

HIV and AIDS: Another deterrent to ‘lobola’?

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At the International Conference on Bride Price, Uganda - February 2004

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INTRODUCTION

Malawi has two lineage patterns, matrilineal and patrilineal. Most of the ethnic groups in Malawi are matrilineal. The tradition of *Lobola*, a term that represents bride wealth, is practiced in all the ethnic groups in patrilineal societies. A research conducted by WLSA (2002) uncovers that like in many countries in the region, *lobola* symbolizes several factors. Firstly, *lobola* is a symbol of the unification of the man's and woman's families. Secondly, *lobola* symbolises appreciation by the man's side to the woman's parents for bringing up the woman to marriageable age. Thirdly, *lobola* symbolises the physical transfer of the woman from her people, to her husband's people, and the transfer of her reproductive rights and labour (WLSA: 2002:53). Feminist debates and writers all draw one conclusion: ‘the implications of *lobola* lead to the degradation of women, and infringe on their rights to control their own reproductive and productive capacities.’

However, despite this recognition, activists in only a few countries in the region have been bold enough to initiate debates around the tradition. For the rest of our countries, this still seems to be ‘an area where even angels fear to tread’. As a result, even for WLSA, the battle has only stopped at documenting the negative implications of *lobola* on women's rights, but without actually employing activism around the issue. Even as we actively lobby and advocate against issues of domestic violence/violence against women, rarely is the issue of how traditional practices, like *lobola*, legitimise violence confronted.

But today, we may yet have another urgent reason to prompt us to break our silence: the HIV and AIDS epidemic. Thus this paper attempts to say: ‘in our silence, not only are we undermining efforts to curb violence against women across all lineage patterns, but we may also be encouraging a customary practice that can no longer be justified in the wake of the HIV and AIDS epidemic.’ This is particularly relevant for sub-Saharan Africa, which has been hit the worst by the epidemic. This paper therefore challenges us to interrogate the implications of *lobola* within the context of HIV and AIDS, and how the rights of women and children may be impacted. The paper is aimed at generating issues for more research, so that copying and intervention strategies for the epidemic can be better informed.

Why re-examine *lobola* in the context of the HIV and Aids?

Today, Malawi is one of the countries hardest hit by the HIV and AIDS epidemic. In particular, women and girls between the ages of 15-19 experience very high rates of infection, outnumbering men by four to six times (UNAIDS: 2001). HIV and AIDS has affected people in both lineage patterns in Malawi, and this paper does not in any way attempt to suggest that those in the patrilineal areas are the most affected. At the same time, it is recognised that if left unaddressed, the implications of the tradition of *lobola* can potentially undermine the strategies that are being put in place to address challenges posed by the epidemic. The strategies may also end up being exclusionary of women living under the tradition, particularly those in rural areas.

This paper would therefore like to first examine the issue that *lobola* symbolises the transfer of women's reproductive rights, thus locating the children born in a marriage in the father's family. This signifies that upon the death of the man, the children remain with his kinsmen. In fact, even if the wife does not want to stay at her husband's village, *lobola* requires that the children be left behind. Ostensibly, this may indicate

that due to the notion of ‘ownership of the children,’ the extended family provides a strong safety net to the children, particularly after their fathers’ death. However, in the context of the HIV and AIDS epidemic, it remains to be investigated whether this arrangement can still be sustained.

Today, as AIDS continues to claim the lives of most adults in prime years across Malawi, communities / clans are significantly shrinking. In fact, for elderly people, it is commonplace to find all or most of their adult children wiped out, leaving only their (orphaned) children behind. It would therefore appear that the social systems that made it possible to ‘take over’ children are quickly collapsing. Nevertheless, for patrilineal societies, the rigidity of the *lobola* practice entails that for every grown up male child that dies, his children are still required to remain with his kinsmen/parents as of right. Research would have to be conducted to examine the extent to which shrinking paternal extended families, or grandparents are coping with such pressures. However, the implications of *lobola* even now indicate that it is incumbent upon the shrinking paternal extended family to still do their utmost to see to the survival of the orphans, regardless of their numbers. In a country where almost 65% of people are living beyond the poverty line (National Economic Council: 2000), the consequences of such practices may be catastrophic, both to the families and the orphans. Added to this is the pressure of having to support the surviving spouses, who are also likely to be infected. In fact, the fact that children are not allowed to follow their mother if she opts to go back to her village is likely to make the situation of orphans more critical, considering the rate at which most dependable adults are dying. Indeed, coming from her uncle’s funeral (the sole surviving adult), a friend from Rumphu actually lamented that ‘what remains back at home is now just a village of children- every single adult is gone.’ The rigidity of *lobola* would therefore seem to unnecessarily create traditional barriers to children affected with HIV and AIDS to access alternative care from their maternal relations, thus affecting their well being. Therefore, while it is crucial to investigate the challenges that have been brought by the HIV and AIDS epidemic on the lives of children in both patrilineal and matrilineal areas, the *lobola* implications and their rigidity call for particular and urgent attention.

On another note, HIV and AIDS now challenges us to re-examine the implication that *lobola transfers* the productive rights of women. *Lobola* symbolises that once married, all the matrimonial property exclusively belongs to the husband. Even a wife’s own contribution is accredited to her husband (WLSA: 2002). WLSA researchers encountered a stark reality of this position when a group of chiefs supported the following sentiments of one chief: “*even if I had a highly educated daughter, with a very good job- if she gave me anything, the one I would thank would be my son-in-law, because that is his property. If my son-in-law passed away, (and all the property was taken by his people), I would be greatly mourning his death, since for me, I would have lost my only source of support.*” (WLSA 2002).

Thus when a husband dies, the wife’s property is even subsumed into his estate, and taken over by her in-laws. Further, a recent survey conducted in Malawi in a patrilineal tobacco growing area (Rumphu) uncovered that ‘since men own the land, the tobacco permit is registered in their name, and all proceeds go to them. This is despite the fact that the women do most of the work. In fact, men sometimes marry more than one wife, so that these can pool their labour’ (Saur et al: 2003). This tradition continues even after the husband dies, with the woman now working for her in-laws. This therefore creates a cycle of dependency, with the women never gaining purchasing power in their own right.

For a woman who is HIV positive, this position raises several concerns. It may mean that every time she falls ill, her ability to access quality health care (usually paid), could at all times be dependent on the good will of her husband. If the husband is already dead, this is again dependent on the good will and means of her in-laws. Further, her ability to sustain a good nutritional status at all times, (which is so crucial to people living with Aids), might also depend on the goodwill, support and understanding of her husband and/or her in-laws. The extent of accessibility of such basic needs and care for widows living with AIDS might have to be investigated. This is particularly pertinent in the light of research findings that ‘the women are not encouraged to get any support from their relatives, because doing so is like undermining their husbands. If they get something from their relatives, they are called ‘prostitutes’.’ (Ngwira et al: 2002).

At the same time, research has established that the transfer of the productive rights of women has, in many cases, led to the ill treatment of most women in respect of whom *lobola* has been paid. ‘Most daughter in-

laws are treated as slaves by their in-laws. They have no say, and no one to turn to since the village is not their home.’ (Saur et al: 2003) It has also been contended that where the husband’s family feels that the *lobola* payment was too high, they may take out their frustrations on their in-law (WLSA regional monograph: 2002). Where such unhealthy relationships exist, there is need to find out the extent to which adequate care giving and support is accorded to women (in respect of whom *lobola* has been paid) living with HIV or AIDS.

WLSA research has also established that the implication that *lobola* transfers women’s productive rights actually translates to an indirect form of property dispossession of widows when their husbands die (2002). This becomes more of a reality for a widow who may opt not to stay in her husband’s village. For a widow who may be infected with HIV, or living with AIDS, the stress and the state of being destitute that emanate from being dispossessed is more likely to exacerbate their illnesses, leading to their hastened deaths. At the same time, it is realised that due to the prevalence of property dispossession across Malawi, widows in both patrilineal and matrilineal societies are equally at risk. However, the only difference is that in areas that practice *lobola*, such dispossession is guaranteed, due to the terms of the deal that women makes with patriarchy at the time of their marriage.

In Malawi, it has also been established that areas where *lobola* is practiced have high incidences of polygamy, with men marrying up to three wives (Saur et al, 2003). Polygamy has been identified as one of the high-risk practices that perpetuate HIV transmission. And because of the implications of *lobola*, divorce is close to impossible (Kavinya-Chimbiri: 2002). Thus women are likely to find themselves hooked to risky relationships, in which their power to control their bodies is expressly denied by tradition. An example is given of a man who used *lobola* to justify ‘his right’ to have unprotected sex as he retorted to his wife: ‘I paid *lobola* in full, and no cow was deducted to compensate for the use of condoms (WLSA regional monograph: 2002). The polygamy situation, as well as the state of total deprivation of women’s rights that *lobola* brings therefore makes the re-examination of the practice urgent, in the light of the HIV and AIDS epidemic.

CONCLUSION

In the light of the foregoing, it is necessary that strategies to address the HIV and AIDS epidemic should be bold enough to even challenge entrenched customs that are, to many people, a way of life. In Malawi, the National Behavioural Change Interventions Strategy for HIV and AIDS/SRH (NAC/MOH: 2002) identifies the elimination of high-risk cultural practices as a critical area to be addressed. Harmful cultural practices are defined as “any traditional cultural practices which are deemed to be dangerous to the health and well being of individuals and communities (Deutsch: 2003). However, so far, focus in Malawi would appear to be limited to ‘conventional’ forms of harmful practices, i.e. the girls’ post-initiation practice of *kuchotsa fumbi* (removing dust- by sleeping with a man); *fisi* (hired sexual partner); *kulowa kufa* (widow inheritance); dry sex etc. However, this paper has exposed some of the potential risks of *lobola* to the health and well being of women and children, in the context of HIV and AIDS. Thus in order to make strategic interventions aimed at addressing the epidemic all-encompassing, it is crucial that the focus areas for high risk cultural practices be broaden, so as to include potentially risky, and yet unspoken traditional practices like *lobola*.

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