
**Traditional marriage counsellors and HIV/AIDS:
A study of Alangizi National Association
of Zambia in Lusaka**

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DEDICATION

To:

Chiza, My daughter, whom I see with my heart, your enthusiasm for education will linger forever in my memory

Xabaniso, My son, my computer teacher and fellow student

Cesthwayo, My son, your loneliness in the quest for education shall be richly rewarded, thus sayeth mum.

Samuel, My husband, your support and understanding is beyond measure.

Definitions of terms

Alangizi	Nyanja word for traditional marriage counsellor
Banachimbusa	Bemba word for traditional marriage counsellor
Bashichimbusa	Bemba word for male traditional marriage counsellor
Vimpheko	Nyanja word meaning taking different types of food to the prospective husband's family. It is part of a marital ritual meant to show the husband-to-be the different dishes the bride will be preparing within marriage. It is performed after all marriage formalities have been finalised such as lobola.
Kitchen party	Is a Zambian term for bridal shower. The bride-to-be receives different types of gifts, mostly kitchen utensils from invited guests. This rite is performed after vimpheko but before the marriage ceremony.
Mbuya	Literately in Nyanja meaning granny. But can also refer to a traditional tribal cousin as explained in the text such as Ngoni and Bemba or Tonga and Lozi tribal groupings in Zambia.
Lobola	Sometimes referred to as the bride price or bride wealth. There are cattle or sums of money paid by a groom or his family to the bride's father or family in consideration of marriage.
Dry sex	Having sex where the vagina has been dried by the use of drying agents such as herbs.

List of abbreviations

AIDS	Acquired Immune Deficiency Syndrome
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CSO	Central Statistics Office
DHS	Demographic Health Survey
HIV	The Human Immunodeficiency Virus
ICCPR	International Convention on Civil and Political Rights
NGO	non-governmental organization
SAP	structural adjustment programme
STD	sexually transmitted disease
STI	sexually transmitted infection
SWAAZ	Society for Women and AIDS in Zambia
TB	tuberculosis
UN	United Nations
WLSA	Women and Law in Southern Africa
YWCA	Young Women's Christian Association

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1 Introduction

The research problem

'The woman's world is limited to thinking of man and dreaming of a husband. After a marriage, a woman is sorely occupied with the art of keeping her husband' (Nawal El Saadawi, 1980).

Although Saadawi was describing an Arab woman in the above quotation, the passage aptly applies to a Zambian woman. Marriage is a very important institution in society. The respect for marriage is one single phenomenon which cuts across the whole spectrum of matrilineal or patrilineal societies in Zambia (Ngulube, 1989). Marriage was the first and surest way of convincing the elders that they had succeeded in bringing one more man up to the required standards of community and the girl that she had satisfied her parents and obeyed all the tough don'ts during her progression to being a wife and a mother.

The term *marriage* does not mean the same to everyone since its form and composition differ depending on the culture and custom of the people. Like culture, the concept of marriage is dynamic. It is constantly changing in response to changes within society. Marriage in western cultures is a union of a man and woman by a ceremony in law lasting one's lifetime. Chondoka (1988) points out that traditional society looked at the meaning of marriage as a union of a man and woman forever but it also meant that the two extended families were coming together as one huge family. This study will treat marriage as a formal union between a heterosexual couple. This is assumed to be the acceptable form of marriage for all males and females in a traditional and modern Zambian society. Zambian society considers an official marriage contract, be it civil or traditional, the only permitted avenue of sexual intercourse and practising sex, with all its consequences, outside this framework is considered shameful.

Zambian society is characterized by dominant male headed heterosexual marriages. Such unions often benefit men. Further, marriage could be described as the great paradox in women's lives. While the married status women yearn for may be oppressive and deny them choices in terms of sex, this institution may be the only acceptable way they can legally express their sexuality, bear children, have close and at times economically supportive relationships, and it is in marriage that women develop a sense of belonging. But it is also in the marriage institution that women face immeasurable exploitation and threats to their lives, especially in relation to the AIDS pandemic, as they are unable to negotiate safe sex with their husbands and are instructed not to say no to their husband's sexual demands. More importantly, HIV in Zambia is mainly transmitted through heterosexual acts, and marriages in Zambia are heterosexual unions. What needs to be explored and addressed, therefore, are the choices and tools needed to devise strategies and strike a balance so that women who choose to stay married can fight patriarchal exploitation and oppression within the institution.

To ensure that couples have successful marriages in Zambia, a prospective bride undergoes training to become a 'good' wife. The main feature of the preparations involves the family inviting a traditional marriage counsellor for premarital counselling. Zambians, whether they come from patrilocal or matrilocal ethnic groups, tend to have some form of premarital counselling for women and in some societies for men as well.

The criteria that are given for a good traditional marriage counsellor generally stipulate a mature woman or man able to appreciate the problems faced by young couples. She or he must be of good moral behaviour, able to keep and maintain secrets and able to maintain his or her own marriage well. Only such a person can advise on marriage. Zambian society holds men and especially women of such talent and repute in very high esteem. These are the women invited by the family to prepare a young woman for marriage. The importance of marriage cannot be underestimated. It is thought that marriage in a patriarchal community is the backbone of society on which the whole definition of society lies (Ngulube, 1989). The desire to get married and stay married often overrides the risk of HIV/AIDS a woman faces in the marriage institution. She is instructed to stay married, be obedient to her husband and never say no to his sexual demands, regardless of his behaviour. The traditional marriage counsellors, *alangizi*, ensure that she conforms to these instructions and the pressures

of marriage. This is aptly put by Ngulube (1989) when he states that on entering marriage with her husband as the first wife, the bride knew very well from Ngoni indoctrination through her grandmother that the nature of Ngoni marriages was polygamous and that no Ngoni woman had any kind of sexual monopoly over the husband.

Justification for the study

Traditional marriage counsellors have changed over the years, both in composition and in their relationship to the family they serve. There are now a variety of traditional marriage counsellors but their message and role have remained consistent and critical to the institution of marriage in the Zambian society. The counsellor's role is vital because even today a traditionally submissive woman is still a desirable bride in Zambia. But social cultural beliefs which subordinate women in society, can make them more vulnerable to HIV infection. Furthermore, socio-economic conditions compel women to exchange sex for money or gifts in and outside marriage. It is therefore important to examine the existing and the emerging traditional marriage counsellors, to see if their message helps women to be assertive and assists them to cope in marriage. Considering the importance attached to the message of traditional marriage counsellors in marriage and the fact that their message is strictly adhered to, the study intends to see how these counsellors can be used to meet other new challenges women face in their marriages such as accessing their human rights and avoiding HIV/AIDS. Equipping traditional marriage counsellors with the appropriate messages about HIV/AIDS is critical as sex is a taboo subject and is only discussed freely during these marriage-counselling sessions.

The HIV/AIDS epidemic has been wreaking havoc in Zambia for 20 years now. Thousands have lost their lives and this fate awaits many more. In the last couple of years there has been an increase in awareness and commitment to combating this deadly disease. Although the government of Zambia has been able to break the silence and stop the denial among the leadership about the devastating HIV/AIDS epidemic, the efforts have not halted the spread of HIV. Furthermore, there has been no significant behavioural change within the Zambian community, nor has there been an opening up on sex education, which is still a taboo subject in the country. As evidenced by the failure to introduce sex education in Zambian Secondary schools and the frequent outcries whenever a remotely sexual topic is aired on radio or television in Zambia. The numbers of infected and dying people are increasing, problems are multiplying and the trauma continues. Information indicates that it is now vigorously attacking the youths. This study seeks to explore the role of traditional marriage counsellors, the people entrusted with advising young men and women on marriage. It is also worth mentioning that in Zambia almost all HIV transmission is through heterosexual relationships and premarital counselling is the only time when sex and HIV/AIDS, a sexually-related disease can be discussed freely and in detail.

When deciding on this topic, I asked myself what, for example, traditional marriage counsellors could do now to help curtail the spread of HIV in Zambia, especially among women? My answer was that they can be used as a communicating tool to sensitize young people, whom they counsel prior to marriage, about HIV/AIDS and the related subjects of assertiveness and knowing your rights within marriage. This is important because these other forms of communication such as pamphlets and billboards may not be appropriate with subjects as sensitive as sex or HIV/AIDS. The recipients may not feel the message is personally directed at him or her. Using traditional marriage counsellors may be ideal when dealing with a taboo subject because this is the appropriate time to discuss sexual matters. Besides, using traditional marriage counsellors as a communicating tool is user friendly, especially to women, as the message is delivered personally and in private. This form of communication is also appropriate in a country where the literacy rate¹ is low among women – 38 per cent of women and 18 per cent of men are illiterate in Zambia. These figures may be higher in rural areas. In Zambia literacy levels are higher for men than women throughout all age groups exposing the limitations of using pamphlets and billboards if you are targeting women.

¹ See Zambia Demographic and health Survey 2001–2002 page 27.



AIDS prevention billboard: Panos picture

For the woman, her weak position in society and in the marriage institution makes it difficult for her to control her sexuality and negotiate safe sex. This study looks at the role of traditional marriage counsellors to see if they can be used as a tool to empower women, improve their negotiating skills with regard to sex and sexuality and enhance their position in marriage. Everyone should be involved in the fight against HIV/AIDS. This multi-sectoral, participatory-based approach presents an opportunity to get as many people as possible involved in combating this deadly disease. This view is also endorsed by the National HIV/AIDS/STI/TB Council of Zambia, which targets strengthening the capacity of organizations and associations by equipping them with skills to fight HIV/AIDS. The Alangizi National Association of Zambia can be an association to be targeted for such activities.

In spite of the changing factors in Zambian society such as Christianity and modernity, the institution of marriage has remained intact and the way young people are prepared for it is relatively unscathed. I therefore decided to investigate whether culture has had any impact on the role of traditional marriage counsellors and the advice they give women as they prepare them for marriage, and whether this message is adequate in a modern changing environment devastated by HIV/AIDS. I hope this study will contribute to the understanding, reduction and discussion of HIV transmission in marriage and increase awareness of the disease among Zambians.

HIV infection is transmitted primarily through heterosexual contact; it is carried in seminal and vaginal fluids and any exchange of fluids during intercourse can result in transmission of the virus. Women have even been infected by a single exposure to infected semen (Panos Dossier, 1990). Because of inadequate information, the challenges of poverty and the weak position they hold in relationships, women are unable to protect themselves against HIV. During premarital counselling, traditional marriage counsellors can empower women with skills to help them negotiate safe sex in marriage. This is the message traditional marriage counsellors have to understand before they communicate it to young men and women during premarital counselling.

Statement of the problem

Women face many problems. Their status is generally low in both the private and public sphere. Their low status is replicated within marriage where they also occupy subservient positions. For as Saadawi (1980) observed:

'The oppression of women, the exploitation and social pressures to which they are exposed constitute an integral part of the political, economic and cultural system preponderant in most of the world.'

This certainly includes Zambia. The situation and problems of women in contemporary society are born of developments in history that made men dominant over women. The belief over the years in the subordinate position of women has reinforced and perpetuated patriarchal oppression despite changes such as Christianity and modernity. Although the problems of women and men in society seem to be endless, harm is only done when we do not attempt to uncover the truth about the real issues affecting the sexes. So it is important to uncover the problems affecting men and women and try to overcome them. With the advent of HIV/AIDS this research becomes a matter of life and death. Hence this study on how traditional marriage counsellors can contribute towards the dissemination of the AIDS message to young women during premarital counselling is apt and a critical area of study.

Further, underrating the problems of women and sex is not understanding the principle of politics since the underprivileged status of women leads to the backwardness of society as a whole. As the saying goes: 'when you educate a man you educate an individual but when you educate a woman you educate a family or nation'. This work is intended to enhance women's negotiating skills and enable them to make decisions on safe sex and human rights in marriage. Traditional marriage counsellors will be tasked with empowering women during premarital counselling with the HIV/AIDS message and how to have a safe sexual relationship within marriage. This will help to combat AIDS among families in Zambia, and especially among women, as AIDS affects every aspect of their lives whether or not they themselves are infected. This is because women usually find themselves responsible for caring for the entire household. It is not surprising that in Zambia AIDS is known as a family disease (Panos Dossier, 1990). If traditional marriage counsellors sensitize women about HIV/AIDS, as this study envisages, it will lead to the reduction of HIV infections and will ultimately relieve women in their role as primary providers of health care within the family and community.

Objectives of the study

The main objectives of the study are as follows:

- 1 To determine the role played by traditional marriage counsellors in relation to the marriage institution;
- 2 To consider possible changes to the message of traditional marriage counsellors to incorporate current issues such as HIV/AIDS and human rights.

Traditional marriage counsellors have a multiplicity of roles before and after marriage. This study will as much as possible confine itself to premarital counselling. This study is expounded in six chapters. Chapter one is an introduction which seeks to place the marriage institution in context and to examine the traditional marriage counsellor's role in it. Chapter two presents the various methodological approaches used, the different methods used and the limitations of these methods. Chapter three will put into perspective the literature on traditional marriage counsellors, international instruments on culture and tradition, government policy on traditional marriage counsellors and HIV/AIDS, the role of the church and non-governmental organizations. The research findings and detailed discussion are presented in chapters four and five respectively. The concluding chapter six presents recommendations for policy reform, changes in attitudes and future research.

2 Methodology

Collecting the evidence

This chapter is on the research procedure or research design. It specifies how the research was carried out using grounded theory and the women's law approach. The chapter looks at the target population and the type of data which was collected. The data collection method and data collection procedure are also specified. The chapter ends with the challenges I encountered during the research.

Assumptions

The following were the assumptions underlining the ideas about the major problems to be researched:

- 1 Marriage is an important institution in Zambia and in order to preserve it families invite traditional marriage counsellors to initiate their daughters for marriage;
- 2 Traditional marriage counsellors play a significant role in society as they communicate traditional values about marriage to women and this advice is adhered to rigorously;
- 3 Traditional marriage counsellors do not instruct women on safe sex thereby exposing them to unnecessary risks of contracting HIV;
- 4 Traditional marriage counsellors' advice perpetuates women's subordinate position in marriage;
- 5 Because of their importance and influence in society, traditional marriage counsellors should be used as a vehicle for counselling couples on HIV/AIDS and human rights in marriage;
- 6 Traditional marriage counsellors should consider instructing men as well as women about marital behaviour and obligations.

However, some of the assumptions were challenged in the research and adjusted as follows;

- 7 There are traditional practices that are encouraged by traditional marriage counsellors that may promote the transmission of HIV;
- 8 There are ways in which culture can be used to promote safe sex without destroying the essence of culture.

Research questions

In view of the above assumptions, the following became the guiding research questions:

- 1 Why is the marriage institution important in Zambian society?
- 2 Why do families invite traditional marriage counsellors to initiate their daughters into marriage?
- 3 What type of advice do traditional marriage counsellors give to women about marriage and how is it taken by them?
- 4 Can traditional marriage counsellors instruct men as well as women about marriage?
- 5 Can and should traditional marriage counsellors instruct couples on HIV/AIDS and human rights in marriage?
- 6 Does the message of traditional marriage counsellors perpetuate the subordination of women in marriage?

Research methodologies

The main methodology used in this research is the women's law approach and the grounded theory was one of the research tools. The women's law approach is a legal discipline which explores the realities of women's lives by interrogating the law or in the case of this study government policy, traditional practices and the moral issues

that emerged from the study. Thus I collected and used data to investigate women's experiences in interpreting the message received during premarital counselling. While considering that there are complex and sensitive issues that affect women's position in marriage, such as a mixture of norms drawn from many sources and influenced by diverse perspectives such as tradition and religion, the desire and pressure to conform to these norms play a crucial role in women's lives. Adopting this concept in this study helped me to uncover rules, norms, and religious and cultural practices that could be obstacles to women asserting themselves and negotiating safe sex in marriage to help them fight HIV transmission. It also helped to assess how women as part of society regulate each others' actions and are also part of that impediment to women asserting themselves within marriage.

Grounded theory is an interactive process in which data and theory, lived realities and ideas about norms are constantly engaged with each other to help the researcher decide what data to collect and how to interpret it. This approach looks at the people being researched and it seemed pertinent to this study as it helped me to understand and focus on the lived experiences of women during premarital counselling and the impact of the message traditional marriage counsellors give to them within marriage. This also helped me to learn from the counsellors and the recipients of the message and to interrogate the barriers, if any, to women asserting themselves and negotiating safe sex with their spouses. The level of acceptance of the role of traditional marriage counsellors and their use by Zambian families came as no surprise to me but I was pleasantly surprised by the willingness of traditional marriage counsellors to learn new skills to enhance their work. As for the message that traditional marriage counsellors delivered to their initiates, grounded theory revealed that it was a blend of modern, religious and traditional norms and values. This divergence is further explained in the literature review, analysis and discussion chapters of this study.

This study is on whether the message of traditional marriage counsellors in Lusaka has evolved to include sensitization on HIV/AIDS and human rights issues. As such, traditional marriage counsellors constituted the target population of this study. However, owing to the size of Lusaka, the survey was conducted on a specific community of the town, Kabwata. Initially, I intended to interview only women but while in the field I discovered that the men could not be overlooked. Therefore, male traditional marriage counsellors were also interviewed. It also became necessary to interview religious marriage counsellors, AIDS counsellors, medical professionals, relevant institutions and non-governmental organizations dealing with HIV/AIDS as well as the recipients of the message, married couples. The focus, however, still remained with traditional marriage counsellors and their syllabus.

In spite of having many assumptions and formed attitudes about traditional marriage counsellors and their ability or lack of it to counsel on traditional values and HIV/AIDS in marriage and how to deal with it, I tried to go into the field with an open mind. I was aware of the basic assumptions and suppositions but, at the same time, I was ready for any surprises that this study might reveal. This helped me to expose the economic, social and cultural influences that force women in Zambia to refrain from discussing sex freely with their spouses and deny them the opportunity to negotiate safe sex in marriage. I was also ready to learn and share ideas with my respondents about women's experiences and how they balance their roles to stay healthy, alive and married at any cost. Embarking on this research as a so-called educated and economically independent woman who had undergone traditional premarital counselling over 20 years ago, I thought I had a good idea about the message that traditional marriage counsellors gave to women and how it is partly responsible for women's subordination in marriage and how it impacts on their daily lives. But the research showed me that traditional marriage counselling is part of the educational process, its curricula is vast and constantly changing. And in education a person is always learning, even one who is educated. This research, therefore, was an enlightening experience of surprising proportions.

One of the assumptions in this research was on traditional practices that are encouraged by traditional marriage counsellors that may promote the transmission of HIV. I assumed that 'dry sex' would be one of the emerging issues in the research. Surprisingly, traditional marriage counsellors did not mention dry sex as one of the

messages they gave to young women during premarital counselling. When I thought of a possible explanation for this, I presumed that the initiates were young women being prepared for marriage, possibly virgins, and not yet concerned with dry sex.

Qualitative methods

Qualitative research methods were used in the study. This method was preferred because of its potential to elicit information and also to bring out the voices of the interviewees but with deeper and more intense insights. The primary concern was to get an insight into the message of traditional marriage counsellors, vis a vis societal and cultural attitudes which continue to perpetuate the subordination of women in marriage and how it infringes on their human rights in the social institution. This is why traditional marriage counsellors are being investigated in this study.

This research was not tailored to find out how many women had undergone premarital counselling. My concern was to find out the type of message delivered by traditional and religious marriage counsellors to women and whether the message has changed. I also sought to find out if men were also counselled and if the message delivered incorporated the new risks of HIV/AIDS and human rights. The questions in the interview guides I prepared also interrogated views of AIDS counsellors and relevant institutions on traditional marriage counsellors' messages and HIV/AIDS.

Once I was on the ground, it was apparent that sex and sexuality were sensitive subjects, while HIV/AIDS was also regarded as a shameful disease. Most respondents felt uneasy in discussing what they termed 'secrets' of marriage. I had to establish a relationship before embarking on the interview. What this involved was that, depending on the name, age and tribe² of a respondent which I deduced from his name, I could call him or her 'brother', 'sister', 'father' or 'mother' and if the respondent was a traditional tribal cousin³, I could call him or her 'husband' or 'sister-in-law' respectively, thereby establishing a relationship that creates a relaxed atmosphere. This can only be understood in the context of a village setting where everyone is related to everyone else, rarely referring to each other by name. Most women did open up after some time and freely discussed the subject, though with surprise when requested for details on a particular matter. But men still found it difficult to discuss sex with a female stranger. During the research it became evident that most women had undergone premarital counselling. The practice is still deep rooted and popular in Zambia.

Data collection methods

Secondary methods

Secondary data was collected through the literature review expounded in chapter three. Literature research was an ongoing process throughout the study. It commenced with attempts to understand who traditional marriage counsellors were and what role they played in the Zambian community in the past and in the present. The research progressed by interrogating their message to find out whether human rights were being enhanced or violated through the message of premarital counselling. Further, the literature review discussed the role of the church and non-governmental organizations on the matter and finally looked at government policy and administrative arrangements with regard to the Alangizi National Association of Zambia and HIV/AIDS.

² Tribe was not one of the questions on the interview guide but was assumed during introduction.

³ Traditional tribal cousins refer to each other as 'mbuya' maybe to symbolize the joking and relaxed relationships between the tribes. Tribal cousins have other functions such as helping each other during bereavements. Generally speaking people from eastern and northern provinces are traditional cousins while those in southern and western provinces have a similar relationship.

Primary methods

Primary data was collected through various methods which were employed in the field. The primary methods employed were in-depth interviews and focus group discussions.

In-depth discussions

Most of the data collected in this research was through in-depth interviews. In all, 25 interviews were carried out. The aim of these interviews was to evoke views of traditional marriage counsellors, to determine if the advice given incorporated the message on HIV/AIDS and human rights, and to help to promote awareness of this devastating subject in the marriage institution. This method brought out the experiences and lived realities and the message delivered during premarital counselling as well as, to some extent, whether the same message was followed through in marriage. More women were interviewed during the research because generally more women are initiated than men and there is no cross-gender counselling. This is indicative of the burden marriage places on women. The people interviewed, their institution and gender are tabulated below.

Table 1: Respondents by their institutions

Institution	Female	Male
Alangizi association	4	1
Traditional marriage counsellors outside the association	3	1
National HIV/AIDS Council	1	-
Department of Culture	-	1
Family Health Trust	4	1
YWCA	1	1
Chainama Hospital	1	1
UTH	1	-
Catholic Church	1	1
United Church of Zambia	2	-
Assemblies of God Northmead Church	-	1
Couples	2	2

An interview guide (annexed to this report) was prepared for each category of interviewees.

Focus group discussion

Only one focus group discussion was held. It constituted five traditional marriage counsellors. One participant was about 50 years old and she organized the discussion; the other colleagues' ages ranged from mid-thirties to mid-forties. Sex and sexuality is a sensitive subject, thus focus group discussion is not an ideal way of soliciting opinions on the subject, as it is difficult for people to feel less inhibited about it. During the research my experiences reinforced the view that people do not feel free to discuss sex at all, let alone with strangers or in a group. In spite of the above this data collection instrument yielded valuable results. Once a friendly atmosphere was created at one of the respondents' homes, where we enjoyed Zambian hospitality, the participants opened up. I observed that the other two participants sought affirmation from the older participant during the discussion. The advantage of the focus group discussion was that I was able to get a collective viewpoint on an issue

there and then. This enabled participants to be prompted by colleagues if they forgot a particular detail or corrected if they erred. Thus I was, hopefully, able to elicit the community's collective view on the topic.

Interview with experts on certain subjects

Some respondents were chosen on the basis of their specialized knowledge on the subject. For example, respondents included officials at the National Aids Council, government officials and the chairperson of Alangizi National Association of Zambia. It was envisaged that these particular respondents would give a special understanding of the problem under discussion. Some other respondents who had expert knowledge were AIDS counsellors and two medical officers. Some respondents, such as the chairperson of the Alangizi National Association of Zambia and the officer at the National AIDS/HIV Council, were revisited several times.

All the interviews were open-ended. Although an interview guide was prepared for the purpose of the study, it was at times not referred to allowing the discussion to flow freely. This was possible as I had a clear understanding of the topic under study. But the guide was referred to as soon as it was convenient. During the interview the next question technique was also used as an instrument of data collection. This allowed me to constantly review my interview guide adding questions to enhance the information being collected. Surprisingly, I envisaged a limited role for male traditional marriage counsellors but the research revealed otherwise. It is also worth noting that interviews were conducted at the homes and workplaces of the respondents.

When preparing for this research, I intended to interview the Department of Culture in the Ministry of Sport, Youth and Community Development, only as a link between the Alangizi National Association of Zambia and the government. But the grounded theory revealed that the Ministry of Health could have yielded valuable results for the study. Similarly, marriage officers⁴ were omitted. This was another oversight on my part. For these officers officiate at marriages conducted under the Marriage Act⁵. It would have been interesting to interrogate the said officials to find out if they counsel the couples before or after the marriage ceremony. And if so, what type of message they impart to the young couples. This type of information would have enriched the research.

Informal discussion

This study was on the sensitive subject of premarital counselling on sex and HIV/AIDS. I was aware that speaking freely on such a subject is not easy. Hence I took advantage of every opportunity to discuss and gather further information on the subject. This was possible as women indirectly discuss sexuality among themselves. Even before the formal interviews commenced with most of the female interviewees, I was able to subtly gather information on the matter. One other important source of information was my mother who was living with us at the time. Her presence can be compared to referring to a commissioner after a football match. I was able to get deeper insight and historical background into certain issues that were raised during the discussion, as I would spend hours discussing them with her after the interviews.

Research site

Data was collected from Lusaka, the capital city of Zambia. The main research site was a high-density area of the city called Kabwata. The area was chosen because its population has cultural, educational and religious diversity. One couple, recipients of the message of traditional marriage counsellors, was from Mtendere while one male religious marriage counsellor was from Chelston. An attempt was also made to get a cross-section of the population in terms of income and class differences. Like in most parts of Zambia, people in the areas

⁴ In Zambia it is a designated official at the civic centre or municipal council or a registered minister of religion who conducts civil marriages; these are referred to as marriage officers.

⁵ This type of marriage is also known as civil marriage; the other two are under the African Marriage Act and can be either registered or unregistered unions.



Figure 1: Research sites: Zambia's Lusaka Province

chosen for this study initiate their young women for marriage. The sites were also chosen because they were easily accessible by public transport, not only for me but my respondents with whom I had to make appointments before the interviews took place.

Recording data

Data was gathered and recorded in a notebook. At times it was necessary not to write as I interviewed the people although none of the interviewees asked me not to do so. This was to allow the respondents to relax and also create an informal atmosphere. I then sat down to record what they had said as soon as it was convenient. I have decided not to divulge the names of my respondents in respect for their privacy.

Problems encountered

This study attempts to address women's lived experiences in accessing adequate premarital advice that would equip them to manage their relationships better, promote their human rights and curtail the transmission of HIV in marriage. The field research was carried out in four months. Although four months seemed like enough time, it was not easy to secure appointments with some of the working respondents. Several trips were made before an interview was arranged. Besides, even the non-working respondents rarely kept to time or honoured the dates of the appointments, eating into the time allotted for the study. With regard to language, most people in Lusaka speak Nyanja, Bemba or English, languages I am fluent in, but once I observed that an older traditional marriage counsellor would have been more relaxed and forthcoming speaking in her mother tongue, Kaonde. Unfortunately I cannot speak the language and I did not have an interpreter with me as I was confident that there would be no need for one. The other problem encountered during the interviews was the interviewees' reluctance to disclose information, especially on a subject such as HIV/AIDS, and their level of sensitivity to the subject under discussion. This meant I had to spend more time interviewing the respondents than I had anticipated. I had to prod to encourage them to answer while they spent a lot of time pondering the question and trying to find the best way to answer it without embarrassing us both.

A token of appreciation was given to traditional marriage counsellors for sharing their wisdom with me in response to my request that they 'open their mouths'. Very few counsellors requested this gift but I voluntarily left a token of appreciation to traditional marriage counsellors.

3 Literature review

The tradition behind premarital counselling

Marriage is a significant human experience in most African societies. Puberty is another significant stage of human transition. Both puberty and marriage provide an opportunity for societies to express the ideology regarding gender through ritual (Strobel, 1984). At marriage, females and males are taught what is proper behaviour for their gender, in particular, their sexual and marital roles.

Arnold Van Gennep coined the useful term 'rites of passage' to describe the rituals performed on the occasion of 'life's crises' such as birth, initiation and marriage (Reed, 1975). These ceremonies involve actual passage from one age group to another, from one occupation or social function to another. Admittedly, 'initiation' is one of the oldest of these rites and is usually thought of as a puberty rite but it is sometimes called initiation into marriage. The ceremony to prepare a girl or boy for marriage is a happy occasion; it signifies survival to nearly adult age so that the children can marry and have families of their own. Marriage rites vary widely across Zambia and these rites have changed over time with the introduction of other practices from other societies, the coming of Christianity and changing attitudes on the part of urban or educated Zambians. But what is a common feature in both matrilineal and patrilineal groups in Zambia is that females, both as participants and leaders, have been involved in rites of passage that mark transitions from one socially significant stage in life to another, such as from being an unmarried woman to being a married woman. The structure and content of ritual is common in many societies in Zambia (Strobel, 1984).

Chisungu in Bemba or *Chinamwali* in Chewa is the name given to rites performed for an individual or a small number of girls prior to marriage. A brief ritual is performed at the onset of menstruation but the main ritual awaits the girl at the time of marriage. A crucial function of this ceremony is reinforcing the community of women and initiating young women into a group of women beyond their immediate family. Many of the elements of the ritual express the hierarchy of relationships among female groups which emphasises the importance of this ceremony for adult female participants and their initiates. It also emphasizes her new role in the community and wider society – that of a potential wife and mother.

An initiate at the onset of puberty

Picture courtesy of Alangizi National Association of Zambia



In Bemba⁶ the coming of age rites are led by *nachimbusa*,⁷ a woman of talent and reputation, preferably married or widowed. During the month-long ritual a relationship is established with the initiate which lasts from the premarital counselling period through to the birth of her first born child (Strobel, 1984). During this period the initiate is instructed in secret marital rites. Instructions propagate the proper attitude towards her gender role within and outside marriage.

Premarital rites in patrilineal Ngoni⁸ society intensify before the day of departure to her new home; the bride goes through a number of training sessions in her village to make sure that they are taking a well-instructed girl. Experienced women are her instructors (Chondoka, 1988). The patrilineal Tumbuka⁹ follow a similar practice as Ngulube (1989) points out ‘elderly women from the girl’s side and from the man’s side will explain marriage secrets to the bride and groom’. What is told to the couple is not told to the people who marry in an untraditional way. All the above activities culminate in an instructor witnessing the results of their lessons at dawn after the first wedding night to see that the rituals are performed according to instructions. Significantly elderly women have a big job when a girl reaches puberty so that she enters marriage equipped with acceptable levels of skills.

The aforementioned elderly women, instructors or *nachimbusa*, are what I term in this report *alangizi*, traditional marriage counsellors. The *Monitor* newspaper quoted in *African Journal* No. 20 (<http://www.newpeoplemedia.org>) states that:

‘The traditional marriage counsellors known as alangizi, a local language word meaning teacher or one who directs, are sought after by many Zambian families.’

The traditional marriage counsellors are engaged ‘to teach’ the acceptable behaviour required from a married woman, among other things. Traditional marriage counsellors, *alangizi*, instruct a girl or boy in acceptable behaviour for a married person in and outside marriage.

Some traditional marriage counsellors in Zambia have since formed an organization, called Alangizi National Association of Zambia (ANAZ). The president of the association informed me that it was founded in 1997 and is based at Lusaka National Museum, with regional offices in the nine provinces of Zambia. It is important to note, however, that most traditional marriage counsellors operate outside the association possibly because they are not aware of the existence of the organization or they choose to operate independently. Most traditional marriage counsellors are women but, as Ngulube (1989) observed, ‘some selected men prepare the boy for the first night of marriage’. Thus a few men in and outside the association perform this role.

Traditional marriage counsellors have multiple roles as articulated above. Their services are required at the first day of menstruation for the girl, during premarital counselling and, if required, in re-initiating a married man or woman with the aim of reconciling the couple. The president of Alangizi National Association referred to the same idea when she confirmed the various roles played by *alangizi* in an article which appeared in the *Monitor* newspaper of 19–21 February 2002 (<http://www.newpeoplemedia.org>). In it she explains that initiation ceremonies that are conducted when a girl comes of age and premarital counselling are different. The lessons and syllabus are not the same. She said the syllabus for the initiation ceremony has been revised to include good hygiene, the dangers of HIV/AIDS and to alert the initiates on risks of sexual abuse, while premarital counselling prepared a girl for marriage.

Christianity and premarital counselling

Like in other African countries, the spread of Christianity came with colonization in Zambia. Converts were attracted to Christianity for many reasons, including access to mission education. And after conversion the new

⁶ A tribe in the northern part of Zambia.

⁷ Bemba word for a woman who instructs the initiate.

⁸ One of the tribes in the eastern part of Zambia.

⁹ One of the tribes in the eastern part of Zambia.

Christians in the Zambian community entered into Christian marriages. Not all aspects of Christian marriage were followed or valued, for example, monogamy, which was at variance with African tradition. Thus one finds African men, while espousing Christianity may have outside or informal wives, with whom they have a relationship that is more stable than that of a girlfriend but which has no legal status. Christian missionaries also brought with them to Africa strong beliefs in separating the spheres of male and female activity. Like Africans, Christian missionaries separated male and female activities although the content of the spheres were different (Strobel, 1984). Needless to say, the Christian missionaries sought to preserve their model of the role of women as mother and wife.

Thus before the Zambian converts were married according to Christian practices, they were counselled by the clergy on Christian marriage principles, such as women's sexuality posited on Victorian principles, and the relationship between marriage and conception (Strobel, 1984). Other Christian beliefs that churches in Zambia instruct their believers on as part of premarital counselling are the need to stay within a marriage and adhere to the biblical vows of 'for better or worse'. Those married in church are also counselled and advised that marriage is forever. Thus, like African tradition, Christianity contains the ideology of gender and embodies assumptions about women which are manifested during premarital counselling. This paradox on Christian and traditional premarital counselling was vividly illustrated when the Christian Council of Zambia facilitated a workshop between *alangizi* and the Presbyterian church in Mtendere, Lusaka at which positive traditional and Christian values about marriage were encouraged and society was advised to teach the same to the young generation.¹⁰

Premarital counselling for a Christian marriage reinforces superiority of male over female, making a woman a passive dependant in marriage. The emphasis of submission of wives to their husbands¹¹ is a code of conduct that has extended to submissive behaviour in the presence of all men. This also portrays a traditionally accepted model of a 'good' woman and wife in Zambia. Zambians are known to be religious as evidenced by the declaration of the country as a Christian nation.¹² But one may find that traditional belief systems and other traditional structural alignments have remained relatively untouched by Christianity, for example, the institution of *alangizi* who teach traditional norms and values about marriage during premarital counselling.

This shows that, to a certain extent, one can convert to Christianity without having to change one's traditional approach to life. This dual identity is socially accepted and practised in Zambia today. Missionaries, the clergy or laity have accepted this relationship between faith and culture or they just look the other way.

Government response to HIV/AIDS

HIV/AIDS has for the past two decades continued to spread across all continents killing millions of adults in their prime, disrupting and destroying families and turning millions of children into orphans. Zambia is experiencing one of the most devastating HIV epidemics in the world. Among adults in Zambia, the majority of HIV infections occur through unprotected heterosexual intercourse. According to Panos Dossier (1990), in those countries of the developing world where HIV has spread predominantly through heterosexual intercourse, there is a greater awareness of the impact of HIV on women but often scant attention is paid to their needs. AIDS is now the leading cause of death for women aged 20–40 in sub-Saharan Africa. Women's situation has not been helped by the increasing numbers of women being among the very poor in Zambia. The Central Statistics Office indicated that, in 1993, 70 per cent of the people in Zambia were unable to meet their basic needs. Out of this number, 90 per cent were women (CSO, 1996).

¹⁰ See <http://www.newpeoplemedia.org>

¹¹ See Ephesians 5:22–33

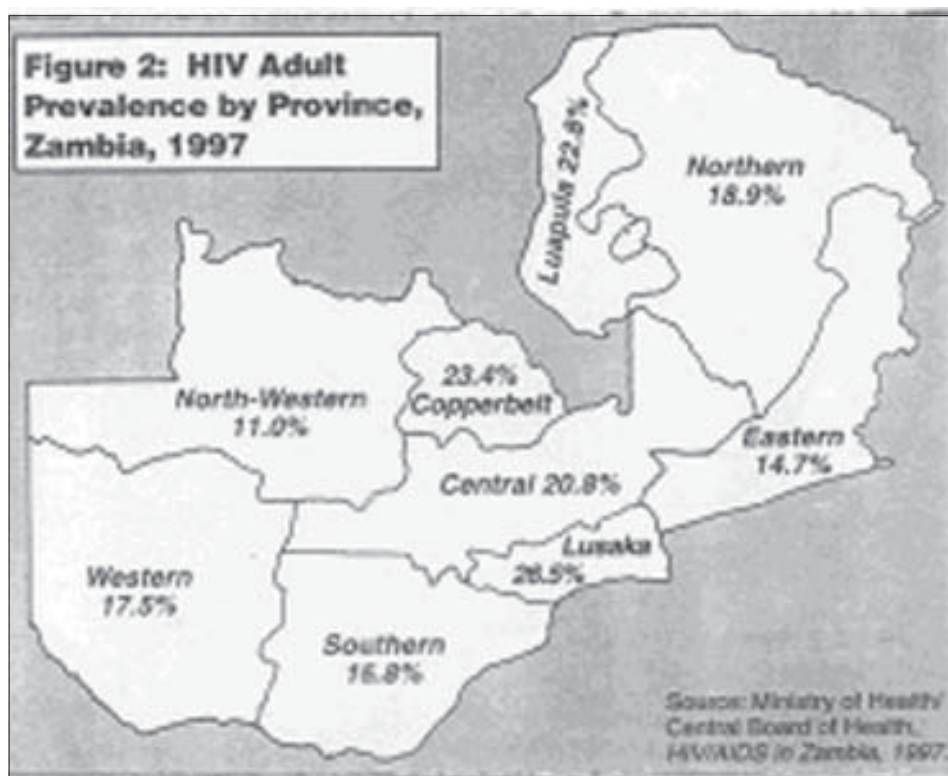
¹² See the preamble to the Zambian constitution.

Female poverty often brings with it an increased risk of HIV infection through restricted access to information, health services, such as STD treatment and condom supplies., apart from the fact that often women’s negotiating position with sexual partners is undermined by economic dependence. Poverty is defined as the state of having insufficient money to afford basic necessities of life such as food, health and education (Siame *et al.*, 1998). In Zambia women’s economic position is a result of socio-economic factors such as globalization of markets, Zambia’s economic crisis and the negative impact of structural adjustment programmes. There has been an overall increase in poverty and women have a disproportionate share of the burden. The dominance of women among the very poor has resulted in what has been called the ‘feminization of poverty’ (Siame *et al.*, 1998).

The National HIV/AIDS Intervention Plan 2002–2005 was the national response to the fight against the AIDS scourge. The overall objective of the plan for the period 2002-2005 was ‘to reduce the HIV prevalence rate among Zambians by 10 per cent¹³ and improve the health status of people living with AIDS’. The plan advocates for multi-sectoral participatory and rights based approaches. The Zambian government believed that if this plan were applied quickly and with enough courage it would result in lower HIV infection rates. The plan further called for communication campaigns encouraging safe sex practices and good health seeking behaviours to reduce the prevalence of AIDS in the 15–19 age groups from 15 to 11 percent by 2005. This age group is important for according to the demographic health survey (DHS, 1996), 50 per cent of women in Zambia marry before the age of 18 while 98 per cent marry by the age of 30. This is where the connection of AIDS and traditional marriage counsellors arises.

The study is encouraging the use of traditional marriage counsellors to communicate safe sex practices within marriage during premarital counselling, effectively targeting the 15-19 age group and others. This would be in line with the HIV/AIDS strategic plan which calls for integration of cultural norms and practices, among other things, in the fight against the HIV/AIDS pandemic.

Figure 2: HIV adult prevalence by province, Zambia, 1997¹⁴



¹³ See the National HIV/AIDS intervention plant, page 4.

¹⁴ Source: *Under the Mupundu tree*, page 8.

The Zambian government admits that the national response to HIV/AIDS has not been as aggressive as the disease's impact on the nation warranted.¹⁵ For example, almost two decades since the first case of AIDS was made public in Zambia, the government has no AIDS policy. Instead, the National Strategic Plan envisages guiding the national response to the HIV pandemic while the nation awaits the AIDS policy. And there is no legislation dealing specifically with HIV/AIDS. The issue of a person infected with HIV intentionally infecting another person is seriously being considered as legislation as revealed by the Zambian government in its initial periodic report to the United Nations on the implementation of the United Nations Convention on the Rights of the Child 2002 but there is no timeframe in legislating on the same.

International instruments on tradition and culture

According to the Draft Declaration of Cultural Rights, the term 'culture' applies to the values, beliefs, languages, arts and sciences, traditional institutions and ways of life by means of which individuals or groups express the meanings they give to their life and development. The African Charter on Human and People's Rights, sometimes referred to as the Banjui Charter, places cultural rights as duties in chapter II. Specifically, Article 29 (7) tasks individuals 'to preserve and strengthen positive African cultural values in his or her relations with other members of society...'. Using traditional marriage counsellors to advise on HIV/AIDS and human rights would be a positive aspect of traditional practice and institutions. The aspirations of this unique institution of *alangizi* would be strengthened to instruct young people in traditional norms and values as well as HIV/AIDS and human rights in marriage.

But it is imperative to first have traditional marriage counsellors grounded in human rights ideals, particularly rights accruing to women. In this regard non-governmental organizations have a role to play in first sensitizing the counsellors in international conventions that Zambia is party to. This will enable traditional marriage counsellors in turn to instruct their initiates on these values during premarital counselling.

The 1995 Beijing Declaration, whose Platform for Action mission statement, among others, states that human rights of women and the girl child are an inalienable, integral and indivisible part of universal human rights and the fundamental freedom throughout their life cycle, would be one such salient feature of human rights to appraise the counsellors with. In suggesting that traditional marriage counsellors should be used to sensitize young women and men during premarital counselling on HIV/AIDS and human rights, this study is intimating that the counsellors will be used as a tool to enhance the right to health espoused in both article 16 of the Banjui Charter and article 12 of CEDAW. As they will be empowering women to practise safe sex within marriage and possibly stay healthy and save their lives.

Interestingly, in the Draft Declaration of Cultural Rights, there is a host of cultural rights that the traditional marriage counsellors who have embraced this craft will in turn be fulfilling, such as article 6 which promotes education and training. Namely, 'everyone is entitled to freedom to teach and be taught one's culture and the freedom to set up institutions for that purpose' as illustrated by the formation of the Alangizi National Association of Zambia. Similarly, article 7 of the same draft declaration expounds on the right to information:

'To seek, receive and transmit information, help in disseminating it and correct or have corrected any erroneous information about cultures.'

This study is articulating the remedy to have these rights exercised under conditions of equality within marriage by sensitizing both the sender and receiver of the information. Premarital counselling further enhances the right to marry and found a family, another core value universally acknowledged, accepted and protected in article 18 of the African Charter on Human and People's Rights and other international covenants.

¹⁵ See the National HIV/AIDS intervention plan, page 4.

4 Research findings

In this chapter, I have recorded the field findings, the various views, opinions and concerns raised by the respondents during the research.

Social and economic factors

The focus of this study was on traditional marriage counsellors, popularly known in Zambia as *alangizi*. The research revealed that the majority of traditional marriage counsellors are not members of the association and that they are mostly women. But I found out that some traditional marriage counsellors also play dual roles by imparting both traditional and religious ideals of a 'good' wife in marriage according to the requirements of the inviting family. This was true of one respondent who I interviewed as a religious counsellor who informed me during the interview that she performed both roles simultaneously.

The chairperson of Alangizi National Association of Zambia, who is also a counsellor, informed me that the association has 350 members. Some have attended a number of workshops sensitizing them on HIV/AIDS and human rights issues such as domestic violence. So far 35 counsellors had been trained on these issues. The traditional marriage counsellors were trained by the Society for Family Health and WLSA Zambia in 1999 and Society for Women and Aids in Zambia (SWAAZ) in 2000. But when five other members of the association were asked if they counselled their initiates on HIV/AIDS and what type of message was given on the same, they expressed ignorance on the subject being part of the advice given to the woman during premarital counselling, except for one male counsellor who articulated the message given on AIDS as faithfulness and condom use.

Traditional marriage counsellors are an institution that is socially accepted in Zambian society. All my respondents, traditional marriage counsellors, the inviting family, the recipients, religious and AIDS counsellors and one medical officer, acknowledged their role although some interviewees had misgivings about part of their message. Therefore, the role of traditional marriage counsellors as perceived by the respondents is that they prepare young people for life within marriage. The period taken for premarital counselling varies from one day to two weeks or even more, since these can be daily or occasional lessons. When I asked the traditional marriage counsellors why families invite them to prepare their children for marriage, they responded by saying that it is because they knew that the lessons were beneficial to them.

The research revealed that the role of traditional marriage counsellors is a process like marriage itself. It begins with premarital counselling, followed by *vimpheko*¹⁶ where the counsellor has to assume the role of the bride and explain the different dishes prepared for the man as a preview of the type of food to expect once married.

The next task is at a the kitchen party¹⁷ where the counsellor continues advising the demure initiate in the use and value of mostly kitchen utensils presented at the ceremony by the invited guests. The final function is to escort the bride to her new home on the night of the marriage and finally the counsellor has to inspect at dawn if the first rituals of marriage were properly followed. One Bemba respondent informed me that the special relationship with the initiate lasts through to the birth of her first child. The respondents acknowledged that there were no hard and fast rules to counselling roles. Some counsellors performed all these roles while others only conducted premarital counselling. (These responses were all from female traditional marriage counsellors).

Some female traditional marriage counsellors informed me that they earn their living performing these functions. They said the family of the initiate often paid in cash or kind. The fee varies, depending on the area and

¹⁶ *Vimpheko* is a ceremony where, after *lobola* has been paid, the girl's family prepares different types of food to take to the man's family.

¹⁷ 'Kitchen party' is a Zambian term for bridal shower.

social class of the inviting family. Those in the association tend to ask for more money than those outside it. The male traditional married counsellor I interviewed informed me that he did not ask for any money since he was helping children of friends and relatives in the community. The family can show appreciation if they wish but the mere request from them to counsel their child was enough honour. This was also the dilemma faced by some female traditional counsellors who explained that it was difficult to talk about money to close acquaintances and relatives. They paid any amount or in kind. But as one respondent pointed out, money is not the real issue. For people to seek your services you have to be an effective counsellor, it is very demanding work and you have to love playing this role. One female respondent made the following remarks when asked if she was paid for the counselling services she rendered to the inviting families:

'We do not ask for any payment at all. In the village where I come from the family comes to request your services by bringing a chicken and kneeling before you.'

Cultural message

I have categorized the messages delivered to young people into three groups. The message for young women, that for the men and the message given during couple counselling. Those outside the association informed me that they rarely counselled a man and woman together, only the counsellors within the association admitted to couple counselling and they reported that more time is allocated to counselling the woman. The male counsellors outside the association also advised the boy only at the invitation of the family. This also varied as some male counsellors only advised the boy on the night of the marriage while others had longer sessions with the male initiate. The following is an excerpt from an interview with a female traditional marriage counsellor:

Q What type of message do you give to a girl during premarital counselling?

A I tell her to stay well in marriage, be obedient to her husband, accept the man as head of the home and to respect her in-laws.

Q Is that all you tell them or is there anything else?

A (Looking surprised, she answered) Do you want to know everything?

Q Yes everything (emphasizing the last word).

A (After a short silence and looking surprised she answered), I teach her personal hygiene, house-keeping, how to receive visitors, child spacing and how to tell the potentiality of her husband's fatherhood.

Q Is there anything else that you tell them?

A (She then had a serious expression on her face and said) The initiate is also taught bedroom matters, that is copulation and 'thyole', (a local term meaning shaving her husband's pubic hair). I teach her to be very careful so that she does not hurt her friend (meaning the husband).

It is evident from the above interview that women do not feel free to discuss sex. It was after much probing that matters relating to sex were mentioned and most respondents mentioned them only in passing. One older respondent could not bring herself to mention the last messages. But respondents from the eastern part of Zambia and one interviewee who was my traditional tribal cousin gave a detailed account of shaving pubic hair and the art of copulation, mentioning the positions and different parts of the female body that can be used during copulation. A female Bemba respondent further showed me clay figures and drawings illustrating the lesson; she said her message was:

'Work hard, do not deceive your husband and do not have intercourse too often,' (this last message is meant to help with child spacing within marriage).

The male traditional counsellor who counselled the men only expressed the following sentiments regarding the advice he gave to his initiates:

A I advise the young man how to respect his in-laws and fend for them, it is his job to mend their thatched hut and granary.

Q What about if they live in town, which thatched house is he expected to mend?

A Oh that, he has to pay rent for them. I also tell him to provide for his wife, because if he does not others will and they will steal his wife in the process. I also tell him how to identify if a girl is a virgin.

Q How can he tell that? I asked.

A He can tell, there will be elders to help him.

The traditional marriage counsellors who conducted couple counselling informed me that they advised the young people as follows:

*'I advise the couple not to keep their salaries a secret from each other, to budget together, to keep what happens in the bedroom a secret, why they have to shave their pubic hair and why a girl wears beads in her waist, all this is part of romance. I also tell them to pray together. This is the time when I tell the man not to beat his wife, and if she is ever beaten, I tell the wife to report to the Victim Support Unit.'*¹⁸

As evidenced from the comments expressed above from the various traditional marriage counsellors interviewed the message of HIV/AIDS does not automatically come up as one of the messages given to the initiates as they are counselled. I had to specifically ask if HIV/AIDS was part of the advice that young men and women received during premarital counselling. Two of the respondents within the association gave the standard AIDS message of faithfulness, abstinence and condom use. But the usual response from my respondents was:

'I always warn them to be careful now; there is a bad disease out there. I urge them to be faithful to their partners. (after a pause) It is a very bad disease; our children are in trouble.'

The recipients of the message acknowledged the usefulness of the counselling sessions and the messages that go with them. The two interviewed couples confirmed that they received premarital counselling. For the men only one was counselled on the night of the wedding. He had a handler who explained to him what was expected of him on this occasion and what to expect in marriage, such as those already mentioned above. On AIDS one female respondent commented as follows:

'I was not counselled on AIDS because the disease did not exist then' (she was married in 1988).

While the other female interviewee made the following remarks:

'What can one do even when you are counselled about AIDS the men never change their behaviour they always want other women.'

The message from the church

The research findings revealed that the advice of religious marriage counsellors is not very different from that of traditional marriage counsellors, the main departure being that churches tend to counsel couples as a rule. Basically the message promotes marriage as being forever. It emphasizes submissiveness to your husband and

¹⁸ The Victim Support Unit is a department of the Zambian police service which deals with gender and domestic violence, among other things.

keeping the biblical vows of 'for better or for worse'. They provide bible verses to augment their message. The traditional aspect in the message cannot be completely overlooked especially nowadays when marriage committees¹⁹ made up of church elders perform this function. The period for premarital counselling varies from three weeks in the United Church of Zambia to three months in the Catholic Church and six months in the Assemblies of God Church.²⁰ The male catholic respondent informed me that he did not ask for any payment. This was a voluntary activity and he affirmed that the advice included the traditional message but he assured me that they left out the bad traditional message such as *ukupyanika*, a local term meaning widow inheritance. Asked on the exact advice he gave to the initiates he had this to say:

'I tell them that secrets should remain between the two of you and you should defend your partner in public. I also tell them about sex, enjoying sex and romance – shaving your husband's pubic hair is part of romance.'

When asked whether he counselled on AIDS and if so what type of message he gave, he said:

'I tell them to abstain or remain faithful to each other (when I mentioned the word condom, he paused and looked solemn then said). AIDS is a difficult disease the best way to solve it is to be open minded about it and discuss it especially with children at home.'

The Assemblies of God church marriage counsellor I interviewed informed me that the church did not oppose condom use in marriage. But my respondent also objected to marrying a couple who had had an intimate relationship with each other before marriage. The United Church of Zambia also had a nurse as part of the counselling team, who made the following comments:

'We try to equip the couple with information about HIV/AIDS and other related STI diseases. We also introduce the topic of mode of transmitting the disease and AIDS testing. I do not encourage condoms and even my church is against them.'

The above responses show the contradictions within the protestant churches and other religious circles on condoms. It also shows how personal opinions about condoms can erroneously be viewed as a church position. Significantly, I do not know whether the nurse respondent represented the official view of the United Church of Zambia as the church she represents is a protestant church and accepts contraception within marriage. As for the female Catholic counsellor, while rejecting condom use, she was concerned about conception. She divulged alternative methods of contraception such as rhythm and withdrawal methods.

The non-governmental organizations AIDS and traditional marriage counsellors

The non-governmental organizations interviewed were Family Health Trust and Young Women's Christian Association (YWCA). The research revealed that Family Health Trust has three projects, namely, Children in Distress, dealing with orphans and widows, CINDI, the anti-AIDS project dealing with youths in and out of school and finally the Home Based Care project dealing with support, counselling and treatment of opportunistic diseases resulting from HIV/AIDS; the latter project is pertinent to this study. The home care programme is defined as a community-based initiative which provides integrated care for people living with HIV/AIDS and promotes awareness concerning the prevention and control of HIV infection and AIDS (Blinkhoff, 1999).

Under the Home Based Care project, Family Health Trust has AIDS counsellors based at the university teaching hospital in Lusaka. The four counsellors I interviewed informed me that their target groups were tuberculosis or AIDS sufferers who either went to them voluntarily or were referred to them by the hospital upon discharge. They were then couple counselled on tuberculosis and HIV/AIDS and sent back to the community to

¹⁹ Due to demand, the clergy in the Catholic church and the United Church of Zambia have delegated the function of pre-marital counselling to church elders.

²⁰ The churches are sometimes referred to as 'born-again' in Zambia.

decongest the hospital and the AIDS counsellors continued visiting them at home. The findings revealed that the AIDS counsellors were aware of the traditional marriage counsellors and thought that they were a useful institution. One counsellor summed up the views of her colleagues:

'I do not know them personally. They seem to have some good points. But when you look at the AIDS pandemic there is some advice, such as submitting to your husband even when you know your husband is misbehaving, which is not good and they tell women not to say no to their husband's sexual advances.'

The other non-governmental organization I interviewed was YWCA which has a long history of working with women in Zambia. I interviewed two AIDS counsellors who are also para-legal officers, a man and a woman. They acknowledged the existence of traditional marriage counsellors and informed me that they conducted workshops to sensitize them on HIV/AIDS and human rights issues such as domestic violence. I revisited the YWCA several times, trying to find out how they identify and target the traditional marriage counsellors who attend their workshops. What emerged was that they identified the counsellors through some churches. Although it was outside the scope of this study, I facilitated the meeting of some traditional marriage counsellors in Kabwata who showed an interest in being sensitized to HIV/AIDS by YWCA through their workshops. I informed the desk officer at YWCA about the desire of some traditional marriage counsellors in Kabwata to be sensitized on HIV/AIDS. I also submitted the name of the desk officer to one of the traditional marriage counsellors in Kabwata and made arrangements for the two parties to meet at their own convenience.

In trying to discover the role the government plays in relation to traditional marriage counsellors, I interviewed an officer from the Department of Culture, which falls under the Ministry of Sport, Youth and Community Development. The respondent informed me that the only role played by the department had been at the time of registration of the Alangizi National Association of Zambia. Thereafter, the department maintained no formal contact with traditional marriage counsellors, although they do meet at different fora organized by other institutions on such matters as HIV/AIDS. The respondent was non-committal about the role and existence of traditional marriage counsellors in general.

What the professionals say

The Government of the Republic of Zambia set up the National HIV/AIDS/STI/TB Council to monitor, evaluate, mobilize resources, coordinate and oversee policy guidelines on HIV/AIDS. The respondent at the council informed me that the whole nation was either infected or affected by HIV/AIDS. The interviewee indicated that there were no funds yet to sensitize traditional marriage counsellors on HIV/AIDS, after acknowledging their existence and the role they play in society. The respondent felt that the best way to tackle the problem of HIV/AIDS was to teach children at family level. The council confirmed that Zambia has no HIV/AIDS policy, but had a 2002–2005 National HIV/AIDS Intervention Strategic Plan.

The two medical doctors I interviewed in their individual capacity added a different dimension to the role of traditional marriage counsellors vis a vis HIV/AIDS. One of the medical informants who was at one time in charge of a rural mission hospital in Zambia and was also handling the anti-AIDS department at the hospital, informed me that she identified the traditional marriage counsellors in that area because of the ineffectiveness of the hospital's activities on HIV/AIDS at the time she was in charge of the institution. She decided to include some village community leaders, clergy and traditional marriage counsellors in a one-day workshop because she believed that to address the AIDS problem we need the involvement of all stakeholders. During the seminar it emerged that the traditional marriage counsellors had not included the information about sexually transmitted infections as part of their syllabus (this would include HIV/AIDS) and that they do not counsel boys but felt they should. The respondents affirmed the influential position of traditional marriage counsellors and said they were found to be useful on rare occasions of an uncooperative young woman in labour. Asked if condoms were

discussed during the one day seminar, the respondent had this to say:

'The people seemed shy to talk about condoms and did not know much about them. They also said they saw the need to teach young people about AIDS and other diseases but they did not know how to do it. We came up with a way of helping and agreed to meet quarterly. Coming up with vernacular names for the sexually transmitted diseases helped. Unfortunately we did not follow up with further meetings.'

The other doctor respondent was at Chainama hospital in Lusaka which was doing a lot of work on HIV/AIDS such as training AIDS counsellors from different parts of the country and was instrumental in establishing my contact with Family Health Trust where I sourced some of the literature on AIDS. This led me to interview one trainer of trainers who trained HIV/AIDS counsellors in Zambia. The interview was conducted at Abundant Life Church in Lusaka, where she was conducting a workshop with AIDS counsellors from different parts of the country and from various disciplines, such as teachers, nurses and the clergy. All the participants were given the same message on safe sex which was that while abstinence and faithfulness were the preferred methods in the fight against HIV/AIDS, the third option, condom use, was also advocated. When asked if they were also sensitizing traditional marriage counsellors on HIV/AIDS, the respondent's reply was negative.

From the above findings, it is evident that the message from the traditional marriage counsellors is consistent. The *alangizi's* advice on traditional or cultural aspects of marriage is familiar to them, making it possible for them to deliver this message with confidence to the young initiates. But their knowledge of the HIV/AIDS message needs attention. Even the traditional marriage counsellors within the association who claimed to have been sensitized on AIDS are not conversant with the subject and the research revealed that sexually transmitted diseases are not part of their syllabus. As for religious marriage counsellors their message is contradictory and confusing. Personal opinions on AIDS transmission, and prevention seem to affect their message. Even the inclusion of the cultural content of the message is coloured by the personal opinions of the instructors. While some religious counsellors embrace the cultural message on marriage, others are wry and emphasize that 'we leave out the bad aspects of tradition' – without explaining who determines which is a good or bad aspect of tradition. The need for religious and traditional marriage counsellors to be sensitized on HIV/AIDS as seen from the YWCA is urgent and necessary and the research revealed that this is possible.

5 Analysis

Moving with tradition and the religious jinx

We have seen from the study so far that Zambian communities were held together by a common culture. Such culture had distinct practices which were observed by the community thus giving the community an identity. One such important cultural practice was premarital counselling by traditional marriage counsellors. Various tribal communities in Zambia consider the preparation of a girl for marriage vital. When I started my research I understood that only Bemba tribal groupings prepared both girls and boys for marriage, and that there was also limited counselling for the boy in other communities; the research revealed through the literature review that older men did counsel young men in other tribes such as the patrilineal Tumbuka and other African groupings. Reed (1975) states that the youth were instructed by older men and initiated into manhood. Referring to traditional marriages in Zambia, Chandoka (1988) affirms that training for marriage was necessary. He continues by stating that this training involved the woman or man having access to certain privileged information on marriage and being taught how to perform certain tasks. The research through grounded theory proved that both men and women were counselled but more time was spent with the woman than the man.

Other organizations, such as the church, also prepare young people for marriage, inculcating religious values about marriage. Premarital counselling by both the churches and traditional marriage counsellors has proved to be a resilient practice. Premarital counselling attempts to influence young people on marriage and other relevant issues. It is the influence of the curricula of traditional marriage counsellors which this study investigated. This message from both traditionalists and the church is aimed at sustaining the marriage institution. But it can also be used to discuss new challenges that face young people in marriage such as HIV/AIDS and human rights abuses within the institution.

Marriages increase family kinship ties and are the foundation of a nation. Such relationships are considered a great asset to the family, community and the nation. Although marriage is viewed as important in family formation it is essential to point out that in reality marriage binds women into unequal relationships with men. This inequality is linked to the wider social and economic structures (WLSA, 1998). The paradox for women, as pointed out by some feminists, is that apart from giving women's lives meaning and a sense of self-worth, marriage is also a source of oppression. This study is proposing to help women assert themselves in the marriage institution. It does not dwell on the virtues and vices of the institution but rather how traditional marriage counsellors can be harnessed, organized, sensitized and used to meet the new challenges faced by women, such as HIV/AIDS and securing their human rights. The study has shown that it is possible to change and enhance the message of counsellors as new ideas have already been incorporated into their message, such as budgeting together, avoiding domestic violence and registering marriages. This is encouraging as it embodies the dynamic nature of culture as the president of the Alangizi National Association of Zambia already pointed out.

Cultural perspective

The research has revealed that traditional marriage counsellors are allowed to operate in Zambia without appropriate guidance. Although the Alangizi National Association is registered, not every counsellor works within the association and there seems to be no line ministry to monitor their activities and yet they influence the minds of young people in society. The findings have shown that the traditional marriage counsellors, *alangizi*, are well accepted by the society, the church and the government. Concerns are raised about some of the advice they give to women but the findings also revealed that the message is changing with time, for example couples are advised to register their marriages, women, in particular, are told to be wary of property grabbing – an activity which is prevalent when a woman is widowed in Zambia – and couples are advised that domestic violence is unacceptable. This shows there is room for new ideas. As the president of the Alangizi National Association of Zambia pointed out in the *Monitor* newspaper, their association has modernized their teachings

to include issues aimed at empowering girls trained at the onset of puberty to recognize and face situations such as sexual offences and be aware of the dangers of HIV/AIDS.²¹ It is important to sensitize traditional marriage counsellors as the research revealed that some of the counsellors in the association were more conversant with the current syllabus as they are exposed to workshops organized to enlighten them on HIV/AIDS and human rights than their counterparts operating outside the association.

The non-governmental organizations who have acknowledged the importance of traditional marriage counsellors lack guidance from government in coordinating their action and reaching their intended target, the counsellors in the community. Some of the guiding principles of the national response to HIV/AIDS are:

- Place people in the centre of the solution;
- Respect the basic human rights of all persons;
- Integrate cultural norms, values and practices in the response; and
- Establish vulnerable groups and certain geographical areas as priorities (Ministry of Health/Central Board of Health 1999).

These guidelines would suit the traditional marriage counsellors role well. They work with the people at grass-roots level and basically target vulnerable groups, the women. Since they teach traditional values about marriage, this study suggests that they include respect of basic human rights of all persons in their syllabus as they perform this cultural function of premarital counselling. In so doing the counsellors assist government, with its overstretched health facilities, in AIDS prevention measures. This proposed strategy would complement other Zambian government efforts to combat HIV/AIDS. Traditional marriage counsellors target women, as suggested by this study, who are particularly vulnerable to infection due to their lack of decision-making power and autonomy within personal relationships. Reducing AIDS infections may lessen the suffering of women in their multiple roles in society and the family as health care providers, educators and wives. Nursing the sick is generally seen as a female activity, especially when unremunerated. Apart from this being a gendered role for women, it is reinforced by the widely adopted home care programme in Zambia, where most home care volunteers are women.²²

Most respondents, irrespective of sex or age, believed traditional marriage counsellors taught traditional values about marriage and not about issues like HIV/AIDS or human rights and the findings confirmed this view. Information about HIV is not available to many women who live in areas with limited health provisions such as Zambia. For others, the information may exist but circumstances denies them access. This may be due to low levels of female literacy and high poverty levels among women, making disseminating information about HIV/AIDS more difficult. Failure to discuss issues such as sex is a big obstacle to women accessing the AIDS message. But the fact that traditional marriage counselling is a traditional instrument, targeted at women of all classes and educational background, and is also an accepted forum where sex is discussed freely, makes it an appropriate vehicle for disseminating the AIDS message, essentially a sexually related disease.

This strategy of using traditional marriage counsellors to participate in educating women on HIV/AIDS during premarital counselling would be in line with the guiding principles of the national response, prepared by the Ministry of Health, of integrating cultural norms and practices to address the issue of HIV/AIDS (Ministry of Health/Central Board of Health MOH/CBOH, 1999). This would be a more effective and interactive mechanism of spreading the HIV/AIDS message and would complement other AIDS prevention methods such as posters and billboards, which tend to be impersonal. Furthermore, many of the cultural constraints on sexual decision making particularly affect women. This study on traditional marriage counsellors is an attempt to look at the AIDS pandemic as a problem which can be addressed through behavioural change and prevention during premarital counselling. As already mentioned, if we are to tackle the problem of HIV infection and AIDS, it is

²¹ See <http://www.newpeoplemedia.org>

²² See *Under the Mupundu tree*, page 53.

essential that we study not only the virus but all cultural practices which might contribute to or curb its spread (Panos Dossier, 1990). For example, the message of traditional marriage counsellors, how this impacts on women's lives and how the same institution can be an instrument of positive traditional practices.

The issue of traditional marriage counsellors and methods used to instill cultural values into young women within marriage has attracted a lot of media attention in Zambia in view of the incident which appeared in the *Post* newspaper article of 2 February 2003. The article portrayed a picture of traditional marriage counsellors who were out of control, using cruel and inhumane methods to teach a woman how to be a submissive wife and daughter-in-law. Government, through the victim support unit of the police service, responded by bringing these women before the courts of law and convicting them for assault. Although such incidents divert attention from the real work of *alangizi*, they are just a diversion as they have not diminished the popularity of *alangizi*. As observed by the *African Women Journal* No. 20²³ the *alangizi* are still sought after by many Zambian families. Such unfortunate episodes can be best curtailed by sensitizing traditional marriage counsellors on contemporary issues of HIV/AIDS and human rights. Banning them would only drive them underground and they would be more harmful to society that way.

Counselling for marriage is a very popular practice in Zambia and it cannot be shunned because of incidents, such as that mentioned above. The women involved in this incident were not members of the Alangizi National Association of Zambia, which represents the most common position of traditional marriage counsellors. If these counsellors operate within an organization they can be better sensitized to HIV/AIDS and human rights issues and in turn they can impart progressive messages to young people during premarital counselling.

Conflict between religious practices

In Zambia, Christian churches play a leading role in community life. Most people belong to a church. More than any other social institution in Zambia, churches have the capacity to reach, inform, support and mobilize communities at grassroots level (Blinkhoff, 1999). The research findings revealed that Christianity has been absorbed into the message of traditional marriage counsellors, a cultural institution, and vice versa. But this is not to say there have been no conflicts between the church's view of female sexuality and associated practices on the part of indigenous people such as how young people should be prepared for marriage. On the contrary, such conflicts have led to the development of Christian rituals of preparing young people for marriage. But attempts at such substitutions has not been entirely successful as families evade the church's directive against traditionally preparing a girl for marriage by making the girl or boy undergo both traditional and Christian premarital counselling sessions. The Catholic church in Zambia has realized the futility of banning the so-called 'heathen' traditional practices of initiating young people for marriage. By consulting local people in the church on premarital counselling, they have rather adapted some aspects of the traditional message into their Christian teachings about marriage and coming up with a mutually accepted premarital counselling curricula – especially now that this function is performed by church elders rather than priests. And as the research revealed, some religious counsellors play a dual role: they impart both traditional and Christian values about marriage. Furthermore, workshops are being organized by the Christian Council of Zambia with Alangizi National Association of Zambia to share ideas on the best way to prepare young people for marriage in Zambia. Strengthening such cooperation is the way forward as both tradition and Christianity are here to stay and have to co-exist. Both institutions are dynamic, thus able to accommodate positive ideas and new challenges about marriage which they can teach young people during premarital counselling.

Nevertheless, such conflicts between traditional practices and church teachings on marriage are continuing in some Pentecostal churches. This is bound to change as even the early missionaries realized that the Christian

²³ See <http://www.newpeoplemedia.org>

tradition should not confine God and the gospel to one culture (Talithat, 2001) but ought to be prepared to embrace alternative behaviour practised among the African converts. Although some churches teach against traditional premarital counselling, they do not forbid it completely (Hay *et al.*, 1984). This study advocates for strengthening the role and message of traditional marriage counsellors by reviewing its syllabus and including the new characteristics and challenges of HIV/AIDS and human rights, thus empowering women to negotiate safe sex in marriage. As for the churches, they can influence this process to include pertinent Christian values that do not undermine the position of women within marriage. For deep-rooted widespread beliefs about the passive nature of female sexuality in both Christian and traditional teachings combine in many societies to literally undermine women's control of their own bodies and in the case of AIDS, their own destinies. The church is already working with the Alangizi National Association of Zambia, as evidenced by the Christian Alangizi workshop at Presbyterian Church in Mtendere in February 2004. The workshop was facilitated by the Christian Council of Zambia and both sides called for the positive values of African custom on marriage to be imparted to the young generation.

Condom use

Conflict within Christian churches is another aspect of the equation that affects traditional marriage counsellors' message. Not only does conflict arise between churches and traditional teachings on marriage, tension at times emerges within Christian churches on whether or not to teach about condom use during premarital counselling. The Catholic church bans condoms for any reason but they are tolerated by Protestant churches on certain conditions, such as using them within marriage. In spite of this, traditional and religious pundits in Zambia shun condoms because they believe they are associated with promiscuity. Ignorance on this subject by the Zambian public is compounded by the government and the church who contradict each other on condom use. In many parts of the world people, particularly women, are still unaware of the existence of condoms or are too poor to purchase them (Panos Dossier, 1990), especially in African countries such as Zambia. Thus there is still a long way to go before the condom rescues most women from the risk of AIDS. And yet studies show that condoms prevent the passage of HIV and used properly they provide the best available protection against HIV infection (Panos Dossier, 1990). This study is propagating that traditional marriage counsellors make condom use part of their message during premarital counselling.

Resistance to condoms is not exclusive to traditional and religious leaders or men, however, since, for many women, the connotations of condoms are a powerful disincentive. Some women fear that if they insist upon condom use or even ask their partner to use a condom they will endanger their relationship or even lose their partner. In losing a partner, they may lose a relationship which confers status and emotional and most likely financial support. Those women with dependant children, as most Zambian women tend to be, are especially vulnerable. There is pressure for women of childbearing age to have children, as Ngulumbe (1989) states, since bearing children is strongly revered and sterility is the worst thing that can happen to a man or woman. All the above impediments make the teaching of condom use by traditional marriage counsellors vital. But they have to be experts on the subject and feel comfortable enough about condoms themselves before teaching young people during premarital counselling sessions. Thus sensitization of these counsellors on HIV/AIDS is a prerequisite to them delivering the same message to their initiates. Since the message will be delivered by a traditional body, *alangizi*, it might send a signal that condom use is culturally acceptable.

Condom use is a critical message that needs to be delivered to young people during premarital counselling. For the churches preferred option, lifelong fidelity or chastity may appear increasingly attractive in the era of AIDS, but little evidence suggests that either is any more likely to be sustained. For as Professor June Osborne said:

'There has never been a society in which the pattern of sexual behaviour were restricted solely to monogamy or chastity' (Panos Dossier, 1990).

With this in mind, I am inclined to believe that when properly armed and sensitized women can consider condom use. As Parpart (1997) reminds us, over the years, women have fought back to control their sexuality as seen by women in the Zambian Copper belt from 1926–1964 where women asserted their power in a changing environment to fight against ‘traditionalized’ marriage where they were seen as passive pawns in patriarchal struggles, as shown by court records in that era and area’. Besides, if a woman working as a prostitute may insist on condom use with a client, it is possible, with adequate and sustained sensitization she will do the same with a partner and traditional marriage counsellors can be part of that sensitization process as they work with women of all classes and at the grassroots level specifically on matters of sexuality.

The church, government and community leaders provide contradictory messages on HIV modes of transmission, safe sex practices, sex and sexuality in general. Cultural, social and religious messages in Zambia portray the condom in a negative light. And yet one of the government’s intended strategies in HIV/AIDS is ‘promoting the use and availability of condoms, including female condoms’ (Ministry of Health/Central Board of Health, 1999). Thus the stand by the church and other traditionalists directly contravenes government efforts to fight the disease and confuses people, especially vulnerable groups such as women who are under greater pressure to conform to cultural, social and religious norms. It is unfortunate that infidelity has proved to be a big issue in HIV/AIDS prevention and education message, while people continue to die and children continue to be orphaned. The church, for instance, encourages women to stay within marriage. This pressure for women to stay within marriage irrespective of the difficulties they face endangers their lives, directly challenging their inalienable right to life enshrined in article 6 of the International Convention on Civil and Political Rights (ICCPR). This right is also protected in article 4 of the African Charter on Human and People’s Rights. The least the church can do is assist women by making the marriage institution safe by advocating condom use, among other things.

Government response –To be or not to be

The first AIDS case in Zambia was reported two decades ago. But to date, there is no AIDS policy. This affects not only the work of government but other institutions such as non-governmental organizations who want to make positive interventions to respond to this pandemic. The National AIDS Council has produced a strategic plan articulated in chapter three of this report. The lack of policy projects lack of focus on the part of government to deal with this disease. The burden on government to care for people with AIDS has outstripped hospital budgets leading to chronic shortages. Health centres lack drugs and diagnostic equipment. The need for HIV/AIDS counselling places heavy demands on nurses and medical staff.

All this is exacerbated by Zambia’s economic difficulties. An AIDS policy which spells out the role of non-governmental organizations and coordinates their activities would enhance preventative measures such as those intimated by the YWCA of training traditional marriage counsellors who in turn can train young people during premarital counselling. Lack of policy poses difficulties for any action embarked upon by various institutions and the research findings confirmed this view. The YWCA has realized the possible value of the role and message of traditional marriage counsellors but their actions are muted as they have had problems in targeting and capturing these counsellors. A clear policy on HIV/AIDS might assist non-governmental organizations working with these counsellors and further coordinate their activities with other non-governmental organizations who sensitize traditional marriage counsellors on other issues such as safe motherhood. Government also needs to bring religious groups onto their side on prevention strategies and issues such as condoms. This can clearly come out in the preparation and production of a government policy which would also prioritize the issue of HIV/AIDS and the impact it has on women. The policy could target traditional marriage counsellors and devise measures to sensitize them on HIV/AIDS and the *alangizi* could also disseminate this message to their initiates during premarital counselling.

An administrative framework such as a policy is essential to allow coordinated information sharing. This information would be shared with health experts and traditional marriage counsellors who in turn could sensitize young people during premarital counselling. Information sharing is vital as it is one of the pertinent components in the right to education propagated in article 8 of the Banjui Charter. If armed with appropriate information on HIV/AIDS, young people's right to health will be enhanced within marriage. And traditional marriage counsellors can be used to sensitize young men and women about HIV/AIDS preparing them for safe sex within marriage.

6 Conclusion and recommendations

The conclusion is a summary of the results of the study. In this chapter there are also recommendations for the various actors involved in the preparation of young men and women for marriage. This would enhance their message by including salient features that address critical problems such as HIV/AIDS transmission within marriage, how to empower women to assert themselves in marriage, negotiating safe sex and saving their lives, as well as sensitizing them on human rights issues such as domestic violence.

The primary objective of the study was to determine the role of traditional marriage counsellors in urban Zambia in relation to the marriage institution. Such an understanding would determine if the practice is widespread and still relevant to the preparation of young people for married life. Another objective was to consider possible changes to the message of traditional marriage counsellors to incorporate current issues such as HIV/AIDS and human rights affecting women within marriage. The advice of traditional marriage counsellors to women encourages stereotyped gender roles which affect a woman's position within marriage. The study gave deep insights into the role of other stakeholders such as churches, non-governmental organizations and government in influencing the message of traditional marriage counsellors and all other counsellors involved in initiating young people for marriage.

I achieved the above objectives through field and desk research. Most of my interviewees were women counsellors and a few were men. I also interviewed AIDS counsellors and religious marriage counsellors to get a perspective of their work in the marriage industry. The other respondents were government officials and medical professionals. I mostly conducted in-depth interviews, as it was difficult to talk about such sensitive topics such as sex in group discussions. Even the in-depth interviews were time consuming as a lot of energy was spent in relaxing the interviewee by discussing other issues and establishing a relationship before embarking on the interview.

The research study found out that the traditional marriage counsellors' Alangizi National Association of Zambia exists but seems to be a loose structure with fluid membership. It has no monitoring mechanism to monitor the message taught by its members. Besides, premarital counsellors come in different forms and some operate outside the association. The traditional values they inculcate in young people about marriage are not written down although literate counsellors produce notes which shows that they have started keeping records of their curriculum. These notes were scant and did not correspond with time spent with the initiate. However, the institution of traditional marriage counsellors is well entrenched and widespread and has the potential to adapt to contemporary messages effectively.

All the counsellors I interviewed were keen to attend workshops that would broaden their horizons and enhance their syllabus. These counsellors could address the unequal sexual relationships between women and men within marriage and assist in managing the greatest threat of our time, AIDS, as it touches on human existence and the right to life. Traditional marriage counsellors could be effective tools for communicating the message of AIDS as they deal with women on the ground, of various classes and backgrounds.

The changing paradigms

The study also deals with changing attitudes. There are many situations when it is necessary to change the attitudes and behaviour of society and this is one such situation as we are faced with the deadly disease of AIDS. Institutions, such as the church, who are influential in society need to embrace this change. Government admits as much when it identifies faith-based organizations as strategic partners in the fight against HIV/AIDS (National HIV/AIDS Council, 2003). Other strategic partners are non-governmental organizations who have the ability to target specific groups as subcontractors and implementers. In this study YWCA were doing exactly that.

To many women information about HIV/AIDS is not available. To many others the information may exist but circumstances deny their access. Like most other countries in sub-Saharan Africa, Zambia faces the problem of how severely limited resources can be used to provide basic information on preventative and care methods to its citizens. Thus the need for innovative responses to challenges of HIV/AIDS, such as using traditional marriage counsellors to sensitize women and men.

Research on training for marriage involving traditional marriage counsellors in Zambia tended to be scant or non-existence. There is therefore need for more up-to-date studies on marriage and the training involved; this study aspires to complement similar works by focusing on traditional marriage counsellors and their role and how they impact on women in the marriage institution. Furthermore, this study is intended to stimulate women, men, government, non-governmental organizations and all other stakeholders who face the challenge of AIDS to develop strategies that provide practical assistance to Zambians. The use of traditional marriage counsellors as a tool for disseminating information on AIDS is especially valuable in impoverished communities and financially challenged countries such as Zambia. Women who are already on the ground may prove to be one of the best options available, provided they are linked to support structures within the community. This innovative strategy is worth exploring and using to empower women within marriage as it is women who are generally more infected or affected by HIV/AIDS so helping them is assisting whole families to manage the crisis.

Recommendations

Recommendations are proposed actions that can be taken in order to make the AIDS message accessible to young women in Zambia. Traditional marriage counsellors – *alangizi* – emerged as potential actors with their perceived function of disseminating vital information during premarital counselling. The suggestions are in four categories:

1 Policy reform

There is need for a comprehensive HIV/AIDS policy which will ensure that all strategic partners have a role to play in the fight against AIDS. The AIDS policy should identify vulnerable groups such as women and young people and it should suggest respect for human rights. It should also address the ‘s-factor’ (stigma, silence and shame) associated with HIV/AIDS. Addressing social ostracization in the policy may encourage HIV testing, discussing sexual matters such as AIDS with sexual partners and during premarital counselling. The policy should target and recommend that non-governmental organizations such as YWCA, religious institutions such as churches and associations such as Alangizi National Association of Zambia should develop their own AIDS policies.

2 Administrative reform

Once the policy reform has been effected, officials at all levels and stakeholders must be familiarized with the new policy and its effect. Government officials in sector ministries should devise mechanisms to coordinate and monitor the activities and practices of non-governmental organizations, such as YWCA, religious institutions such as churches, associations such as Alangizi National Association of Zambia and vulnerable groups such as women in their fight against HIV/AIDS.

3 Public awareness

Policy makers and all other stakeholders should be conscientized on the need to have a multi-sectoral approach to tackling the HIV/AIDS problem. Human rights and non-governmental organizations, such as YWCA, and religious institutions, such as churches and other interested groups, should lobby relevant authorities on the practical role traditional marriage counsellors can play in the fight against HIV/AIDS. Further, members of the public and all other stakeholders should continue to be sensitized on issues of HIV/AIDS, human rights and new policies or legislation seeking to remedy the situation.

4 Recommendations for future research

The fragmented nature of the Alangizi National Association of Zambia and why it does not attracting other traditional marriage counsellors who are working outside the organization needs to be investigated, with a view to encouraging all institutions and individuals involved in premarital counselling to coordinate their activities and harmonize their message on HIV/AIDS and human rights. This would avoid these actors contradicting each other and confusing the recipients with conflicting messages. This would also enable non-governmental organizations and other institutions involved in premarital counselling to be adequately equipped and to broaden their curricula.

The role of marriage officers at the civic centres or municipalities who officiate at civil marriages needs to be investigated. The marriage officers marry couples who do not formalize their marriages in church. The investigations should focus on whether they conduct premarital counselling prior to or during the marriage ceremony and, if so, what type of message they give to young couples. Since the marriage officers are government employees, the research might reveal government's perspective on the syllabus of premarital counsellors.

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Appendix 1

The questions below will only act as guide. They are not intended to produce a yes or no answer but to stimulate discussion.

INTERVIEW GUIDE FOR TRADITIONAL MARRIAGE COUNSELLORS

1. What is your name?
2. How old are you?
3. Are you married?
4. Are you an (*alangizi*) traditional marriage counsellor?
5. How did you become one?
6. Do you belong to the Alangizi Association?
7. How do families identify and invite you to prepare their daughters for marriage?
8. What meaning has this counselling got to marriage?
9. What advantage do counselled girls have over the others?
10. What message do you give to the initiate (women)? Who decides what type of message to give to the women?
11. Do you think this message is adequate to prepare a girl for marriage?
12. How long do you prepare a girl for marriage?
13. Do you think the message you give to women burdens them in marriage?
14. Do you think traditional marriage counsellors should advise young men about marital behaviour and obligations in marriage?
15. If someone told you that traditional marriage counsellors should provide premarital counselling to young couples about HIV/AIDS, what would you say?
16. What do you see as the best way of tackling the problem of HIV/AIDS for would-be husbands and wives?
17. How often are you called upon to provide counselling services to women?
18. Do you know of any woman who has refused counselling?

INTERVIEW GUIDE FOR RELIGIOUS COUNSELLORS (CLERGY)

1. Do you conduct premarital counselling in your church?
2. Who does the counselling?
3. What meaning/importance do you attach to premarital counselling?
4. Do you counsel the women or the men?
5. What type of advice do you give?
6. How do you as clergy feel about giving this advice?
7. Do you think the advice is adequate to prepare a young man or woman for marriage?
8. Does your message include HIV/AIDS?
9. What do you see as the best way of tackling the HIV/AIDS issue for would-be husbands and wives?
10. What problems, if any, do you face in the premarital counselling role?
11. Do you know of any studies that have been done on traditional marriage counsellors in Zambia?
12. How long have you been involved in this work?
13. Do you know if anyone has ever refused counselling?
14. Do you ask for any payment to perform this role?

INTERVIEW GUIDE FOR AIDS COUNSELLORS

1. What is the name of your institution?
2. What position do you hold in this institution?
3. What does your institution do?
4. Who are your target group?
5. How long have you been involved in this work?
6. Are you aware of the existence of traditional marriage counsellors: the Alangizi Association?
7. Are you involved with this association or any traditional marriage counsellors?
8. What does your institution think about traditional marriage counsellors?
9. Are you as an AIDS counselling institution aware that traditional marriage counsellors advise women about marriage?
10. What message do you think they give women about marriage?
11. Do you think the message traditional marriage counsellors give to women about marriage is adequate?
12. Do you think traditional marriage counsellors should also advise young men about marriage, marital behaviour and obligations?
13. Does the institution train traditional marriage counsellors?
14. How do you target traditional marriage counsellors?
15. What would say if someone told you that traditional marriage counsellors should provide premarital counselling to young couples about HIV/AIDS ?
16. What do you see as the best way of tackling the problem of HIV/AIDS for the would-be husband and wife?
17. Do you know of any studies, which have been done on traditional marriage counsellors in Zambia?

INTERVIEW GUIDE FOR AIDS COUNCIL/GOVERNMENT OFFICIALS

1. What is the name of the institution?
2. What position do you hold in this institution?
3. What does your institution do?
4. What is government policy on HIV/AIDS?
5. Who are your target group?
6. Are you aware of traditional marriage counsellors?
7. What does your institution think about traditional marriage counsellors?
8. Is your institution aware that traditional marriage counsellors advise women about marriage?
9. What message do you think they give young women about marriage?
10. Do you think the message traditional marriage counsellors give to women is adequate?
11. Do you think traditional marriage counsellors should also advise young men about marriage, marital behaviour and obligations?
12. As an institution what would you say if someone told you that traditional marriage counsellors should advise young couples about HIV/AIDS?
13. What do you see as the best way of tackling the problem of HIV/AIDS for would-be husbands and wives?
14. Do you know of any studies, which have been done on traditional marriage counsellors in Zambia?
15. How long have you been involved in this work?
16. Do you disseminate information on HIV/AIDS?

INTERVIEW GUIDE FOR YOUNG WOMEN AND MEN

1. Are you married?
2. Were you prepared about marriage?
3. Who prepared you about marriage?
4. Were traditional marriage counsellors invited to prepare you for marriage? If yes:
5. What type of advice did they give you?
6. Do you consider their advice adequate preparation for marriage?
7. Do you know if your husband/wife was also counselled about marriage?
8. Did the advice from traditional marriage counsellors include any message about HIV/AIDS?
9. Do you know anyone who has refused counselling?
10. Do you think men prefer to marry girls who have been advised by traditional marriage counsellors?