

Cultural Practices Associated with Death in the North Nyanga District of Zimbabwe and their Impact on Widows and Orphans +

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ABSTRACT

This survey examines the cultural practices associated with death in the Nyanga North area of Zimbabwe and their impact on widows and orphans in 211 families.

In addition to the concepts of pre-planning for death, property and wife inheritance, relevant aspects of life such as marriage, patriarchal succession and sickness are also considered. It is unclear what pattern of care and support for widows is emerging to replace the declining practice of wife inheritance.

The implication of these factors on the planning of effective intervention strategies is considered.

Introduction

AIDS has been spreading rapidly through Zimbabwe as in other sub-Saharan African countries. Serosurveillance studies (MOH, 1993) carried out in antenatal mothers have shown HIV prevalence levels of over 30% in urban areas and around 20% in rural areas.

The Elim Pentecostal Church of Zimbabwe (EPCZ) administers a church centre in the communal lands in the northern part of Nyanga District in the north-eastern part of Zimbabwe close to the border with Mozambique. This centre provides educational and health services to the community in the surrounding area.

In 1992, in response to the growing number of people with AIDS presenting to the hospital a community AIDS programme was started, which combined elements of education, care and support. One emphasis was the provision of homecare services to the terminally ill in the area. The deaths of such clients brought the programme into contact with a growing number of orphans. Rather than assisting only those who were contacted by the homecare programme, a more systematic approach was developed. This consisted of attempting to identify all orphans in the catchment area and then providing assistance on the basis of need.

+ An abstract based on an earlier version of this paper was presented as a poster at the IXth International Conference on AIDS/STDs in Kampala in December 1995.

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In June 1993 a community-based enumeration/registration process was started. Meetings were held with local community leaders at which the purpose of the exercise was explained. This was to identify all children under the age of 18 who had lost one or both parents.

The programme started a register which recorded basic details such as name of child, age, whether at school or not, sex, status of father, status of mother, name and relationship of caregiver and needs. This information was collected from the following sources: community leaders, eg, councillors; kraal heads; church leaders; village community workers; headmasters; and AIDS educators. By the end of 1993, 894 orphans had been registered in 270 families.

The following definitions are used for the purpose of this article:

- A *family* consists of the children of one woman. Children of one man who had more than one wife are considered as different families.
- An *orphan* is a child who has lost one or both parents through death.
- Although initially a *child* was defined as under 18 this was later modified to under 15 to allow comparability with other studies (Foster, 1995a).
- The *caregiver* is the person who cares for the family on a daily basis.

The Survey

Following this initial registration exercise, visits were made to the families identified, during three weeks of January 1994. The data collectors were four students who had had no previous connection with the programme. Information was collected using a questionnaire designed for the purpose.

Questions and answers were written in English but were asked in Shona. Where possible the questions were directed to the caregiver but if that was not possible answers were accepted from any adult relative. Households where no adult was available, no parent had died or there were no children under the age of 15 were excluded from the study.

There are 211 families included in this study with a total of 612 children. The ages of the children are shown in Table 1.

Table 1: Age distribution of orphaned children

Age Number	Under 5 87 (14%)	6 to 10 231 (38%)	11 to 15 294 (48%)
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The study identified 30 polygamous families. There were 12 men who had two wives and two who had three. As a result, although there are 211 families there are

only 195 fathers. Of the 211 families, 184 (87%) had lost the father, 14 (6.6%) had lost the mother and 13 (6.2%) had lost both. As might be expected, in the vast majority of families (96%) daily care of the family was provided by a female relative. In most cases (84%) the caregiver was the mother. This is in keeping with the cultural practices of the area where most activities related to childcare are carried out exclusively by women. What is more striking is that in addition most families (89%) also relied on women for financial support and in 74% of cases this came from the mother.

Cultural Practices of the Shona

In order to understand some of the cultural practices associated with death in the area it is first necessary to understand some of the practices associated with various aspects of life. The cultural practices of the Shona people in general have been well-documented (Gelfand, 1993).

Marriage

In traditional Shona society marriage is more than the coming together of two individuals. It involves the union of two families. When the couple marry, lobola is paid by the man to the woman's family. As a result the woman joins the man's family and the couple traditionally live in the vicinity of the paternal relatives. Any children belong to the paternal family and wider clan.

Sickness

Sickness and other problems within families are seen primarily as spiritual problems. Causes of illness include curses and witchcraft. When a person is taken ill a traditional healer is consulted to find out the cause of the illness. Appropriate medicine is prescribed which is believed to overcome the spiritual forces causing the illness and the person recovers. If the forces causing the illness are stronger than those being used for healing the person will not recover and may die.

The concept of a terminal illness is alien to this view. All diseases are seen as curable if a strong enough healer can be located. As a result patients with terminal illnesses often travel from healer to healer and from hospital to hospital looking for a cure.

Preplanning for death

In this world view, where illnesses are seen as the result of witchcraft and people die because the curse is more powerful than the cure, preplanning for death is problematic and there are strong taboos associated with this subject.

A person who talks to another about their impending death lays themselves open to charges of witchcraft. Conversations and planning often focus on searches for cure rather than on the arrangements to be made after death. This is in spite of the fact that concern about what will happen to their children is a major cause of anxiety for people living with HIV/AIDS (MAC, 1995). As a result wills are rarely made.

However, there are reports that this situation is changing and that people are making wills prior to their death (MAC, 1995). In the group under study 10 families (4.7%) reported that the deceased person had made a verbal will and 5 others (2.3%) had made a written will. Verbal wills are likely to be accepted by relatives if they have been made in the presence of witnesses. Verbal wills made to the wife alone are likely to be contested and may result in accusations being made about her.

Although the number of wills was low it was higher than was expected. Prior to the carrying-out of this survey no one associated with the community AIDS programme knew anyone with a written will. As a result, there was a very strong view within the programme that wills would not be accepted by the community. The recognition that this practice was already happening in a limited way amongst a small number of families strongly challenged that view.

Property Inheritance

If a man dies his relatives should take over the care of his family. Any property belonging to the deceased person would be taken over by these relatives. However, there are many anecdotal reports that the linkages between the provision of care and inheritance of property have been weakened. Some relatives may wish to inherit the deceased's property but neglect the implicit responsibility of care for his widow and children. This situation is sometimes referred to as "property-grabbing".

Problems may also arise if *lobola* has not been fully paid to the maternal relatives. The maternal relatives may seize property in such situations.

However, the results of this study would suggest that these well-publicised practices are not as widespread as is suggested (Table 2). In three quarters of families (76%) property was reportedly inherited by the children, while only 15% of the families reported that property had been taken by relatives. In most cases paternal relatives had been responsible.

Although these findings may appear to be reassuring, it should be noted that this response was often from a relative who might have a vested interest in presenting the facts in a certain way. In addition inheritance is rarely an all or nothing affair. Even if some property goes to the children, other property may be taken by relatives. There is a need to confirm these reports by asking the children themselves what happened to their property after their parent died.

Table 2: Inheritance of property after parental death

	Number	Percentage
No property	15	7.1
Destroyed	1	0.5
To Children	160	75.8
To Paternal Relatives	23	10.9
To Maternal Relatives	2	1.0
To Unspecified Relatives	7	3.3
Unknown	3	1.4

Wife Inheritance

Linked to the issue of property inheritance is the issue of wife inheritance (*kugara nhaka*). If a man dies his widow is inherited by one of the man's relatives, usually a brother. She lives with him as his wife and any children she has are considered the children of the deceased man.

This issue has been a focus for AIDS prevention programmes for sometime. If a man dies of AIDS it is likely that his wife may be infected. If she is inherited by a brother he runs the risk of himself being infected and in turn infecting any other wives he may already have.

There have been reports (Foster, et al, 1995) that the practice is declining and this would appear to be confirmed by this study. Only 30% of respondents reported that this was still being practised in the area. 94% believed it to be a "bad" practice which should be abandoned. Only 8 (3.8%) of the families reported that the practice had been followed in their own family.

Although these figures may initially appear to be encouraging in terms of AIDS prevention, there is a need to ask what is replacing the traditional practice of wife inheritance? How are widows now being supported? Are they involved in other sexual relationships? 44% of the women had had children more than two years after the death of the father of their other children. Interestingly, this man was identified as the father of these younger children although this clearly is a biological impossibility.

What is the explanation regarding these children and their identification as children of the deceased man? Is it possible that there were mistakes over the dates of death of the husband? This is unlikely to be a significant factor as many of the children were born many years after the death of the husband.

As these children are perceived as the offspring of the deceased person it is possible that this is a form of wife inheritance already discussed, whereby a brother or other paternal relative is the biological father of the children. However, there is no public taking of the widow as a wife and no commitment by the man to support the widow and her children. These points would represent a significant departure from traditional custom.

A factor which may play a part is the terrific social pressure and familial expectation that young women will continue to bear children. Failure to bear large numbers of children is still seen as a failure on the part of the woman.

A further possibility is that widows deprived of the economic support from their husbands are forced into commercial sex activities.

Whatever the explanation, these findings are a cause for concern. A great deal of time and effort has been put into explaining the risks behind wife inheritance. Many have been encouraged by the belief that the practice has gone into decline. However these results suggest that the practice has either been driven underground or has been replaced by alternative patterns of sexual behaviour which would seem to carry equal if not greater risk of contracting/spreading HIV infection.

How does this finding affect the children in this category? There were a total of 181 such children (31%). Although they were perceived as children of the deceased man this was clearly not the case and as a result are therefore technically not orphans. However, these children receive no support from the biological father whose identity is not publicly known. When asked who the father is the answer is given that it is the man who died some years previously.

What is the implication of this for these children? Is it appropriate to say that, unlike their older siblings they are not orphans?

These children are perceived by the community as offspring of the deceased man. They bear his name. They are seen by the community as orphans (*nherera*). In many ways they are indistinguishable from their older siblings who are truly biological orphans.

The local community have a saying which describes the situation. This is *mombe yayya neuswa mumuromo*, which means that the cow came home with the grass in its mouth. It appears to encourage acceptance of a situation which can't be changed. Such an attitude is helpful in many ways as it allows all children within one family to be cared for and supported in the same way.

However, there are local concerns that this seemingly supportive attitude encourages risky sexual behaviour. There are reports that the new chief in the area has recently decreed that any such children should be cared for by the biological father.

However, these children have no link with their biological father whose identity is not publicly known. They receive no support from him. Will the chief's decree

change this or will it result in such children being separated from other siblings and perhaps neglected or abandoned?

Patriarchal Society

As has been previously mentioned, traditional Shona society is patriarchal. However, with the reported decline in traditional practices such as wife inheritance it has been suggested that more widows and orphans now live with maternal relatives (Foster, et al, 1995). However, in this study, 88% of families were still living with the paternal relatives despite the fact that less than 4% of the widows had been inherited in traditional manner.

How can these seemingly contradictory results be reconciled? One explanation lies in differences between the areas studied. Foster's study took place in a peri-urban area whereas this study was in a remote rural area. Traditional practices are stronger in the latter when compared to the former.

Another possible explanation is that provision of care by maternal relatives may be a response to the increasing numbers of orphans arising as a result of AIDS. It is difficult to consider this point at this stage. Further studies of patterns of orphan care in the areas in question may provide insights into this issue.

It has also been suggested that when it is discovered that AIDS is the cause of death inter-family disputes may arise. This is certainly true as accusations of unfaithfulness are often made by both sides. However, this is unlikely to be a major factor as the diagnosis of AIDS is rarely publicly admitted at the time of death. It is more common that the marriage is not accepted by the paternal relatives. As a result responsibility for any offspring is not accepted. Factors which might cause a marriage not to be accepted would be non-payment of *lobola* and/or failure by the man to bring his wife to the paternal home.

Conclusion

It is vital when considering orphan care in a community to endeavour to understand the various cultural practices which influence those patterns of care.

Cultural practices may vary within a country and change with time. This survey shows that in the community under study orphans are still being cared for in the traditional way by paternal relatives. This is not the case in other communities where care by maternal relatives has been documented. Both studies show that the extended family remains the cornerstone of orphan care in such communities despite the pressures that those families face as a result of economic and other hardships.

Certain cultural beliefs are perceived as having adverse effects such as "property-grabbing". However, these may not be as widespread or as typical as is commonly believed. There was only limited evidence of this practice in this study. Although it undoubtedly occurs the stories which circulate may not be representative of the average family situation.

There is need for caution when advocating changes in cultural beliefs which are thought to have harmful effects. Consideration needs to be given to what will replace that practice. In the case of wife inheritance many questions arise. What will happen to widows and orphans if they are not inherited by the paternal relatives? Is it possible for paternal relatives to provide care and support to such families without the widow being taken as an additional wife? In the case of young women who are widowed when they have few children is it realistic to expect them not to bear more children?

Community-based orphan support programmes, such as the one based at the Elim Church Centre, have been developing in various parts of the country over recent years (Department of Social Welfare, 1993; SANASO, 1994). Such programmes not only provide support to the existing community coping mechanisms but they are also ideally placed to provide insights into changing patterns of care and other cultural practices which have impact on those.

When such programmes are being designed it is important that they are based on a sound knowledge of the cultural practices of the local area which may be different from another area of the same country. Although it is accepted that clear definitions of orphans are important for research purposes to allow comparability between studies, there is need to have a more flexible definition for operational purposes. This definition should be culturally appropriate so that it includes all children identified as orphans by the local community.

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