

**THE IMPACT OF THE HIV/AIDS PANDEMIC ON THE KUSALAZYA RITUAL IN  
CHIKANKATA DISTRICT OF ZAMBIA**  
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**Abstract:**

*This article examines the impact of the HIV/AIDS pandemic on the Kusalazya ritual of the Tonga People of Chikankata District in the Southern Province of Zambia during the period 2003-2016. My research chiefly focused on the prevalence of the HIV/AIDS pandemic and the major problems it caused among the Tonga people of Chikankata in terms of their traditional Kusalazya ritual in which penetrative sexual intercourse was an essential element for its completion. In this article, I ask the following questions: As the pandemic continued to grow and as the fight against its root causes mounted, were there chances of the ritual surviving? If the ritual were to be abolished in the interest of curbing the HIV/AIDS scourge, what implications would this bring on the Indigenous Religion in the area?*

*Relevant pieces of information were sought directly from key informants and documents were solicited from strategic sources. Hence in terms of the methodology, the study consisted of both primary and secondary data, as well as direct observation of events in the study area.*

*The impact of the HIV/AIDS pandemic on the Kusalazya ritual was confirmed by this study, mainly in terms of the Anti-AIDS attacks on the ritual on grounds that it weakened the efforts in the fight of the disease. The pro- Kusalazya people in the area were left with no option but to modify it; making it HIV-risky-free. Henceforth, a number of 'safe methods' of ritual cleansing were introduced, to ensure the survival of the ritual.*

*By and large, the Kusalazya ritual in Chikankata survived the Anti-AIDs attacks with modifications.*

**Keywords:** *Kusalazya, Ritual, HIV/AIDS, Chikankata.*

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## Introduction

This article reports a study undertaken between November 2015 and December 2016 to examine the impact of HIV/AIDS on the *Kusalazya* ritual in the HIV/AIDS stricken Tonga society of Chikankata, in Southern Zambia. The ‘*Kusalazya*’ ritual is so important in the death rite of passage that marks the separation of spouses in marriages due to death among the Tonga, where the rite signifies one partner leaving the world of the living to join that of the dead. This ritual is so central to the Tonga traditional religious belief system that it is hardly possible to describe the funeral procession of any death that involves married people without the word cropping up in the first few sentences. *Kusalazya* has existed from time immemorial in an unsystematic sense, characterising most funerals involving deaths of married couples in the Tongaland. The term *Kusalazya* itself is a vernacular noun, which means ‘*cleaning*’. It therefore implies purifying the surviving spouse after the death of a partner in marriage, suiting the English equivalence of ‘*cleansing*’. The ritual signifies the termination of the sexual ties that existed between the deceased and the surviving spouses, appeasement of the deceased’s spirit; purification of death; purification of survivors as well as creation of a new (Chikandi, interview, November 2015). The completion of every successful *Kusalazya* ritual among the Tonga is marked by an act of sexual intercourse involving the surviving spouse where he/she is subjected to the act with a partner who should be a close relative of the deceased. Although the *Kusalazya* ritual has a long history among the Tongas, it is generally acknowledged that the ritual as we know of it today presents problems with the advent of the HIV/AIDS disease. This is essentially because the condition required for its successful application has become a major target of the anti-AIDS attack. It has therefore become something coincidental that the fight of the scourge has built on the practice of sexual intercourse outside marriage which is an essential element in the ritual. This appears to threaten the survival of the ritual. This is because the ritual is considered dangerous, carrying a great risk of HIV infection, as the *Times of Zambia* declares “...in this era of the HIV/AIDS pandemic, sexual cleansing can be extremely dangerous because of the risk of HIV infection...it can be equated to sacrificing more lives for every life lost (*Times of Zambia, February 16, 2003*). It is the intention of this article therefore, to try and examine the impact of the HIV/AIDS scourge on the *Kusalazya* ritual and then, in the light of this examination, to address certain fundamental questions it raises.

## Literature Review

Since the first AIDS case was diagnosed in Zambia in 1984, the accumulative total of notified AIDS cases including AIDS Related Complex (ARC) had been on an increase. Though the first case in Zambia was notified in 1984, AIDS began to be discussed mostly around 1986, with the first formal announcement on radio addressed by then the president of Zambia, Dr. Kenneth

(Kelly 1999:2). He announced the death of his son from AIDS and warned against practices that spread HIV infection. Eventually, the AIDS cases began to be heard throughout the nation.

As the HIV/AIDS epidemic in Southern Zambia began to grow in the early 1980s, the immediate response of the Chikankata community was to consider the setting aside of some wards within Chikankata hospital for AIDS patients and to provide outpatient-services linked to a Home-based Care Programme (Forshaw 2002:7). All these were done in a way to try and bring about some preventive interventions to the scourge. Then services had to be provided by the hospital through the care team that linked communities and community health workers to the hospital services as well as to counseling and education. However, it soon became clear that there were just too many people for the hospital to cope with. Many of their needs could be met instead by care services based in the community. The Home-Based Care Programme in Chikankata soon developed into a comprehensive HIV/AIDS programme. Chikankata Mission hospital thus developed a varied but integrated approach to support the local community in fighting the HIV/AIDS scourge. This was essentially because HIV/AIDS in the area affected not only aspects of Health Care and Health Education, but also all aspects of community life, including the social and religious lives of people (Smart, 1993). The religious dimension of life for people in Chikankata includes the Indigenous Religion which claims quite a considerable number of adherents (about one-third of the entire population), as it is a primal religion of the area (Chikandi, interview, November 2015).

The *Kusalazya* ritual is one of the ingredients of the African traditions or cultural practices that can be noted in Chikankata District. Concerning the HIV/AIDS and the African traditions / cultural practices, research findings on Africa in general seem to tell the story of the diseases taking a different twist; presenting the HIV/AIDS prevalence levels for the Sub-Saharan Africa as higher than those of the other continents. This may cause one to wonder as to whether there is more promiscuity among Africans than their European or American counterparts. Whilst there has been some formal reporting attesting to the fact that the Sub-Saharan Africa has the highest rate of HIV/AIDS infections, there has been, regrettably, no formal evidence to support the idea that Africans are more promiscuous than other races (Kofi Annan, in Moyo 2004:1). In fact, it could be well argued that the evidence on the ground might be suggesting the contrary. For instance, in his research on HIV/AIDS and cultural influences, Moyo<sup>7</sup> has argued that his stay in the United States of America (USA) and his travels to the European nations led him feel the opposite could be true. Because of some arising concerns similar to this background, the last decade has witnessed some kind of a shift in focus among researchers towards exploring other possible factor that could help explain why Africa scores higher on the levels of HIV/AIDS

infections. Of late, the African traditions or cultural practices seem to have received a considerable share of attention by researchers.

Far back in the 1980s and early 1990s when the plateau Tongas were first hit by the AIDS scourge, many thought it was an old disease locally called *Kayanga*. This is also taken to have been a common initial explanation in almost the whole Southern Africa. It was said that African doctors were able to treat it. Today such false traditional conceptions and explanations are, however, being slowly replaced by modern ones.

Obviously, the Chikankata people most of whom today have access to information, suffer not from the ignorance about the causes, effects and consequences of HIV infection through sex. This is because the message has been clear in all HIV/AIDS sensitisation efforts that sexual intercourse stands out as the main mode of HIV transmission. This posed a conflict in terms of the *Kusalazya* ritual observance where the unprotected and penetrative heterosexual intercourse was initially an essential requirement for any successful *Kusalazya* undertaking. The practice of this ritual in an HIV/AIDS stricken Tonga society of Chikankata, therefore, posed a major problem in the advent of the HIV/AIDS pandemic.

## Methodology

The data were collected by using questionnaires and in-depth interviews from a sample of 200 informants comprising 170 ordinary citizens and 30 'key' informants on HIV/AIDS issues and the *Kasalazya* tradition respectively. The 'ordinary respondents' were chosen randomly, while the so called 'key informants' were selected using Purposive (judgmental) method.

Both qualitative and quantitative methods were applied. Qualitative method was used to collect information pertaining to opinions and views of the respondents and quantitative method was used to collect statistical data. Purposive sampling was applied on certain 'key' informants because of the predetermined nature of information that was required, for instance the Health Officials, officials from the palace and the traditional custodians. Relevant secondary pieces of information were also solicited from documentary sources to supplement the primary data. To some extent, observation method was also applied.

## Data Recording and Analysis

*Content Analysis* method was used in the recording and analysis of data. By way of content analysis, the data was systematically converted to numerical variables for quantifiable analysis. Here the recording and analysis of information was preceded by the designing of a special 'path of analyses (a description). Coding was involved, where the analysed material was classified into

various codes by assigning different numerical values for different types of answers from respondents. In coding, the main option to be considered was the *Inductive Approach* because of much qualitative information that was involved in the study. There was less calculation needed in this approach. The making of inferences was however vital and this was purely logical and entirely my task.

## Research Findings

This section presents the findings of the research I conducted first in 2003 and secondly in December 2016 on the Impact of the HIV/AIDS on *Kusalazya* ritual in Chikankata. The presentation is based much on the primary data obtained from the field.

Out of two hundred people approached for interviews, 66 were elites who were teachers, health officials, employees under non-governmental organisations and those with tertiary education but not in formal employment. The other 134 were ordinary members of the local community with little or no formal education. The research sample consisted of 33% youths, 37% adults aged between 20 and 59 years while 30% were aged (old) men and women with 60 years and above. Among those interviewed 70% were against the practice of the *Kusalazya* ritual while 30% were in favour. Most of the views in support of the old form of the *Kusalazya* ritual practice come from the old folks while the youth generally tended to be against the practice. A close study revealed an interesting tendency where the deaths of young men that were noted, left few widows mostly young women, who at the deaths of their husbands went through ritual cleansing using the 'old' or sexual method of *Kusalazya*. Through further investigations, it was revealed that the men who cleansed these widows cared little about the possibility of any danger that could have surrounded the deaths of their husbands. Most of these young widows therefore got married again after being cleansed. Some widows remained unmarried after going through the *Kusalazya* ritual but maintained their strong love affairs that originated at the occasions of *Kusalazya* with men who cleansed them. When asked why this was so, one respondent said it was a common tendency for love affairs to develop between the two partners involved in the ritual sex. When asked whether such extra marital relationships would not destabilise marriages among men chosen to participate in the *Kusalazya*, one old woman approached for interview said the tradition considered it a taboo for anyone to subject a widow in any form of marital quarrel in connection with her cleanser. Wives to the cleansers were therefore expected to be voiceless in such cases and consider their marriages as normal. The majority of people approached for interviews however pointed to the fact that a married man who goes through *Kusalazya* today gets himself in a great risk of acquiring HIV and consequently transmitting it to his spouse.

Whether a widower was a polygamist or not, the *Kusalazya* was compulsory. When it came to cleansing of the widower however, the cleanser was not given freedom to decide whether or not to marry the widower after the ritual sex. There was therefore a very rare chance of escaping the idea of being married to the man such that the whole event of *Kusalazya* was understood by many as the occasion of giving the widower a new wife to replace the deceased one. A replacement was always a close relation (such as a sister) to the deceased and one who was not married.

A teacher noted: “one most disgusting thing about this arrangement is a common tendency for men (widowers) to go for young ladies even teenagers in some cases”. He added that many young ladies get infected with HIV/AIDS through this arrangement nowadays when many men are rendered widowers due to AIDS disease. Among the many respondents who shared the similar observation, one narrated two cases where teenagers were made to replace their deceased elder sisters in marriage, who with time also became ill and eventually died. When asked about the possible causes of their deaths, the respondent added “these were clear attributes of HIV/AIDS disease which they got through marrying the widowers”. The old folk seemed to understand this arrangement in a different way altogether. One said:

*...if there is any unfairness in the arrangement of the widowers marrying young ladies in replacement with their deceased wives, it should not be because the system subjects the young to risks of getting HIV from infected widowers but the opposite is rather the case (Chikankata Village Resident, interview, February 8, 2016).*

The old woman accused the young generation of being responsible for spreading the disease among the old folk. She also added that young women who lose their husbands due to AIDS especially those from towns get cleansed by men most of whom are married. A good number of respondents agreed that many innocent wives get the HIV/AIDS disease from their husbands in this way. Behind the varying views from many respondents on the matter, however, was one clear and common understanding that through the *Kusalazya* ritual the HIV/AIDS disease was undoubtedly spread among people.

A few elderly people within the community also held the view that HIV/AIDS was linked with a certain disease locally called ‘*Kayanga*’ which is a disease due to miscarriages among women. Since *Kayanga* had a cure, they believed that AIDS, as viewed in this context, could be cured. Asked whether it was in their interest to do away with the *Kusalazya* ritual in case of what others had considered as risks surrounding its practice, they said they would definitely not be for the idea. One said “it would not sound logical to talk of doing away with the ritual just because of the disease (AIDS) which can be cured after all...” According to this man, HIV/AIDS meant

*Kayanga* which could be cured traditionally, and one could avoid it by taking a prophylactic charm before taking part in ritual sex.

## Findings through Close Study of Selected Cases

According to this study, cases of individuals found in the practice of the *Kusalazya* ritual in its risky form seemed to be less prevalent today compared to the decade ago. Only very few clear cases could be obtained during the study. I closely followed- up five cases by way of participatory observation. In the first case, a certain wife of somebody started experiencing poor health in March 1998. She used to complain of frequent attacks from diarrhoea and perpetual headache. With time her situation worsened to chronic illness and on the 11<sup>th</sup> of December the same year, she died and health officials confirmed her death as an attribute of HIV/AIDS. Everyone at home was aware of her HIV/AIDS status. During the period of her illness, the senior wife (since she was married in polygamy) had to struggle alone to maintain the homestead. In September 2000, she also died. During the funeral, her husband was asked to stay at the *Masasa* in isolation from his family members and the rest of the mourners. He mourned his wife's death there in an accompaniment of a sister to the deceased who was assigned to be an attendant to him during his brief stay there.

As per tradition, the early morning of the fourth day was set aside for the occasion of *Kusalazya* to mark the official ending of the funeral gathering. The evening of the previous day, the family of the deceased had gathered to come up with an individual to offer for the ritual cleansing (*Kusalazya*). The widower was asked if he had someone in mind from the family of his deceased wife whom he preferred to be given for the ritual. The issue would become a simple matter if his preference matched with the choice from the family of the deceased. In this case, the widower was given the younger sister of his deceased wife for the ritual. This was the same lady assigned to stay with him at the *Masasa*. The chosen cleanser was then given to some elderly women for some advice on how to get about the ritual sex.

Around midnight when all mourners retired to their respective sleeping places, those participating in the ritual were directed to some special room within the funeral home where the two were to share a bed (which was actually a mat) and spend the night together. The moment they performed sexual intercourse, the cleanser gave out a loud cry to indicate to the people that the ritual intercourse had taken place. A follow-up was made early the following morning to confirm the signal.

In this case, the surviving husband was cleansed by a young sister to his deceased wife. Further investigation confirmed that the cleanser was, like other family members, aware of the fact that

her sister died of AIDS but was convinced the diviners' message that her sister died because of her husband's delay in completing the payment of *Lobola* (bride price) after their marriage, which angered her *Muzimu* (ancestral spirits) to an extent that the *Muzimu* enlisted the ghost of her deceased father to help inflict death on her. Besides, the surviving spouse did not show any symptom of HIV/AIDS or poor health throughout the deceased's illness such that the cleanser questioned the possibility of the surviving husband having the HI virus as well.

The second case is a narrative of what happened afterwards to the surviving husband in the first case. In September 2002, he passed away after a long illness. The doctor confirmed his death as a result of tuberculosis. He was a confirmed HIV/AIDS patient in as far as the officials from Chikankata Home Based Care programme were concerned. The deceased was a polygamist and his death occurred some good eight months after the death of his senior wife and had remained with the inherited wife who was the younger sister to his deceased second wife. He had inherited her as a wife after she had cleansed him in the *Kusalazya* ritual that followed the death of her sister. The death of this man therefore meant that the inherited wife was going to be rendered a young widow, whose husband's death left her without any child because the only baby she had from him had died in its infancy shortly after birth.

By the time of his death, many people in the community had known of his household as an HIV/AIDS stricken family and rumour already had it that all recent deaths of his spouses (including the newly born baby) were attributes of HIV/AIDS.

During the *Kusalazya*, it was agreed that the so called 'cow jumping' method be used instead of the sexual *Kusalazya*. But instead of making necessary arrangements for the 'cow jumping' ritual, the ritual leader only woke up the following morning to announce that the *Kusalazya* had already taken place. The elder brother to the deceased had offered himself to cleanse the surviving wife in the very usual sexual way", he added.

In the third case, the man who was an employ of Zambia Railways, had started not feeling well some time back in 1989, complaining of Tuberculosis. His condition was getting worse and worse until in January 2001 he passed away. The widow knew very well that even though they succeeded in taking everything the traditional way, she was not going to succumb to their tradition of *Kusalazya* which was awaiting her to conclude the funeral precession. With the help of a few sympathisers, she fled the funeral home the day of this occasion and went to her matrimonial home in town.

These cases demonstrate the different attitudes and beliefs people had towards the upholding of the sexual *Kusalazya* in the light of the HIV/AIDS pandemic in Chikankata. While some avoided

taking part in the ritual due to its risky nature, others either got misled by false explanations from diviners and elders about AIDS related deaths of spouses to those who were cleansed in the ritual.

## Discussion

### *The Future of Kusalazya in Chikankata: Questions and Conclusions*

In this section, I base on my findings to discuss the future of the *Kusalazya* ritual in Chikankata and address a few pertinent questions.

In examining the impact of the HIV/AIDS disease on the *Kusalazya* ritual, it is thought, by way of conclusion, to consider the five pertinent questions: how much progress has the Anti-AIDS fights made in trying to eradicate the ritual in Chikankata? What is the general reaction of the Tonga people in the area to the Anti-AIDS attacks on the ritual? How does the practice of the *Kusalazya* ritual fare in the area as at present? Is there any hope of the Anti-AIDS fights against the ritual being realised practically? If it means banning the practice of the ritual in the area, will there be any replacement of anything in form of a ritual?

To start with the first two questions, the progress in the fight of the *Kusalazya* ritual is undoubtedly evident in the area. The ritual practice in the area has been considered among the most risky modes of HIV transmission and has been unsparingly fought as such. As with regard to the general reaction of people to Anti-AIDS attacks on the ritual, there appears to have been a continuum of reactions to the attacks, ranging from an initial rejection by some people of the truth about the possibility of HIV transmission through the ritual, to total acceptance of the same truth by people. This trend in people's coming to understand the danger surrounding the ritual practice in the interest of curbing the HIV/AIDS spread could partly be explained in terms of their initial perception of HIV/AIDS at its first appearance on the scene (far back in the 1980s and early 1990s) which later seemed to greatly affect their understanding of the modes of its transmission. At first, people of Chikankata were more critical and had more misconceptions about the preventive messages that relates to HIV/AIDS, which partially can help explain why at first the idea against the ritual practice was received with mixed feelings in the area, and in a way, that probably permitted reluctance on the side of the ritual practitioners to do away with the tradition at once.

Pertinent to the above questions is: how does the practice of the *Kusalazya* ritual then fare in the area as at present? The understanding by people of the ritual practice as a self-defeating in its form, was clear, especially towards the end of this long study. There is therefore no doubt in the

blunt truth that the ritual practice in its original form is scheduled for extinction in the area. The majority of respondents in the study substantiated this fact when they gave responses similar in context with the following observation by a representative of the chief:

... already the majority of families in my chiefdom have stopped the ritual practice following the agreement arrived at during the final meeting of all village headmen at the palace, to look into the issue of *Kusalazya* (*Representative of Chief Mwenda, interview, February 8, 2016*).

Indeed, it was difficult to see much of anything in this study but a steady decline of the practice of sexual *Kusalazya* by the majority in the district. Such tendencies to disregard the ritual, as already noted, seems to have been steadily mounting in the community since the inception of the Anti-AIDS information dissemination exercises in Chikankata, and also due to more recent well supported efforts in the fight of the ritual. There seems then, to have been a close link between awareness of this information by people in the area, and the gradual decline in the ritual practice. It appeared clear in the study that the disregard of the ritual practice by the majority came as a factor due to growing knowledge by people of the risk lying in the upholding of the ritual hence their positive response to the call for change of behaviour.

## Conclusion

In this article, I have examined the impact of the HIV/AIDS Pandemic on the *Kusalazya* ritual of the Tonga people of Chikankata District in the Southern Zambia. I have discussed the challenges pose by the ritual in the fight against the HIV/AIDS in the area, and have assessed the reactions of the *pro-Kusalazya* people in the area to the Anti-HIV/AIDS attacks on the ritual. The article has equally discussed the subsequent decline of the (condemned) old sexual way of *Kusalazya* and has determined the way forward, in terms of the new 'safe' methods of cleansing that were devised.

In my conclusion, I echo the remarks by Elias Hamatanga, one of the key respondents in the study who gave the following response to the question on the decline in the ritual practice:

... honestly, there is an observable decline in the ritual practice ... if there are people who are still upholding the ritual in its original form, they must be very few and it may be surprising under what circumstance ... otherwise the majority of people, about 70 to 80% should now be practicing something else other than the original form of *Kusalazya* (*Hamatanga, interview, December 21, 2015*).

By and large, people of Chikankata seem to have adopted the new ways of doing things where performance of the *Kusalazya* ritual is concerned. The majority have clung to the devised alternative methods of cleansing which came about as the only immediate option the *pro-Kusalazya* people were made to take having thought of leading a life devoid of the ritual as something almost impossible. This was more so after the condemnation and consequently an official ban of the *Kusalazya* ritual practice in its old sexual form. Apart from the initiative to revive some already existing alternatives to the old *Kusalazya*, the move also meant devising yet other new forms of cleansing. The new methods of *Kusalazya* practiced today include the *Cow Jumping* method which simply requires the survivor to jump over a ritual cow ; the *Hoe method* where the ritual conductor swings the *ritual hoe* in a circular movement round the survivor; the *Kucuta* method where the act of cleansing involves the two individuals (cleanser and the one being cleansed) merely making body contacts through certain body parts, most preferably the groin, without performing sexual intercourse; and the *Mealie-Meal Smearing* method where the ritual leader smears mealie-meal all over the body of the one cleansed. These alternative methods suggest a number of changes to the old sexual way of cleansing, all of which are 'risk-free' where the HIV/AIDS prevention is concerned.

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