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## **An Assessment of the Bakalanga Cultural Sexual Practices in Relation to HIV/AIDS Spread and Prevention: A Case of Matabeleland South Zimbabwe**

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### **Abstract:**

*HIV/AIDS prevalence in Zimbabwe has been reported to be at 13.7% yet Matabeleland South has been reported to have highest prevalence of 21%. The National HIV/AIDS Council of Zimbabwe (NACZ) attributed this high prevalence to the high mobility in the area due to the influx of cross-border traders, migrants, border jumpers and fortune seekers being lured by the need to go to neighbouring countries and long periods of separation of spouses with some of them having gone to South Africa or Botswana to seek fortunes. The highest population in this province is the Kalanga ethnic group which is a very secretive group and have cultural sexual practices which have not been investigated. This study therefore sort to investigate. Therefore, this study seeks to analyse the Bakalanga current cultural sexual practices in relation to HIV/AIDS prevention and spread. The study used qualitative phenomenological research design to collect data from Bakalanga ethnic group which consisted of two dialects which are Tjikalanga and Tjililima, from October 2011 to April 2014. A phenomenological qualitative research approach describes a "lived experience" of a phenomenon. Quantitative data was used for the demographic data and knowledge of existence of the sexual practices and one thousand eight hundred and eight three (1883) respondents were interviewed for this purpose. This ethnic group was chosen because of its unique cultural sexual practice which have remained so secretive that even some young adults of the group are not aware of the cultural practices. This secretiveness made data collection very difficult at some points.*

*The study found that cultural sexual practices such as "Nholo wemwizana" (having sexual intercourse with a daughter in law), "Nkadzana" (small wife), and "Nlunyana" (small husband) were still being widely practised and may be contributory factors to the high prevalence of HIV/AIDS in the province. The study recommended that HIV/AIDS preventive strategies should be culture sensitive and include the culture custodians in planning preventive measures as the ABCD has no place in this culture, hence HIV/AIDS campaigns are based on wrong assumptions about sexual behaviour.*

**Keywords:** Words: cultural sexual practices, HIV/AIDS, Kalanga ethnic group

### **1. Introduction**

The Kalanga people are an ethnic group occupying the Southwest region of Matabeleland South. The region includes the Matobo, Kezi, Bulilimamangwe, Plumtree and Tjolotjo up to Maitebgwe. Because this ethnic group is embedded in Matabeleland, they have been mistaken as the Ndebele people practising the Ndebele culture. There is a distinct difference between these people, the Bakalanga calling the Ndebele people 'Mapotoko', a despising word and Ndebele calling the Bakalanga 'Amahole'. Although these people live together, and have intermarriages the relationship remains hostile with each group maintaining its distinct cultural practices.

The Bakalanga ethnic group is a very secretive group with some of their marriage customs remaining known only to the elders and passed on to those of a recognized age in the group. This behaviour has made service providers mistakenly taking for granted Bakalanga culture as the same as the Ndebele culture hence HIV and AIDS prevention through culture change has not been attended to in the Bakalanga marriage culture. Therefore, this study seeks to analyse the Bakalanga current cultural sexual practices situation in relation to HIV/AIDS prevention and spread.

According to the 2005-2006 Zimbabwe preliminary report, Matabeleland South Province had the highest number of recorded cases of HIV infection with the HIV and AIDS prevalence in the Province standing at 20, 8% for the 15-49 years of age sexually active group. The average national prevalence rate stood at 18, 1%. Midlands and Masvingo provinces had the least prevalence rates of HIV and AIDS in the country with 16, 1% and 15, 1% respectively. The National HIV/AIDS Council (NAC) attributed

this high prevalence to the high mobility in the area due to the influx of cross-border traders, migrants, border jumpers and fortune seekers being lured by the need to go to neighbouring countries and long periods of separation of spouses with some of them having gone to South Africa or Botswana to seek fortunes. The foreign-based spouse is bound to engage in extra-marital affairs, while the remaining one will do the same. It should be noted that the highest population in this province is the Kalanga ethnic group. According to the Southern Eye (March 14 2014) NAC reported that although the HIV and Aids prevalence rate was decreasing countrywide, the rate remained high in Matabeleland South, Bulawayo and Matabeleland North. Zimbabwe had, however, managed to reduce the country's prevalence rate from a peak of 29% to the current rate of about 15%. A study carried out by Tswana, Chetsanga and Lystron on hepatitis Hbsg prevalence as early as 1996 it was noted that the prevalence in Matabeleland South is 22%. It should be noted that there is a relationship between HIV and Hepatitis B. Another study by Cohen, Rankin and Candindo a early as 1994 on sero-prevalence in orthopaedic patients in Matabeleland South reported that the prevalence was 21.7%. No studies have been done to find out the real courses of this high prevalence.

It has been noted that most awareness campaigns on HIV /AIDS prevention have not looked deeply into the sexual practices of every ethnic group in Zimbabwe. Campaigns have looked at commonly known cultural practises such as polygamy, levirate etc. This has resulted in wide spread HIV infection in the some ethnic groups for example the Bakalanga in Matabeleland South. Zimbabwe has a HIV prevalence rate of 14.3 as at 2009 and is rated number five in HIV prevalence in Southern Africa after Swaziland, Lesotho, South Africa and Botswana UNDP,( 2000a)

International support and national commitment, are evident in the country as many organization such as ZAPSO, UNAIDS, CARE International, SUFAIDS and many others have poured resources in prevention and management of HIV/AIDS and the creation of National Policy on HIV/AIDS of 1999 shows great government commitment. Despite all this there has not been any evidence that shows that cultural sexual practises of the ethnic groups such as Bakalanga has been taken into account in the prevention of HIV/AIDS. In this study , culture will be defined as that complex whole which includes knowledge, belief, art, morals, law, custom, and any other capabilities and habits acquired by man as a member of society.

### 1.1. Statement of the Problem

Despite the fact that HIV/AIDS prevalence have been declining in Zimbabwe figures have remained high in Matabeleland South Province. There has not been any concrete study carried out to identify the course of this high prevalence. Under the prevention strategy there is lack of culturally relevant materials on behavioural change that target these groups. Furthermore, influential cultural sexual factors in this ethnic group such as "Nkadzana", "Nlunyana" and "Nholo wemwizana" have not been addressed. Neither have influential people in the Kalanga society been given the opportunity to play a role in encouraging positive cultural sexual practices. Most campaigns have advertised the ABCD strategy which does not have any cultural value in this ethnic group. These gaps maybe testimony to the increase in the HIV/AIDS prevalence in Matabeleland South where most of the inhabitants are the Kalanga. If cultural sexual practices are not alluded to, fight against HIV/AIDS is going to be a difficult and a long one in Matabeleland South as already indicated by the statistics. This has stimulated the researcher conducted a qualitative phenomenological research study on rural Matabeleland South Province from October 2011 to April 2014.

### 1.2. Purpose of the Study

- Describe sexuality within the ethnic group and role of the family or society.
- Analysis the social function of sex in the as viewed by the Bakalanga.
- To identify the perceived relationship between sexuality and HIV/AIDS infection spread and prevention.

## 2. Methodology

The study used qualitative phenomenological research design to collect data from Bakalanga ethnic group which consisted of two dialects which are Tjikalanga and Tjililima, from October 2011 to April 2014. A phenomenological qualitative research approach describes a "lived experience" of a phenomenon. Quantitative data was used for the demographic data and knowledge of existence of the sexual practises and one thousand eight hundred and eight three (1883) respondents were interviewed for this purpose. This ethnic group was chosen because of its unique cultural sexual practice which has remained so secretive that even some young adults of the group are not aware of the cultural practises. This secretiveness made data collection very difficult at some points. The Tjililima people are mostly found along the Zimbabwe / Botswana border and while the Tjikalanga people occupy most of the central part of South West Matabeleland South. The two groups have similar cultural practices.

## 3. Cultural Sexual Practices

These practices occur in marriage relationships and include 'Nkadzana', 'Nlunyana', and 'Nholo wemwizana'

### 3.1 'Nkadzana'

'Nkadzana' means 'small wife' and is a common practice among the Kalanga ethnic group in Matabeleland South. In this cultural practice a husband is given authority to ask for sexual favours from the young sister of his wife. This begins when the new husband comes for the first marriage proceedings 'lobola'. The young girl is given the responsibility of entertaining the sister's husband. She carries the food to the sister's husband and they eat together in the absence of the wife who is the elder sister. They can go together to fetch fire wood, water and even to the shops where the sister's husband usually buys goodies for the young girl to gain more favours. During this time the man can fondle the young girl without curse. During the wedding the girl becomes the best maid and accompanies the sister to the husband's family. The girl can have casual sex with the sister's husband without any curse. An elderly women had this to say," there is nothing wrong with the practice of 'Nkadzana' it makes the son in-law to stay

at home and not to find girlfriends outside the home and this prevents wasting resources such as money which would be spent on girlfriends. Men cannot be satisfied with one woman. Also it prevents divorce as the '*Nkadzana*' will provide more sexual pleasure to the husband. In our culture, because marriage is for procreation, we want more children in a marriage." A 19 year old girl had this to say " my sister's husband is my husband, only that these days unlike the old days we go to school and meet other men so we do not come back to marry him although we might have had sexual relationship with him due to cultural practices. If I get married my husband has to pay a token of appreciation to my sister's husband for entering his territory." An elderly man had this to say 'all my three wives are sisters, one came with her sister when I first got married to assist my wife in house hold chores and child care. She was about 12 years then, I used to give her a lot of goodies more than my wife. These made her not refuse my advances, I sent her to school up to '0' level then I made her pregnant when she was 17 I did not want her to go to another man. The third wife was married to another men then the husband died and did not want to see my '*Nkadzana*' suffering so I took her as my third wife." A 28 year old male respondent had this to say "I have just married and my wife has three sisters age 19, 17, and 16, and I am at liberty to fondle their breast although the 16 year old is very harsh and always talks about abuse, perhaps is because she is attending school in Bulawayo with these town girls." When my wife gets pregnant I must have a sex partner who will be one of the '*va Nkadzana*' (*one of the wife's young sisters*), so that I do not have sex outside the family circle"

Responses got from the interviews were actually similar to the responses reported by Ntseane, (2004). In her study of the Bakalanga of Botswana sexual practices. It can be noted that these groups share the same culture and in Zimbabwe those Bakalanga living near the Botswana border and those in Botswana are referred to as Balilima. From interviews with both the youth and older women and men from this ethnic group the researcher also found out that sex and sexuality are not individualized they are social constructs which are controlled by societal norms and values. Sexual behavior is regulated by both family and societal norms.

### 3.2 '*Nlunyana*'

*'Nlunyana'* means 'small husband'. It is the opposite of '*Nkadzana*' in this ethnic group the young brother of the husband can relate with the elder brother's wife as '*Nkadzana*' relates to the sister's husband. They can have sexual relationship but they should keep it secret to the brother. If the brother marries, this '*Nlunyana*' is introduced to the brother's wife and he helps his brother's wife with all the man work like cutting firewood, milking goats and cows, herding cattle and helping her plough the fields. Most of the people in this region have been working in South Africa since the time of their great-grand parents hence this has continued till today. These people can spend years away. It is during this time when '*Nlunyana*' satisfies his elder brother's wife sexual needs. The wife does not need to find an outsider as a boyfriend. An 89 year old woman had to say "men have to work and fend for their families, in olden days they had to spend days away hunting, women remain at home ploughing and caring for children, so men can have sex with other women out there, but for a married woman she cannot go around looking for a sex partner when she needs one, the '*Nlunyana* can do the job." A 52 year old woman had this to say "cultural things are well organized, sexual needs are taken care of by the family. My family takes care of my husband's sexual needs and my husband's family takes care of my sexual needs. These things are not done every day but only when dire need arises". "Let us say the husband left two years ago when I was breast feeding, now the child is two years old and I am a normal being and need a man, then my '*Nlunyana*' will read from the way I talk and he will relieve my sexual desires." A 17 year old girl had this to say, "These things are not discussed with us the young generation, we just hear them at school and one will only know about them when they are of age and they get married." A 22year old woman newly married whose husband has been working in South Africa since 2010 had this to say "Yes my husband's young brother does all the man duties for me when my husband is away. I stay with him at my house and I do all his laundry, cook for him but I have never had sexual relationship with him but the elders have always joked with me saying this is your real husband look after him well." "When I deliver this baby I am going to South Africa with my husband." On interviewing a 75 year old man he had this to say, "The problem with you young people is that you have run away from our protective culture, you sister is you, your husband's young brother is your husband so there is continuity in the family. That is what we preserve in our culture. One 40 year old man said "It is better for my wife to have sex with my young brother than with a stranger. If she gets pregnant from my young brother during my absence, it is a family affair, there is no case, and the child is my child. One 25 year old young man said in our culture there is no barren men, if my brother cannot do it, I will do it for him and if I cannot make my wife pregnant then my young brother will do it for me, that is why we have '*Nlunyana*' in our culture, we are a well-organized group. We do not talk about these things every day." "You will never hear us in radios talking about our culture as we want to preserve it" An elderly woman had this to say "*Nlunyana* and *Nkadzana* keep sexual relationships within the family. There is no prostitution in married women and men".

### 3.3 '*Nholo we mwizana*'

*Nholo we mwizana*' literally '*nholo*' means head and '*mwizana*' means young sheep so '*nholo wemwizana*' literally means head of a young sheep. In this cultural practice the father in law is supposed to have sexual intercourse with the daughter in law first before his son can have a go ahead. This is done on the wedding night and it has two cultural significances. First to test for virginity that is the girl should have had sexual intercourse with a boy of her age only and have immature penis hence will not be able to break the hymen, and secondly to seal the relationship with the family. After that the daughter in law is free to talk to the father in law about sexual problem with the husband including sexually transmitted diseases. The name '*nholo we mwizana*' significances that the son's penis is too small to test for the virginity of the daughter in law hence the father who is mature and well developed should do it for his son. A village headman who said he did not want his identity to be published had this to say, "This is a sacred practice which should be very secretive and in our culture it had to be done otherwise the ancestors won't receive the daughter in law." "It is not talked about, and the daughter in law has to know on the wedding night." "The problem now is our

children have sex with their girlfriends before marriage hence it does not help". An elderly woman who also wanted the interview to remain secret had this to say, "Culture is culture and it keeps our identity. We did it in our days and were so protected by our fathers in law. It is a one off practice and should not be repeated. The father in law should not see the face of the daughter in law or her private parts. The daughter in law should cover her face". Another elderly man had this to say, "If my son marries in our community there is no problem because the elderly women will inform their daughter, it becomes a problem when the wife is from other cultures such as Shona, Ndebele and others, so we encourage our sons to marry in our community to preserve our cultural heritage." Asked if this culture was still practised these days one elderly woman had this to say "Yes, why not all these married women you see living in harmony with their in-laws did it. Some will not say it because is sacred. Some of course refuse but face hell. No one will help them with men's jobs when their husband is at work in "GOLI" (Johannesburg). Some end up living in town with their husbands and not coming home." A 22 year old woman had this to say, "Most of us young woman we conform to the practice because we are not educated and rely on the working husband for our up keep." "We rely on our father in-law's cattle, for milk and ploughing so we have to comply". "Those women who are teachers or nurses mostly refuse and go away and live at their work place." A 19 year old girl had this to say, "We are not told about these things. Things to do with sex in our culture are not talked about. The only things talked about are how to prepare one's self for marriage". One 34 year old man had this to say, "This practice has many functions, in a polygamous, it allows the son to marry his father's young wives when the father dies, or if the father can no longer satisfy the wives sexually, the son can have sex with all his father's wives except his mother. The second function is that when the son goes to work for example in South Africa, my father can cater for my wife's sexual needs and this prevents her from prostitution. Sexual relationship remains in the family hence prevent STIs including HIV/AIDS".

According to responses from interviews, this ethnic group is aware of relationship between sexual practices and HIV/AIDS. The responses also revealed that most of the participants were aware of the risks of HIV infection and mode of transmission. The main problem identified is the misconception that if sexual relationship is kept within the family, there is no transmission of HIV. This was evident by responses such as "Many young men now get AIDS because they have sex with their girlfriends before the girl is tested by the father-in-law for virginity so by breaking this taboo the ancestors become angry and cease to protect them". "If sexual relationship is within family member such as *Nkadzana*, *Nlunyana* there is no HIV transmission". "In this culture women are treated as children as far as sexual matters are concerned. Man is in charge and it is them who have to suggest condom use. If any a woman suggests condoms, they will be suspected of prostitution and this may result in wife battering." "Most of us women were taught about how to satisfy our husbands sexually hence condoms have no place as men say they disturb their sexual satisfaction." "Things such as condoms, safety pins, needles, etc. disturb erection hence should be kept away during love making." On knowledge about HIV/AIDS the responses showed that both men and women, young and old, had a lot of knowledge from the media, such as radios, TV, fliers from clinics and campaigns during HIV/AIDS World Days, and even at political rallies. "We all know about HIV/AIDS prevention but, to change culture, we need lessons from the Health personnel to really educate everyone about the repercussions of these practises". "They need to educate mostly men as women in this ethnic group have no power when it comes to sexual decision matter," said one 42 year old woman. "Most men in this culture do not believe in using condoms as they associate it with prostitution". One elderly grandfather had this to say, "There is too much public talk about sex these days. This is spoiling our young people and leads to the spread of HIV/AIDS." Other findings revealed that concoctions are used for treatment and prevention HIV/AIDS. Certain bitter traditional medications are thought to cure HIV/AIDS. Misconceptions related to HIV/AIDS are that it occurs to people who practise sex outside the designed family circle. HIV cannot be spread by '*Nkadzana*, '*Nlunyana*' or a one off '*Nholo we mwizana*' said one elderly grandmother. "It means one would have practised prostitution". Findings on the attitude towards these cultural practises as far as transmission of HIV/AIDS is concerned were similar to findings on the study by Ntseane, (2004) who reported that although the Bakalanga ethnic groups in Botswana realize that women are most vulnerable to HIV infection because of the '*Nkadzana*' sexual practice and male power in sexual decision-making, they nevertheless respect their culture and expect the solution for HIV infection to come from within the culture. Some of the elderly men and women actually reported that epidemics come and go, Influenza come in 1918 and went after it responded to treatment by a wild fruit called "*matamba*", so HIV will eventually find a cultural solution. 'Whites failed to cure influenza, but our fore fathers found a cure and saved their own, so this AIDS is going to find a traditional cure' said one elderly headman. This supports Mutula, (2002) in Ntseane, (2004) that starts that local wild herbs have been identified as key sources in traditional medicine.

#### 4. Statistical Results

AGE in years	15 TO 20	21 TO 50	51+
	365	997	521

Table 1: Demographic data

Table 1 shows the ages of respondents interviewed on knowledge of the cultural practices and the existence of these practices in their community. Those aged 15 to 20 years were 365 (19.4%), 21 to 50 years were 997 (52.95%) and 51 years+ were 521 (27.7%). Knowledge about the BaKalanga sexual practises, *Nkadzana*, *Nlunyana* and *Nholo we mwizana*.

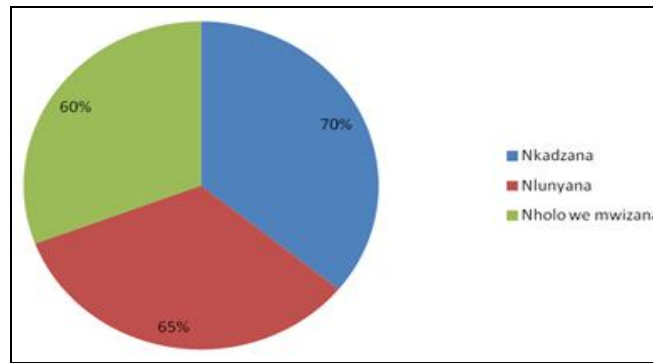


Figure 1

Fig 1 shows that more than half of the participants were aware of all the three sexual practices. That is 1130 (60%) of the participants knew about *nholo we mwizana*, while 1318 (70%) were aware of the practice of the practise of Nkadzana and 1224 (65%) knew about the practise of Nlunyana.

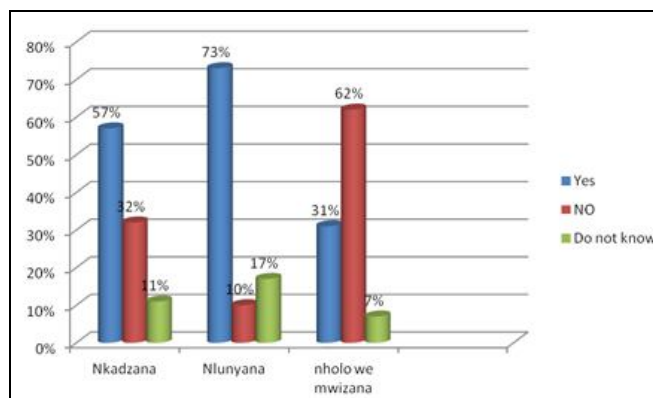


Figure 2: Are these sexual practises still being practised in your community?

Fig 2 illustrates responses given by participants when asked if these sexual practises were still in existence. Asked if these practises were still being practised, on Nkadzana 1073 (57%) of the participants reported that the practise was still live in the community, while 603 (32%) reported that the practise was non-existence and 207 (11%) said they did not know.

On Nlunyana 1375(73%) of the participants reported that the practise was common, while189 reported that the practise was non-existence and 321(17%) report lack of any knowledge about the existence or nonexistence of the practise.

On *Nholo we mwizana* 1168 (62%) reported that the practise no longer exists while 584(31%) reported that the practise still exists in the community 132 (7%) reported that they did not whether the practise existed or not.

## 5. Findings

Despite the fact that data was collected from different districts of Matabeleland South including the area along the Botswana border, the findings were all similar. The findings were not different from what Ntseane, (2004) reported in her study of Botswana ethnic groups' sexual behaviour.

- Sex is for procreation, and other social functions such as family bonding, family interrelationships, and is a social construct. This is shown by provision of 'Nkadzana'/'Nlunyana', to produce children for the couple if a sterility/barren problem arises. All this is a responsibility of both the husband's family and wife's family.
- Sex is culturally regulated, and there are certain types of sexual relationships which are prescribed and are acceptable regardless of the risk of HIV/AIDS which can be posed by these, e.g. 'Nholo we mwizana', sex between brother in law and sister in law 'Nlunyana' or 'Nkadzana,' sex between step son and step mother especially in a polygamous family.
- The ethnic group has access to national HIV/AIDS education processes but culture is not being put into perspective in the national educational.
- Most HIV/AIDS education is given to women who are powerless and have no control over sexual issues.

The above discussion shows that in the Bakalanga ethnic group sexual practices are regulated by the family and society. The rules about sexual partners are a family and societal issue. Sex outside marriage is permitted provided it is alongside societal norms. Sex roles include entertainment, family bonding, family interrelationships, personal interaction, spirituality and family and societal control and it is a social construct. This shows that sex roles in the Bakalanga in Zimbabwe is similar to those of the Botswana ethnic groups as Ntseane, (2004).reported the same findings. Sex is not only for procreation although this is considered the main role of sex. The Bakalanga people like most African cultures, marry to have children for family growth clan identity. A family without children is not respected in this society. The presence of Nkadzana and Nlunyana means no family is considered

barren in this ethnic group because alternative partner is always available. Children are viewed as an important asset. Even the unmarried women are advised just to have their own children. Hence a woman does not have to be married in order to have children. HIV/AIDS strategy that emphasizes abstinence is definitely not culture-sensitive. Furthermore, procreation as the main role of sex remains a cultural priority. For example, if a husband stays away too long from his wife, public opinion will encourage her to have sex with the husband's young brother by whom she can bear children. When the husband comes back he is told by the elders about what happened and he takes the child as his. It can therefore be seen that the "be faithful" is also not culture-sensitive in this ethnic group.

Participants in this study mentioned that there is great preparation of youths so that they can satisfy their wives in marriage and the same is true for the girls. They mentioned that it is the duty of the wife to give the husband pleasure and satisfaction. The youth who participated in this study mentioned that they receive adequate traditional sex education from family members. The participants said girls are taught by their aunts and grandmothers. All of the participants acknowledged the importance of this education as they said it is important to satisfy one's partner in marriage and one should make sex enjoyable. The youths stressed that virginity of both boys and girls is valued hence for practical sexual lessons they practise non penetrative sex with a cousin "*mazakwa*". (Imitation of a married couple). It is therefore critical to understand this cultural dimension of sex with HIV/AIDS prevention because it has a direct bearing on one message of the current ABCD HIV strategy, namely, 'abstinence'. This is because in this no penetrative sexual practise some youths may be tempted and this is likely to expose the youth to sex with multiple partners.

The family plays a major role in an individual's sexual practice. In this culture sex is regarded as a family asset. For instance, men or boys who impregnate girls have to pay the girl's family damages in cash or named number of cattle. Charges are put up by the girl's family. It is only when the boy/man promises to marry the girl that the charges are negotiated downwards. The presence of all these Nkadzana, Nlunyana and Nholo we mwizana is evidence that sex is a family asset.

As discussed earlier it was noted that some participants reported that they accept to have sex with their father in law so as to be accepted by the ancestors and to be able to use the father in laws cattle. This shows they exchange these with sexual favours. The sister's husband has to buy goodies for the Nkadzana in order to be accepted as a sexual partner. This indicates that sex is exchanged for good turns. Due to economic hardships that have resulted in poverty and lack of employment the youth and single women in particular mentioned that they engage in unprotected sex outside the family in exchange for money and other basic services.

Discussions with participants of this study on their male sex partner's reluctance to use condoms revealed that the act of intercourse itself is an exchange. This is how one middle-aged woman put it: "My husband looks after me very well. He even takes good care of my parents as well even better than my blood brothers, so with all these I should give him sexual enjoyment and satisfaction and here condoms have no place. Now if I insist on condoms he can report to my parents through my aunt or uncle then I will be under fire.

Marriage brings two families together. Although sex in marriage is between two individuals, however, the fact that their sexual relation has been authorized by the family and societal structures influences how members of the two families (wife's family and husband's family) and even their ethnic groups are going to interact and relate to each other on a day to day basis. The two families become one and also they begin to abide by certain social norms and expectations.

The practise of "*nholo we mwizana*" is a means of control of the girl child not to indulge in premarital sex. Also the provision of 'Nlunyana and Nkadzana' is seen as a means of controlling sexual behaviour. Although virginity for both men and women is stressed there are no strict rules of ensuring the boy's virginity at marriage. This indicates cultural sexual permissiveness as regard the boy child. One elderly man indicated that boys were checked by their uncle for the presence of a white membrane covering the glans penis, whose absence indicates indulgence in penetrative sex. A staunch Kalanga traditionalist, told a reporter from the Mail & Guardian that their young men were not allowed to have sex with their wives until the head of their families officially "approved" them. "Among my people, sex between a father-in-law and daughter-in-law is an initiation act never to be ignored," he said. Besides being a way of welcoming a new bride into the households, the father-in-law is also believed to be more experienced in determining a bride's virginity. A Kalanga father presides over all domestic disputes, he said, and a daughter-in-law who had sex with him would "have absolutely no inhibitions when she reports matters concerning her sexuality".

## 6. Recommendations

HIV/AIDS intervention should be looked at from a culture perspective. Cultural realities have to be taken into account. HIV/AIDS prevention and its understanding should be based on cultural point of view. The way each ethnic group views sexuality is different from the other. Preventive measures coming as fight against cultural practises will be resisted and HIV/AIDS prevalence will continue to increase. The views such as "abstain, be faithful, delay sexual debut and use condoms" without looking at the cultural sex norms will not improve sexual behaviour and will only fuel spread of HIV/AIDS as evidenced by the increase of HIV/AIDS prevalence in Matabeleland South as reported in the Zimbabwe National HIV/AIDS Council preliminary report of 2005-2006.

Among the Bakalanga, societal behavioural change is crucial for HIV prevention. There is need for synchronization of the ABCD strategy and cultural norms, beliefs and values. An alternative strategy which is culture sensitive and target specific would be ideal for this society. Education on HIV/AIDS prevention should be targeted to the custodians of the Bakalanga culture who are well informed about these cultural practises. These include the chiefs, headmen, spirit medias and elders. Strategies should focus on the family and society instead of the individual since sex is a property of the family and society. Participatory methods should be implemented in the planning and delivery of prevention activities. These culture custodians should be empowered so that they realize the relationship between the spread of HIV/AIDS and their cultural sexual practices.

It is recommended that sexual education be given to men and that they should be empowered to realize that as decision-makers in sexuality issues, they have to lead in the fight against HIV and AIDS in both the family and society. Finally, research is needed to identify culture sensitive sex education content as well as training methods relevant to activities for HIV and AIDS prevention. It is therefore recommended that HIV/AIDS preventive strategies look seriously at the cultural practises of the Bakalanga ethnic group rather than just preaching the ABCD strategy.

### 7. Conclusion

The study findings have confirmed that among the Bakalanga culture, sexuality and sexual behavior is more of social construct than what most people think. Society has more control over sexual behaviour than the individual, providing common understandings in the form of taboos, norms and beliefs.

The study revealed high knowledge about current HIV/AIDS prevention strategy among the Bakalanga ethnic group in Matabeleland South. The public is well informed about Abstinence, Be faithful, use Condoms and Delay sexual debut (ABCD). However, results of this study revealed that the ABCD strategy is ineffective because sexuality is controlled by societal norms and taboos. Condoms are not acceptable to society and are not compatible with societal functions of sex for example procreation. The HIV/AIDS preventive strategies being provided by the medical fraternity lack is not in line with cultural beliefs and values. More education is provided to women circles that lack decision-making powers regarding sex and do not have the right to say no to the male gender.

Overall, the findings of this study have demonstrated that there are more cultural practices which may be contributing to a rise in HIV/AIDS prevalence in Matabeleland South Province rather than just to the proximity of the province to the active border posts and having most male working across the borders, in Botswana and South Africa, hence HIV/AIDS campaigns are based on wrong assumptions about sexual behaviour.

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