

Perceptions of the Vhavenda Regarding the Significance of IKS Rituals and Customs in Women's Health: "The Other Side of The Coin"

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ABSTRACT The paper aimed to explore and describe the perceptions of the Vhavenda people regarding the significance of indigenous knowledge systems (IKS) rituals and customs in promoting Women's Health. Indigenous knowledge should be given a platform to add to our understanding of the world and advance philosophies that inform research approaches and interventions that sustain and acknowledge the role played by IKS in promoting women's health. The HIV epidemic, disproportionately affecting sub-Saharan African women and their families, has put an academic spotlight on African beliefs systems and IKS. Most of the academic studies are based on western approaches, which are built predominantly around individualistic western beliefs and cultures that perceives IKS as the 'other' form of knowledge that can pose a threat to African women's health. A qualitative descriptive study was conducted. In depth interviews were held with key informants who were knowledgeable about Vhavenda cultures. The findings demonstrate that beliefs about polygamy, widow inheritance and initiation schools are more complicated as participants perceived these customs as having benefits and risks to women's health. The paper recommends adopting the African philosophy of ubuntu to assist in harmonizing the Vhavenda IKS to assist in addressing women's health challenges.

INTRODUCTION

The sub-Saharan African HIV and AIDS epidemic has put African indigenous practices and knowledge in the spotlight of public scrutiny with a number of studies commissioned to identify 'risks' and 'dangers' to African women's health. As a result, the studies are often oblivious of the complex cultural make-up of the indigenous African people and the world views influencing their cultural practices. The majority of such studies concentrated on the negative and harmful practices and beliefs which are considered as fuelling the spread of HIV/AIDS and those perpetuating women abuse. The majority of studies showed that indigenous practices such as polygamy, widow inheritance fuel the spread of HIV/AIDS. Bove and Vallengia (2009) also confirmed that accelerated transmission of STIs including HIV is associated with polygamy. In contrast to this notion Witte (2015) in the book titled "The Western Case for Monogamy over Polygamy" argued that "If a thing has been practiced for more than two hundred years, it will need a strong case under the [Constitu-

tion] to affect it". Furthermore, the US State Supreme Court Justice Oliver Wendell Holmes, JR once wrote, "if a thing has been practiced for 2000 years and more, the case to affect it must be strong indeed". The purpose of this book was to uncover and set out the western historical case for monogamy over polygamy over the past two plus millennia and to analyse the criminal prohibitions against polygamy that resulted within the African continent. The impact of polygamy on Women's health will also need a stronger case under the [Constitution] to change it, (apart from the assumptions that it fuels the spread of sexually transmitted infections including HIV), because polygamy has been practiced for many years until to date. Polygamy is also legal in South African customary law.

Delay in seeking modern care, whilst seeking advice from traditional healers has been cited as an impediment to early disease diagnosis. At the same time customs associated with the rites of passage such as male circumcision if conducted outside modern health facilities such (for example, in initiation schools) have been

shunned at. Practices such as virginity testing and labia pulling have evoked intense debates within the context of human rights and ethics (e.g. abuse of children, confidentiality and informed consent). These practices have often been labelled as ‘barbaric’ or a return to the ‘dark ages’. At the same time, the promulgation of the Bill of human rights in the Constitution of the Republic of South Africa Act 108 of 1996 was a milestone for the majority of people in South Africa including women. Issues of gender equality received overwhelming positive responses with programs initiated to promote women’s health. In the process, cultural rights were also promoted resulting in the resurgence of an African renaissance which culminated in debates that recognised IKS as a field of knowledge which must occupy equal spaces as western knowledge (Hoppers 2002; Mungwini 2013) creating what Mungwini (2013) refers to as the global epistemology in which many worlds fit. Following on from these debates, the Traditional Health Practitioners Act (2007) was promulgated to legitimize traditional healing and all related indigenous health practices.

Some authors have argued that IKS can be enablers or impediments to health depending on the context (Ellen and Harris 1996; Fischer 2005; Izugbara 2013). It is therefore important that we engage in a dialogue on cultural and traditional practices so as to inform a discourse for HIV prevention that is grounded in African cultures. In this paper we argue that, when seeking to promote African women’s health, there is always another side of the coin which is often missed. This other side of the coin emanates from understanding women’s health using IKS lenses. It is within the context of IKS that women negotiate and make sense of their health, away from biomedical interventions. This paper is based on a study which focused on three cultural practices namely polygamy, widow inheritance and initiation school teachings. The focus of this paper will be to document what the participants thought about these practices within the context of women’s health.

Study Objective

The aim of the study was to explore and describe the Vhavenda people’s perceptions regarding the significance of IKS rituals and customs on women’s health

METHODOLOGY

A qualitative descriptive research was conducted in the Limpopo province among the twenty–three key Vhavenda people so as to elicit information on their perceptions about some traditional beliefs that may place women at risk of contracting or passing on a sexually transmitted infection. The study took place in Limpopo at Vhembe district among the Vhavenda tribal group of South Africa. The population for this study consisted of fifteen Traditional healers and eight herbalists. The participants were aged between 30 and 60 years. The participants were purposively selected as they were Vhavenda people who were knowledgeable about IKS and traditional/cultural ways of treating sexually transmitted infections. The in-depth interviews were conducted in Tshivenda language and lasted on average, 45 minutes. The following guiding question was used during data collection: “*What are your views regarding IKS rituals and customs in promoting Women’s Health?*” Data was collected until the point of saturation was reached when interviewing the 20th participants. The other three in-depth interviews were conducted as confirmation of data saturation. All interviews were recorded and transcribed verbatim. The transcripts were coded thematically and subjected to iterative analysis using the framework method of qualitative data analysis to elicit information on participants’ views on polygamy, initiation schools, widow inheritance.

The transcripts were then subjected to thematic framework (Ritchie and Spencer 1994; Ritchie et al. 2014). Thematic framework follows five steps of analysing interview transcripts which are familiarisation, identifying a thematic framework, indexing, charting, mapping and interpreting. Key themes emerged which will be discussed in this paper: positive aspects of polygamy, positive aspects of initiation schools, positive aspects of male circumcision. Measures to ensure trustworthiness (Cope 2014) were used in this study. Ethical approval for the study was obtained from the Ethics Committee (University of South Africa, Department of Health Limpopo Province). Verbal and written consent was obtained from the participants after reading the participant information sheet (De Vos 1998).

RESULTS

This section of the paper details participants' views on what they perceived as the positive aspects of polygamy, teachings from initiation schools and widow inheritance, all which had been deemed as 'dangerous' by health promoters.

Theme 1: Polygamy can be Good

The South African Recognition of Customary Marriage Act 120 of 1998 (Republic of South Africa 1998) recognises African customary marriages to more than one spouse as valid. Additionally, in South Africa, polygamy is socially accepted among certain tribal groups such as Vhavenda, Vatsonga and Zulus. Some of its 'good' practices are shown in the media for example on TV where polygamy is used to advertise Nandos Chicken (<http://www.youtube.com/watch?v=38xBihimIB4>). The advert shows a white man who starts by announcing that most visitors to South Africa believe that South African men have more than one wife. However, the message is that viewers should buy Nandos as the chicken portions can be shared in large numbers. Polygamy is part of everyday practice amongst some heterosexual South African men (Delius et al. 2004). However, in an age when multiple partners potentially increase the risk of passing on, or contracting sexually transmitted infections, the participants viewed polygamy as a practice that had both 'positive' and 'negative' aspects. They argued that polygamy ensured stability in marriages promoting trust among partners as one noted:

Being in a polygamous marriage is safer for women than when men replace polygamy with a chain of unknown mistresses.

'Being safer' was spoken in the context of sexual health and some participants argued that women or co-wives in a polygamous marriage are 'secure' as they know where their husband was if he was not with them. This meant that women could discuss and share information about their pregnancies and sexual health, knowing fully well that they shared a male sexual partner (Manabe 2010; Harrison 2015). Polygamy ensured sexual diversity within a known network, for the man, as noted by one of the participants who put it this way:

"Why would a man go outside the marital home for sex when he had his own harem at home?"

Sexual diversity as found within the network of women who know each other as 'co-wives' in his home was perceived as reducing the risk of infections only if all the members were free from infections and faithful to each other and not 'going outside'. Participants also argued that polygamy was a good 'strategy which could potentially assist traditional healers, nurses, medical doctors in tracing potential people who could have contracted sexually transmitted infections from a patient. Within a polygamous marriage, sexual partners were said to be aware that they shared a partner and if a sexually transmitted infection is introduced within the polygamous marriage, health workers including traditional healers and nurses could easily trace the other parties as are aware that they shared a sexual partner. In monogamous marriage, extra marital affairs are often kept as a secret, making it difficult for nurses when tracing partners who had had contact with patients diagnosed with a sexually transmitted infection including HIV.

The participants viewed polygamy as a 'good' method for family planning as it enabled women (co-wives) to have enough rest from sex soon after delivery of their baby thereby preventing unplanned pregnancies as one traditional healer noted:

"These days some of these diseases are a result of men having sexual relations with their wives immediately after the woman has given birth and the womb is still dirty or unclean."

Another participant added:

"If you have two wives they get a chance to rest after delivery. You will get your sexual satisfaction from the second wife or third wife and let the other one rest."

They maintained that polygamy was a good way of spacing children compared to the modern family planning methods including contraceptive pills which they perceived as having a lot of side effects which potentially compromised women's health. Importantly, as long as all the husbands and their co-wives were faithful and did not have any sexually transmitted infection, polygamy was said to be good for women and men's health as one respondent said:

Men with more than one wife lived longer because a man who is always solving problems is always active and therefore does not grow

old. This is what I was told by some old man. And again this did not encourage the spread of STDs since the man was always indebted when it came to satisfying his wives. At the end of the circle, he needs to start again and it goes. It also helped that the man did not sleep with strangers since he knew his wives. (Laughter). As for wives being tempted, it was just a matter of the wife being faithful. Even if she was the only wife she would still do it.

This view has been supported by other researchers. Van Dyke (2001) noted that although Westerners often frown upon African polygamous marriages, provided that all partners in such a union are HIV negative and faithful to each other, polygamous marriage can help prevent the spread of HIV (see also Fox 2014). Van Dyke (2001) argued that polygamy could provide a healthier alternative to problems inherent in certain customs such as sexual abstinence during pregnancy or soon after childbirth in which case a polygamous husband will not have an alternative (Van Dyke 2001).

Theme 2: Widow Inheritance is a Good Practice

Widow inheritance is a cultural practice whereby a widow is expected to choose another husband amongst her late husband's brothers so that the marriage is not dissolved. The main aim is protect the family lineage and to avoid the woman from marrying a 'stranger' who could squander the family wealth and in some cases, change the deceased man's children's surnames (Mulaudzi et al. 2006; Tenkorang 2014). Widows enter into an inheritance contract for various reasons including companionship or fulfilment of sexual rituals. Inheritance relationships in which widows enter the contract for companionship last longer when compared to relationships that are based on fulfilling a sexual ritual (Agot et al 2010). Widow inheritance is usually practiced in different African countries which include: Ghana, Kenya, Nigeria, South Africa, Tanzania, Uganda, Zambia and Zimbabwe (Agot et al. 2010; Cooper 2014). In South Africa, widow inheritance is practiced amongst the Tsonga, Vhavenda and Zulu cultural groups. Participants spoke about the benefits of inheriting widows and one participant reiterated ideas related to the custom in particular the preservation of family wealth:

“Widow Inheritance is a good practice as it assists in protecting the wealth of the deceased brother and the children. Strangers just assist the woman to eat the money and run away when the money is finished.”

In contrary Drimie (2002), Mulaudzi et al. (2003) and Agot et al. (2010), noted that widow inheritance was a contributory factor towards the spread of HIV. This is in cases where the deceased died from HIV and the inherited widow was also infected and also practiced unprotected sex with the new husband. Widowed women in sub-Saharan Africa have are at a higher risk of HIV (Tenkorang 2014). In addition widow inheritance can prevent woman from gaining independence after her husband's death, potentially exposing women to unwanted sexual relations and domestic violence.

Widow inheritance has merit if it is practiced properly. Africans are raised under the philosophy of Ubuntu. This philosophy stems from a Venda idiom saying *muthu ndi muthu nga vhathu* (a person is a person because of other persons). The Ubuntu philosophy emphasises unity, solidarity and a sense of belonging. In this case the emphasis will be on “my brother's children are my own”. Widow inheritance is a good practice as the children's identity, totem and kinship networks are retained within their biological father's family.

Theme 3: Initiation Schools are Good

Initiation schools are places which mark the rite of passage from childhood to adult life. They are places where knowledge about how to be a 'proper' man or woman is shared with young people. In these initiation schools, young people are taught about sex, respect, accountability, responsibility and patience. The aim is to educate young people so they can become disciplined, respectful and kind adults. Initiation schools in South African settings provide spaces where young people can potentially learn about reproductive organs, use of these organs during sex and how to ensure enjoyment of sexual encounters within marriage. Initiates are also taught about the maintenance of marriage and relationships and Ubuntu values such as self-control, faithfulness, chastity, and respect for other people's marriages. The following initiation schools were discussed.

Sub-theme 1: Musevhetho

The process of initiation had stages. It started when children were young. Musevhetho is an initiation school for girls. During Musevhetho the emphasis was on labia elongation which the girls were taught early in their lives. This practice is referred to as “*ukwevha*”, which involves elongation of the girls’ labia minora and virginity testing. There were differing reasons for elongating the labia. An enlarged labia increased sexual enjoyment between the woman and her future husband. Virginity testing was introduced during labia elongation sessions to check out which girls were sexually active. As all girls were expected to participate without the shame of exposing her genitals to her peers, refusal to expose her genitals was also regarded as a sign that she was sexually active and afraid that others could see that her vagina had been penetrated before the elongation had been complete. However girls were not told the reasons why they had to elongate their labia. Female participants reported that girls are often misinformed to think that they were pulling the labia in preparation for competition and inspection during Vhusha. The girls then completed to see who had the longest labia. When the length of the labia are compared during Vhusha the girl with the longest labia gains respect from her peers and accorded the status of a mentor, so she educates others about pulling their labia. During the process of initiation, the initiates accept and treat each other with respect. Respect is understood as a spirit of unity and humanity towards each other in respect of their particular schools. The initiates believed that initiation teaches them tolerance, discipline and responsibility.

Very little is known about the impact of elongated labia on women’s health. However, the World Health Organisation classified the elongation of the labia minora as a Type IV female genital mutilation in 2000, and later as female genital modification in 2008. Most people who have studied African sexualities, the majority of them foreign to African practices and experiences, have reported that this practice violates women and girls’ rights to healthy sexual pleasure (Malisha et al. 2008). Such claims are made as they do not take the cultural context within which these practices are undertaken. Although there is little research on this subject some argue that the use of botanicals to enhance the stretching

exercise may have negative side effects on the women’s health. Furthermore they reiterated that female genital mutilation is illegal and is regarded as an assault causing grievous bodily harm, therefore any person who performs it is liable to prosecution under the legislation that prohibits its performance (Boyle et al. 2000; Catania et al. 2007).

Sub-theme 2: Vhusha

After their first menses South African Venda girls attended Vhusha. During this initiation school the emphasis is on learning *milayo* which are guidelines about how to be a good Vhenda woman and a wife. There was also a stress on female virginity testing. This is often a trial period for the girls to honour their family name and clan by proving that they were still virgins. Two calabashes were used – one intact and one broken. The girl is examined by the elders to see if her hymen is still intact. It is often the girl and family’s pride if she passes the test. However families who went home with a broken calabash would hang their head in shame as that will also mean that the chances of someone asking their daughter’s hand for marriage is minimal and where possible the numbers of cows (lobola) will decrease (Mulaudzi 2004). Participants believed practice can be regarded as a good way to ensure delayed sexual involvement among the youth and a way of preventing teenage pregnancy. One of the respondents said:

If I were to say I wanted to do vaginal inspections on your children, you would be the first to say I want to bewitch them. In my day, we were inspected, not only for diagnostic purposes, but also to see whether one is still a virgin or not. This went on until wedding day.

The same practice is practiced amongst some Tsongas, Zulus and Shonas of Zimbabwe. In the process the virtue of self-respect and patience is inculcated among the youth and hoping that they will delay sexual debut and early marriages. The chances of being infected by HIV at younger ages are reduced as girls delay getting involved in penetrative sex. On the other hand girls who did not undergo Vhusha feel free and do not see the value of chastity as they are no longer going to be inspected (Kangethe 2013). They are more prone to engaging in sexual activity in their youth before they are thoroughly prepared for.

It has been argued that virginity testing tend to stigmatise the young women who fail the test owing to other non-sexual causes. Furthermore exposure to health risks during inspection has been reported as good reason why this practice should be discarded. Furthermore, from a human rights perspective it has been argued that this practice constitutes an unjustifiable intrusion into the right to privacy.

DISCUSSION

Apartheid in South Africa modified IKS as colonial institutions took over the roles that were traditionally assigned for IKS and the promotion of women's health. The church and formal education schools replaced initiation schools. However some of the values and practices which were inculcated were lost with schools reclaiming sex education in biology classes. These institutions divorced IKS from classroom based education. Some of the traditional rituals were educational and assisted in prevention and promotion of good health and care. Virginity testing was done to prevent early engagement in sex thus preventing teenage pregnancy. The youths were taught about marriage, tolerance and respect as well as understanding one's cultural identity (Kendala and Kamba 2014) Pre-marital counselling was done to assist young people develop coping mechanisms that prevent marital breakdowns such as divorce. Practices such as labia elongation were done to enable women to take charge of their bodies and enjoy sex. It also assisted women to gain self-worth and pride.

Health planners need to take into account the cultural contexts within which interventions will be implemented so as to ensure acceptability of these interventions. Polygamy is recognised in customary law and that advocating for monogamy to prevent the spread of HIV would be a drain on the resources particularly for those who choose to be in polygamous marriages (van Dyke 2001). In addition, widow inheritance is also viewed as one of the contributory factors towards the transmission of sexually transmitted infections including HIV and AIDS more especially in couples who practice unprotected sex (Agot et al. 2010). Health planners need to find ways of promoting good sexual health within the context of polygamous marriages and widow inheritance. In addition, there seems to be

confusion on health initiatives regarding circumcision policies. Now promoted as global health promotion initiative that reduces female to male HIV transmission, male circumcision in Djibouti was outlawed in the revised Penal Code. Cote d'Ivoire passed a law in 1998 which makes circumcision punishable imprisonment and fines. However, the current trend of clinical male circumcision is taking away the educational aspect of what it means to be a proper man.

CONCLUSION

The good practices in initiation schools such as vhusa and musevhetho should be considered in teaching young people about health and prevention of sexually transmitted infections.

RECOMMENDATIONS

Teachings from initiation ceremonies that value respect, dignity and treating other humanly should be promoted as they offer some moral guidance that may help reduce the spread of sexually transmitted infections. The good teachings from initiation ceremonies need to find space in clinical settings where male circumcision now occurs. Male circumcision should be performed by skilled practitioners in a safe and healthy environment. Further research regarding the importance of cultural education during boys and girls initiation schools is required. Further research must be conducted to explore good practices related to polygamy and widow inheritance which may be preserved so as to promote healthier lifestyles.

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