise self-discipline and stay clear of situations and circumstances that will compromise their decency. Above all, the respondents saw a need for a concerted effort involving the following groups: Children able to appreciate the dangers of HIV/AIDS, parents, professional people with a concern to stop the spread of HIV/AIDS

⁷⁰ Benezet Bujo and Michael Czerny, 2007. *Aids in Africa Theological reflection*, Paulines Publications, Africa, 76-77.

⁷¹ Helen Jackson, 2002. *Africa Continent in Crisis*, 136

e.g. medical people, teachers etc, Non-Government Organizations, churches, the state and all people interested in stopping the spread of HIV/AIDS in any way possible.

As regards health in Africa and all concerned parties the researcher would recommend that the background to African human societies be first explained and understood. Black African societies live as tribal societies, not as nations. That is to say, they do not have one tribal language uniting all tribes, as a nation boasts of a national language. It is not only language which is important here, although it might be a key to understanding people's cultural views. The diverse populations the researcher is writing about live as individual tribes. A tribe is a social group made up of people of the same race, beliefs, customs, language, where they come from in the country, etc. living in a particular area, often under the leadership of a chief or a king. They are not a nation, which is a large group of people living and usually having an independent government, with the same race and language. What is essential to a tribal setting is not one or two things, but very many little but important differences which make each tribe to be different from another i.e., unique. The researcher would support a statement that there are African tribal values, because there are tribal values in any given tribal society,(values in this sense stands for ways of living different tribal societies believe in). Furthermore, in African tribal societies culture is considered basic to health behaviours, through which good as well as ill health must be defined and understood.

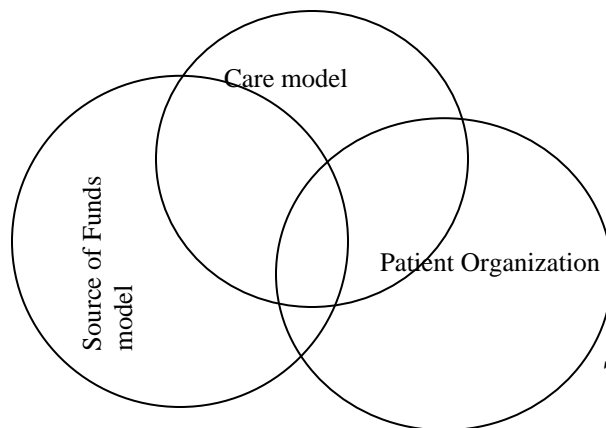
In parts of Africa, tribes were arbitrarily lumped together in an effort to form a nation e.g., Uganda. That has not quite worked out. Today, new boundaries are still being sought, because whole tribal areas were excluded or lie outside the boundaries of Uganda. Disputes are still going on, this shows the extent to which people in Uganda are still strongly attached to their tribal ways , socio-cultural practices inclusive.

In Chapter 2 of the research study, a classification of a cultural model and components was presented by Airhibenbuwa. I am not so sure that Airhibenbubwa succeeded in capturing the "health behaviour of African collectiveness, as a possibility for solving health problems of Africa in future", in the cultural model he presented. For reasons given previously, it is not possible to have a representative tribal model. Since a black

African tribal society life cannot be suitably represented by Airhihebuwa's cultural model, a different type of model would have to be considered: a model to address (1) the health behaviour of African collectiveness and (2) to be able in the future to solve African health problems.

The model, from the way I look at things, does not necessarily have to focus on culture *per se*, but on health generally or on the enhancement of a better and fuller life. After all, if the spread of HIV/AIDS is impeded or arrested, that is what the result will be – a better and fuller life. The underlined is a suggestion.

A Health Sustaining Model with its Components



Source: Researcher's attempt

In the last analysis, the responsibility for the success or failure to decelerate the spread of HIV/AIDS, in black African communities, must be with the African tribal societies. As far as failure is concerned, please look at Secret Practices and Institutionalized Vendiciveness and Vendettes on page 14. The communities concerned must turn over a new leaf, not only in their attitude to life, but also in the way they manage their lives. It is African lives at stake here! Can they afford to ignore implementing change, when people in their societies are dying of HIV/AIDS? I do not think so. World community may come to their assistance, but that will most likely be at world pace.

Global changes have had their influence too. Where heterosexual transmission is prevalent as in Uganda, HIV/AIDS infection follows routes of trade, transportation and

economic migration to cities and only later to the countryside. For example, a young girl can easily be induced by a gift of a cellphone to have sex with a man, who may or may not be infected with HIV/AIDS. One may say that in that way global influences do play major roles in the spread of HIV/AIDS.

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QUESTIONNAIRE

The purpose of this instrument is to guide you in giving information to the topic of study **SOCIO-CULTURAL PRACTICES AND THE SPREAD OF HIV/AIDS IN UGANDA: A CASE STUDY OF NYABUBALE SUBCOUNTY SOUTH WESTERN PART OF UGANDA.**

The researcher is Nalugwa Annette a student at the School of Mission and Theology, Specialised University, Stavanger, Norway, on her field work study for a Master Degree in Global Studies. The responses will be treated confidentially and all personal names will be anonymized, if the respondent wants it so. However respondents who feel that their contribution should be identified, their request will be respected. Any answer given will be useful to the researcher, and after the thesis is handed in, all the material given and used during the research will be destroyed, at the latest by June 25, 2010. Your cooperation will be highly appreciated.

QUESTIONNAIRE

BACKGROUND INFORMATION

Tick where applicable

What is your religion? Christian Muslim Traditional

2. Sex: Male Female

3. Age: 15_20 21-30
31-40 41-50
51-60 61 above

4. What is your educational level

- | | |
|-----------------------------------------|------------------------------------------|
| (i) University <input type="checkbox"/> | (iv) O' Level <input type="checkbox"/> |
| (ii) Tertiary <input type="checkbox"/> | (v) Primary <input type="checkbox"/> |
| (iii) A' Level <input type="checkbox"/> | (vi) Illiterate <input type="checkbox"/> |

5. Marital Status

- (i) Single (ii) Married

6. Are you aware of the socio- cultural practices that spread HIV/AIDS?

- (i) Yes (ii) No

7. Which one do you know?

- | | |
|------------------------------------------------|------------------------------------------------------------|
| (i) Polygamy <input type="checkbox"/> | iv Using unsterilized Instruments <input type="checkbox"/> |
| (ii) Wife sharing <input type="checkbox"/> | (v) Widow inheritance <input type="checkbox"/> |
| (iii) Early marriages <input type="checkbox"/> | (vi) Blood relationship <input type="checkbox"/> |
| (iv) Circumcision <input type="checkbox"/> | |

8. What other behaviours can be responsible for the spread of HIV/AIDS

- (i) Prostitution
(ii) Unsafe blood transfusion

- (iii) Use of unsterilized instruments
- (iv) Mother to child transmission
- (v) Unfaithfulness
- (vi) All the above

9. What can be the solutions or measures that can be used to stop these socio-cultural practices which spread HIV/AIDS

- (i) Discourage widow interface
- (ii) Monogamy
- (iii) Counseling and guidance
- (iv) Promotion of girl child education

10. What are the other measures that can be used to stop the spread of HIV/AIDS

- (i) Abstinence
- (ii) Loving faithfully
- (iii) Sensitization
- (iv) Voluntary testing
- (v) Use of condoms
- (vi) All the above

11. Do you have any idea how these socio-cultural practices are carried out? (i) (ii)

12. If yes, how are/were they carried out?

.....

.....

.....

.....

.....

13. Can you say something about the responses to your opinions on these matters in your own family or extended family?

14. What sort of myths or narratives are vital in your family to keep you together?

15. Who are the strongest change makers in your extended family, according to your

view?

16. Should people be truthful to their traditions?

17. If Yes, why?

18. If No, why?

19. Are there any repercussions in going against the socio-cultural practices that spread HIV&AIDS

20. If Yes, what are they?

21. If No, why?

22. Should risky socio-cultural practices be abolished?

23. If Yes, how?. If No, what should be done?

Sincerely thank you for your cooperation.

Appendix III
 Map of Nyabubale Subcounty

