

## The Impact of Cultural Practices on Fighting against or for the Propagation of AIDS Pandemic in Rwanda

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### Abstract

Ever since tests for AIDS Virus infection started more some thirty years ago, the number of infected people has kept rising<sup>33</sup> while training and information campaigns on the modes of transmission of the virus and on the protection methods increased. Tremendous efforts were deployed and appropriate financial means granted.

How come the outcomes remain small in spite of the important means used therein? This article analyses the situation of one African country, Rwanda, where the first cases of AIDS were known in 1983. Since then, the disease has been a real plague, given the number of people dying from it every day, even if the official discourse limits the number of infected people to only 3% of the population.

The country has made a lot of progress in this area due to conferences, publicity clips, availing condoms, antiretroviral, etc.,<sup>34</sup> but this is not enough. Investigations show that only 10% of the population use condoms for protection. Why the resistance? This article analyzes the alternative of cultural practices which are not always considered where the education of the people is concerned.

**Key words:** AIDS/HIV, culture, propagation, fight

### Résumé

Depuis que l'on a commencé à effectuer des tests d'infection au virus du Sida, il y a plus d'une trentaine d'années, le nombre de personnes n'a cessé d'augmenter alors que les campagnes de formation et d'information sur la manière dont se transmet le virus et sur les méthodes de protection se sont multipliées. Des efforts énormes ont été déployés et des moyens financiers conséquents ont été consentis.

Pourquoi les résultats restent toujours maigres par rapport à l'importance des moyens mis dans la balance? Cet article analyse la situation d'un pays africain, le Rwanda, où les premiers cas de Sida ont été

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<sup>33</sup> The ONUSIDA Report of July 2010 states that progress was made in some countries where the rate of prevalence is falling by 25%, especially among the youth between 15 and 25 years, but we should not delude ourselves because the disease will prevail for some more time in the future.

<sup>34</sup> The country was rewarded as it was cited second to Ethiopia as a model, during the "SIDA plus OMD" Summit of 22/9/2010 on healthcare accessibility.

connus en 1983 et, depuis lors, la maladie constitue un véritable fléau vu le nombre de gens qui en meurent chaque jour, même si le discours officiel limite le nombre de personnes infectées à seulement 3% de la population.

Le pays a fait un grand pas à travers des conférences, des annonces publicitaires, la disponibilisation du préservatif et des antirétroviraux, etc., mais cela ne suffit pas. Les enquêtes montrent que seulement 10% de la population pratiquent des relations protégées. Pourquoi une telle résistance? Le présent article analyse la piste des pratiques culturelles qui ne sont pas toujours prises en compte dans l'éducation populaire.

**Mots-clés :** Sida/VIH, culture, propagation, lutte.

## **1. Introduction**

Since the first case of AIDS was declared in 1983, the number of infected persons around the world has not ceased to increase. In 1993, this number was comprised between 150,000 and 200,000 in Rwanda (Gouvernement rwandais, 1993: 58). Five years after, ONUSIDA (1998 : 5 and 65) in his report said: «Rwanda is among the nine countries from Sub-saharan Africa which are more affected than others by AIDS with a prevalence rate of 12.75% among the population comprised between 15 and 49 years old ». Two years after, the same organization reported: « more than 400,000 people were infected, more than 150,000 died and the number of orphans in the country attained 270,000 » (ONUSIDA, 2000: 124).

For a long time, stress has been laid on condom – although its use remains also very low. EDS (Étude Démographique de Santé (2005) gives some rates: only 19.7% for women, 40.9% for men use condom. But 75.8% of women population and 78.1% of men have done any Aids testing. They highlighted also the provision of antiretroviral for free or for reduced prices, etc. as a miracle solution to AIDS pandemic; which has been sought without taking into account the culture of the peoples concerned.

This was done or is being done, but nobody imagined there might be cultural attitudes that could help fight against the epidemic, or inversely, encourage its spreading. It is in that frame we are trying by this research to bring up a contribution.

### **1.1. Research question**

Are cultural attitudes in Rwanda impact AIDS' disease positively (when they help in the diminution of infections) or negatively (if they participate to increase the number of infected people)?

### **1.2. Hypothesis**

Rwandan cultural practices play a role in the propagation of AIDS because they favorise sexual relations with different partners but often without any protection. UNESCO/ONUSIDA (2002:83) identified those incriminated cultural traditions and practices which are also found in Rwanda. For example, recognized or “informal” polygamy is frequent in agrarian communities, is progressively disappearing with economic

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development and modernization. It is increasingly being replaced by multi-partner sexual practices as is the case with migrating populations and itinerant professions (especially with men); which increases the intensification of permanent or occasional prostitution. ONUSIDA pointed out also sexual violence against women, girls and children.

We have identified other traditional cultural practices which are particular to Rwandan people and some recent ones which are: *kunyáaza*, *kóomora*, *kuryá améenyó*, *gutérura*, *guhuungura*, *kwĩnjira/gusuumbakaza*, *gusaangira umugoré*, *kwéeza*, *kumara akáanapfú*, *gucúutsa umwáana*, *kwaakiira ubukurira bw'úumwáana*; *gupfúbuura*, *guseezera* and sugar daddy/mammy phenomenon.

### **1.3. Aim**

After identifying those cultural practices which present a risk when people do sexual relations, we want to inform and invite all those who are involved in educating people on how to avoid AIDS infection by imagining other strategies to help people, instead of insisting only on condom use. We want also enlarge the debate on this, by verifying the extension of the phenomenon. That is why we did investigations in different parts of the country, discussing with people of different categories. So, we agree with UNESCO/ONUSIDA (2002:21) when saying:

HIV/AIDS is not a problem for the medical sector only, but a multi-faceted issue which requires multi-dimensional strategies. The modern methods of education, information and communication, and the promotion of condom use cannot achieve the expected outcomes if the problem is examined only from the medical viewpoint.

## **2. Research Methods**

### **2.1. Data collection**

This research has been conducted in 2010 towards different Provinces and Districts: in North Province we went at Gicuúmbi and Musáanze districts; in Eastern Province we went at Kayoonzá and Nyagataré districts; in the Southern Province we worked in Huuye, Nyaanzá and Nyamágabe districts and in Western Province we worked in Rusízi district. We also worked in Kigali City, in Nyarúgeenge district.

About the choice of provinces, districts and sectors in which we conducted research, we tried to cover different places of the country. We opted for using interview and discuss with the people. So, the sample has been fixed randomly because the statistical representativeness is not the aim, but we tried to have a large sample with a wide variety of people in order to have their opinion on the problem of HIV and the role some cultural practices could play in infecting people. We tried to know if they were informed of the risk of being infected in following those practices.

We worked closely with local authorities at all levels (province, district and sectors). Firstly, we visited all those authorities to request authorization to do research in their circumscription. We explained them what we wanted to know, asked them to collaborate by contacting for us the identified groups of people,

and then we fixed with them a calendar (when and where we would meet). Those leaders invited people for us by asking volunteers.

The place interviews were done had enough privacy to make interviewees feel relaxed. Generally, it was near the district or sector's office but without the presence of the representatives of the authority. We discussed freely with the groups which were natural and some focused groups from PLWHIV associations. We opted for discussion in different groups on age based, in order to know if those cultural practices were known and practiced by some or all people of each age tranche. Each group was composed by male and female.

In each district we used discussion group techniques. We worked with two categories of discussions groups: the first category was composed by different people according to their age: between 13-19 years old, between 20-34, between 35-44, between 45-59, from 60 and above. In each group there were male and female people. Another category was composed by people with HIV/AIDS (PLWHIV) in various stages of age, male and female. In general, we did discussions with 953 persons.

**Table 1: Repartition of interviewed according to the location, age and gender**

| GROUP SPECIFIC ATION/AGE | SOUTHERN   |         |         | WES TER N | NORTHERN  |           | EASTERN     |          | KIG ALI | GENDER |         |
|--------------------------|------------|---------|---------|-----------|-----------|-----------|-------------|----------|---------|--------|---------|
|                          | HU YE      | NYA NZA | NY AM A | RUSI ZI   | GIC UMB I | MUS ANZ E | NYAG ATAR E | RU KA RA | NYA RU  | MA LE  | FEM ALE |
| 13-20                    | 30         | 22      | 38      | 25        | 35        | 20        | 27          | 19       | 18      | 95     | 139     |
| 21-35                    | 18         | 11      | 20      | 24        | 16        | 17        | 19          | 14       | 13      | 40     | 112     |
| 36-45                    | 20         | 16      | 15      | 21        | 17        | 12        | 11          | 13       | 16      | 44     | 97      |
| 46-60                    | 17         | 18      | 14      | 19        | 13        | 12        | 20          | 16       | 15      | 42     | 102     |
| +60                      | 11         | 14      | 21      | 16        | 22        | 27        | 15          | 13       | 18      | 59     | 98      |
| PLWHIV                   | 12         | 15      | 17      | 11        | 13        | 10        | 14          | 15       | 18      | 38     | 87      |
| TOTAL                    | 108        | 96      | 125     | 116       | 116       | 98        | 106         | 90       | 98      | 318    | 635     |
|                          | <b>953</b> |         |         |           |           |           |             |          |         |        |         |

The discussions were done in small groups of 6-15 persons. We used a topic guide with a semi-structured questionnaire and key questions. Those questions were like: “do you know what is called “*kuryá aményo*” in Rwandan Culture? When making sexual relations, do you use condom with your partner? If the partner wants to practice that is called “*kunyáaza*” (to provoke the flow vaginal secretions during sex intercourse), *kóomora* (a woman who during delivery undergoes an episiotomy or had a tear, thinks that she cannot heal without having sex with her partner), *guseezera* (a boy/girl has sex with her/his girl/boy friend on eve of the marriage) and others; do you use condom? We took notes or recorded. We promised to use the results only for research purposes and keep their information secret and we avoided any embarrassing question. Those questions helped us to focus on the objective of our research which is to know if those practices could have an impact on the propagation of AIDS in Rwanda or could help to stop it. Thereafter we did a synthesis which constitutes the results.

## 2.2. Data Analysis

We used qualitative data analysis which focuses on the representation of the setting in terms of participants and their viewpoint, their sensitivity to the context and the description of the situation, what they thought about that. For example, some people told us how they have been infected by HIV because they respected some cultural practices. So, we used qualitative method which “relate to understanding some aspects of social life, and its methods which generate words, rather than numbers, as data for analysis” (Nouria Brikci, (2007: 4).

## 3. Results

Results of interviews are used to give some details through examples on how the Rwandan community throughout its culture perceives the issue of AIDS disease and its attitudes, beliefs and practices (efficacy about the use of condom), etc.

**Table 2: Participants according to their marital status**

| Marital status       | Men | Women | Total | %      |
|----------------------|-----|-------|-------|--------|
| Single               | 95  | 130   | 225   | 23.936 |
| Free union           | 100 | 226   | 326   | 34.680 |
| Legally married      | 30  | 98    | 128   | 13.617 |
| Polygamous           | 16  | 11    | 27    | 2.833  |
| Divorced (alone)     | 4   | 11    | 15    | 1.595  |
| Divorced (remarried) | 25  | 33    | 58    | 6.170  |

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|                     |     |     |     |       |
|---------------------|-----|-----|-----|-------|
| Widow (alone)       | 2   | 42  | 44  | 4.680 |
| Widow (remarried)   | 19  | 28  | 47  | 5     |
| Widow in free union | 25  | 58  | 83  | 8.829 |
| TOTAL               | 316 | 637 | 953 | 100   |

Among young men, no one was married before 21 years old, some female had been married before that age. A big number of interviewed persons live in free union (34.6%) which is a risked situation because they are more exposed to separation and being involved in a new relationship with another partner than those who are legally married. Those who live in situation of polygamy are few, but constitute a much risked group (5 men live with many women and 9 women live with a man who have other women).

Divorced people are often remarried (79.4%), legally or not; a few number accept to remain alone after separation. Among widows, only a little number is legally remarried (5%), the big majority lives alone (more women than men) or lives in free union (47.7%). Even those who are married, they are not protected against the danger because 45% are in a remarriage situation, which means it is easy to be contaminated because their partner lived with another person before. Single group and those who live alone (divorced or widow) constitute also a big risked group (30%) because they can have sex relations with variable partners. Among interviewed people, as we said it, there is a PLWHIV group (12.9%), some of them are married between them and are conscient of their situation, or are married with somebody else without informing each other on the risk they are facing to live like that (13.9%). Another information is that many of those interviewed people (89.3%) confess that they have done at least once sex without using condom protection.

**Table 3: Traditional Practices (information on their existence and who practice) according to age group**

|  | 13-20      |            | 21-35      |            | 36-45      |            | 46-60      |            | +60        |            |
|--|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
|  | info       | practice   | info       | practice   | info       | practice   | info       | practice   | info       | practice   |
| gukuna                                     | 187        | 37         | 112        | 89         | 97         | 79         | 102        | 93         | 98         | 98         |
| kunyáaza                                   | 169        | 91         | 99         | 83         | 97         | 97         | 102        | 102        | 98         | 98         |
| kuryá améenyo                              | 00         | 00         | 00         | 00         | 00         | 00         | 74         | 34         | 89         | 72         |
| kóomora                                    | 00         | 00         | 00         | 00         | 00         | 00         | 62         | 46         | 81         | 43         |
| gusaangira<br>umugoré                      | 00         | 00         | 05         | 00         | 11         | 02         | 48         | 23         | 98         | 47         |
| kwíinjira<br>(guhuungura),<br>gusuumbakaza | 04         | 00         | 06         | 00         | 13         | 03         | 102        | 12         | 98         | 32         |
| kwéeza                                     | 00         | 00         | 00         | 00         | 00         | 00         | 09         | 00         | 79         | 63         |
| kumara<br>akáanapfú                        | 00         | 00         | 07         | 02         | 14         | 04         | 56         | 13         | 67         | 23         |
| gucúutsa<br>umwáana                        | 05         | 00         | 17         | 03         | 34         | 05         |            |            | 79         | 26         |
| kwaakiira<br>ubukurira<br>bw'úumwáana      | 00         | 00         | 03         | 00         | 19         | 00         | 21         | 00         | 21         | 06         |
| gupfúbuura                                 | 08         | 00         | 101        | 07         | 97         | 13         | 102        | 28         | 98         | 31         |
| guseezera                                  | 35         | 00         | 109        | 07         | 97         | 12         | 99         | 19         | 13         | 00         |
| gutérura                                   | 136        | 00         | 139        | 00         | 97         | 02         | 102        | 08         | 98         | 11         |
| sugar<br>mammy/sugar<br>daddy              | 131        | 00         | 112        | 04         | 97         | 06         | 102        | 14         | 17         | 09         |
| <b>TOTAL</b>                               | <b>670</b> | <b>128</b> | <b>683</b> | <b>190</b> | <b>606</b> | <b>214</b> | <b>904</b> | <b>379</b> | <b>867</b> | <b>504</b> |

The young population is informed about some traditional sexual practices and continue to practice them, such as *gukuna*, *kunyáaza*; but ignore a lot of them which are not transmitted from generation to another. Those are *kóomora*, *kuryá améenyó*, *kwéeza*, *kumara akáanapfú*, *kwaakira ubukurira bw'úumwáana*, *gucúutsa umwáana*. So, the risk to be infected through those practices is very low even inexistent for them, but that ignorance can be used by an informed and more aged person who wants to accomplish that rite in order to avoid a punishment from ancestors. It is the same for old people whose majority ignore new sexual behaviours like *guseezera* or that is called “sugar mammy/sugar daddy” phenomenon. The two categories must be informed and be protected. Even the big number of interviewees said that they are more informed than they practiced those rites, the risk of contamination remains, because a very few number can contaminate many others; and for some common practices for old and young persons are very practiced and often without using condom.

**Table 4: Traditional Practices (information on their existence and who practice) according to location (district)**

|                                     | Huuye |          | Nyaanzá |          | Nyamágabé |          | Rusiízi |          | Gicuúmbi |          |
|-------------------------------------|-------|----------|---------|----------|-----------|----------|---------|----------|----------|----------|
|                                     | info  | practice | info    | practice | info      | practice | info    | practice | info     | practice |
| gukuna                              | 108   | 56       | 72      | 41       | 110       | 93       | 1007    | 97       | 103      | 89       |
| kunyáaza                            | 104   | 91       | 68      | 59       | 111       | 102      | 109     | 98       | 112      | 101      |
| kuryá améenyó                       | 21    | 05       | 13      | 06       | 69        | 27       | 14      | 02       | 12       | 04       |
| kóomora                             | 09    | 02       | 05      | 00       | 19        | 05       | 31      | 11       | 18       | 05       |
| gusaangira umugoré                  | 93    | 11       | 89      | 28       | 117       | 13       | 112     | 25       | 107      | 16       |
| kwíinjira (guhungura), gusuumbakaza | 102   | 27       | 88      | 19       | 119       | 39       | 109     | 37       | 78       | 33       |
| kwéeza                              | 56    | 07       | 19      | 04       | 41        | 06       | 43      | 03       | 48       | 04       |
| kumara akáanapfú                    | 23    | 03       | 15      | 00       | 43        | 09       | 36      | 01       | 47       | 08       |
| gucúutsa umwáana                    | 32    | 07       | 21      | 06       | 39        | 03       | 30      | 04       | 06       | 05       |



|                                       |     |    |    |    |     |    |     |    |     |    |
|---------------------------------------|-----|----|----|----|-----|----|-----|----|-----|----|
| kwaakiira<br>ubukurira<br>bw'úumwáana | 28  | 02 | 19 | 02 | 33  | 03 | 24  | 03 | 07  | 03 |
| gupfúbuura                            | 104 | 03 | 85 | 06 | 98  | 02 | 112 | 06 | 108 | 02 |
| guseezera                             | 39  | 03 | 58 | 09 | 66  | 07 | 54  | 00 | 47  | 01 |
| gutérura                              | 105 | 00 | 92 | 03 | 122 | 02 | 108 | 04 | 113 | 05 |
| sugar<br>mammy/sugar<br>daddy         | 76  | 05 | 86 | 11 | 116 | 13 | 99  | 22 | 78  | 09 |

|  | Musáanze |          | Nyagataré |          | Kayoonzá |          | Nyarúgeenge |          |
|--|----------|----------|-----------|----------|----------|----------|-------------|----------|
|  | info     | practice | info      | Practice | Info     | practice | info        | practice |
| gukuna                                     | 87       | 54       | 92        | 73       | 69       | 35       | 98          | 37       |
| kunyáaza                                   | 89       | 76       | 98        | 63       | 83       | 73       | 98          | 88       |
| kuryá améenyó                              | 08       | 03       | 09        | 02       | 13       | 02       | 17          | 00       |
| kóomora                                    | 04       | 00       | 05        | 00       | 07       | 00       | 07          | 00       |
| gusaangira<br>umugoré                      | 71       | 10       | 26        | 09       | 61       | 16       | 16          | 05       |
| kwíinjira<br>(guhuungura),<br>gusuumbakaza | 79       | 21       | 75        | 14       | 86       | 11       | 91          | 12       |
| kwéeza                                     | 05       | 00       | 11        | 03       | 04       | 00       | 09          | 00       |
| kumara akáanapfú                           | 21       | 06       | 28        | 05       | 25       | 02       | 18          | 01       |
| gucúutsa<br>umwáana                        | 49       | 10       | 44        | 06       | 51       | 13       | 30          | 04       |
| kwaakiira<br>ubukurira<br>bw'úumwáana      | 35       | 08       | 33        | 03       | 37       | 07       | 23          | 00       |
| gupfúbuura                                 | 37       | 11       | 69        | 09       | 90       | 06       | 98          | 26       |
| guseezera                                  | 42       | 06       | 95        | 03       | 68       | 07       | 98          | 38       |
| gutérura                                   | 86       | 17       | 106       | 31       | 90       | 03       | 98          | 10       |
| sugar<br>mammy/sugar<br>daddy              | 39       | 04       | 99        | 11       | 86       | 04       | 98          | 33       |

If we look at the district which has the more informed people, curiously, Nyamágabe comes in the front of the list, followed by Nyagataré and Rusízi; Nyarúgeenge is at the third place and Kayoonzá is the fourth. One explanation which can be given on that situation is that in those rural or semi rural areas we encountered many aged people who have been informed by their elders about those practices. Kigali

comes on the third place because it a cosmopolitan area in which you can find old and young people mixed.

**Table 5: Traditional Practices (information on their existence and who practice) according to gender**

|   | Men  |          | Women |          |
|---|------|----------|-------|----------|
|   | info | Practice | info  | practice |
| gukuna                                  | 289  | 210      | 609   | 411      |
| kunyáaza                                | 264  | 203      | 543   | 367      |
| kuryá améenyó                           | 152  | 67       | 212   | 54       |
| kóomora                                 | 166  | 29       | 157   | 39       |
| gusaangira umugoré                      | 213  | 77       | 424   | 47       |
| kwíinjira (guhuungura),<br>gusuumbakaza | 268  | 13       | 472   | 21       |
| kwéeza                                  | 110  | 09       | 86    | 05       |
| kumara akáanapfú                        | 98   | 59       | 287   | 11       |
| gucúutsa umwáana                        | 66   | 28       | 79    | 17       |
| kwaakiira ubukurira<br>bw'úumwáana      | 48   | 21       | 123   | 26       |
| gupfúbuura                              | 296  | 14       | 506   | 06       |
| guseezera                               | 178  | 31       | 205   | 68       |
| gutérura                                | 307  | 19       | 613   | 35       |
| sugar mammy/sugar<br>daddy              | 196  | 31       | 416   | 58       |

According to gender, it is clear that the two groups are in general well informed on the existence of those practices even many of them do not practice; but they are not protected for that, because it is enough few persons do it and are able to contaminate others. Some of them like *kunyáaza* are well appreciated by men and women.

**Table 5: Traditional Practices (information on their existence and who practice) according to the opposition rural vs urban population**

|  | Rural |          | Urban |          |
|--|-------|----------|-------|----------|
|  | info  | practice | info  | practice |
| gukuna                                     | 816   | 684      | 97    | 46       |
| kunyáaza                                   | 876   | 754      | 103   | 68       |
| kuryá améenyó                              | 89    | 10       | 19    | 00       |
| kóomora                                    | 76    | 11       | 27    | 00       |
| gusaangira umugoré                         | 207   | 134      | 57    | 14       |
| kwíinjira<br>(guhuungura),<br>gusuumbakaza | 415   | 293      | 82    | 38       |
| kwéeza                                     | 27    | 07       | 16    | 00       |
| kumara akáanapfú                           | 34    | 06       | 13    | 00       |
| gucúutsa umwáana                           |       |          |       |          |
| kwaakiira ubukurira<br>bw'úumwáana         | 24    | 00       | 12    | 00       |
| gupfúbuura                                 | 38    | 02       | 172   | 11       |
| guseezera                                  | 34    | 04       | 154   | 23       |
| gutérura                                   | 306   | 31       | 92    | 05       |
| sugar mammy/sugar<br>daddy                 |       |          | 147   | 15       |

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**Table 6: When women cannot say “no” to sex relation and related traditional practices, according to location (district):**

| Sex relation type               | Huuye | Nyaanzá | Nyamágabé | Rusízi | Gicuúmbi | Musáanze | Nyagataré | Kayoonzá | Nyarúgeenge |
|---------------------------------|-------|---------|-----------|--------|----------|----------|-----------|----------|-------------|
| kunyáaza                        | 63    | 54      | 92        | 84     | 73       | 56       | 79        | 49       | 51          |
| kuryá améenyo                   | 32    | 29      | 45        | 38     | 33       | 41       | 27        | 37       | 19          |
| kóomora                         | 20    | 17      | 22        | 28     | 30       | 23       | 21        | 15       | 13          |
| gusaangira umugoré              | 28    | 42      | 45        | 40     | 36       | 41       | 38        | 22       | 25          |
| guhuungura                      | 39    | 40      | 51        | 42     | 39       | 43       | 48        | 50       | 23          |
| kwéeza                          | 17    | 28      | 42        | 31     | 18       | 26       | 23        | 29       | 12          |
| kumara akáanapfú                | 42    | 38      | 40        | 23     | 36       | 34       | 40        | 30       | 22          |
| gucúutsa umwáana                | 51    | 33      | 56        | 44     | 48       | 27       | 56        | 62       | 57          |
| kwaakiira ubukurira bw’úumwáana | 29    | 27      | 26        | 19     | 31       | 29       | 27        | 25       | 19          |
| other reasons                   | 33    | 47      | 39        | 44     | 53       | 48       | 37        | 40       | 39          |

**Table 7: Information about the role played by those traditional practices in the propagation of AIDS, according to age group**

| Level of risks | Age group   |             |            |            |            |
|----------------|-------------|-------------|------------|------------|------------|
|                | 13-20       | 21-35       | 36-45      | 46-60      | + 60       |
| very high      | 136 = 58,1% | 103 = 53,6% | 38 = 29%   | 41 = 28,4% | 16 = 10,1% |
| high           | 31 = 13,2%  | 37 = 19,2%  | 42 = 32%   | 29 = 20,1% | 21 = 13,3% |
| average        | 18 = 7,6%   | 29 = 15,1%  | 33 = 25,1% | 38 = 26,3% | 42 = 26,7% |
| low            | 23 = 9,8%   | 17 = 8,8%   | 13 = 9,9%  | 10 = 6,9%  | 21 = 13,3% |
| very low       | 26 = 11,1%  | 06 = 3,1%   | 05 = 3,8%  | 26 = 18%   | 57 = 36,3% |
| TOTAL          | 234 = 100%  | 192 = 100%  | 131 = 100% | 144 = 100% | 157 = 100% |

**Table 8: Information about the role played by those traditional practices in the propagation of AIDS, according to location (districts)**

|           | Huuye | Nyaanzá | Nyamágabé | Rusiízi | Gicuúmbi | Musáanze | Nyagataré | Kayoonzá | Nyarúgeenge |
|-----------|-------|---------|-----------|---------|----------|----------|-----------|----------|-------------|
| very high | 39    | 28      | 43        | 49      | 33       | 29       | 21        | 32       | 26          |
| high      | 27    | 32      | 19        | 21      | 15       | 31       | 24        | 29       | 29          |
| average   | 28    | 11      | 38        | 18      | 41       | 23       | 37        | 16       | 31          |
| low       | 06    | 16      | 08        | 06      | 14       | 11       | 18        | 10       | 10          |
| very low  | 07    | 09      | 17        | 22      | 13       | 04       | 06        | 03       | 02          |

**Table 9: Information about the role played by those traditional practices in the propagation of AIDS, according to discrimination men vs women; rural vs urban population**

| Info level | Urban |       | Rural |       |
|------------|-------|-------|-------|-------|
|            | men   | women | men   | women |
| very high  | 47    | 29    | 21    | 18    |
| high       | 33    | 24    | 30    | 26    |
| average    | 41    | 35    | 32    | 24    |
| low        | 16    | 21    | 46    | 54    |
| very low   | 24    | 19    | 57    | 61    |

**Table 10: Consideration of some values like virginity, chastity and faithfulness between spouses and the role they can play to stop AIDS, according to discrimination men vs women; rural vs urban population**

| Consideration level | Urban |       | Rural |       |
|---------------------|-------|-------|-------|-------|
|                     | men   | women | Men   | women |
| very high           | 21    | 32    | 40    | 36    |
| high                | 27    | 27    | 45    | 31    |
| average             | 36    | 30    | 40    | 33    |
| low                 | 13    | 42    | 21    | 21    |
| very low            | 22    | 28    | 13    | 07    |

**Table 11: Consideration of some values like virginity, chastity and faithfulness between spouses and the role they can play to stop AIDS, according to location (districts)**

| Consideration level | Huuye | Nyaanzá | Nyamágabé | Rusiizi | Gicuúmbi | Musáanze | Nyagataré | Kayoonzá | Nyarúgeenge | Total      |
|---------------------|-------|---------|-----------|---------|----------|----------|-----------|----------|-------------|------------|
| very high           | 61    | 59      | 79        | 64      | 82       | 48       | 72        | 37       | 30          | 532        |
| high                | 37    | 22      | 30        | 29      | 16       | 36       | 18        | 28       | 45          | 261        |
| average             | 07    | 12      | 09        | 21      | 15       | 10       | 14        | 17       | 21          | 126        |
| low                 | 03    | 03      | 07        | 02      | 03       | 04       | 02        | 06       | 02          | 32         |
| very low            | 00    | 00      | 00        | 00      | 00       | 00       | 00        | 02       | 00          | 02         |
| <b>TOTAL</b>        | 108   | 96      | 125       | 116     | 116      | 98       | 106       | 90       | 98          | <b>953</b> |

People are conscientious that the use of condom only is not enough and those values can play a big role in diminishing the propagation of HIV/AIDS, but they think that today the mentality changed so much so that they believe it is not possible to inverse the situation. They give an example by quoting a Rwandan proverb which says: “*Umukoóbwa w’inkuunguzi asaambana yárasábwe*” and they compare this to the new behaviour characterizing the youth today called “*guseezera*”. Old people cannot imagine that kind of practice in the ancient time while today some consider it as normal.

#### 4. Discussions

In Rwanda, the latter practice includes the abduction of girls and their forced marriage known as *gutérura*, especially in Mutára<sup>35</sup> region in the North-East of the country. Even though this practice is seriously fought by the authorities, our Nyagataré informers told us that it is still effective in some parts:

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<sup>35</sup> This kind of phenomenon of sexual violence (except *gutérura* which itself had lost ground because in the event of unofficial marriage, the boy and the girl agreed to live together without their parents’ knowledge) is almost new in Rwanda as it appeared with the 1990 war and the 1994 genocide. At that time, one could still talk of war crime. But surprisingly, cases of sexual violence especially against children have increased ten times and more, after the unfortunate events.



“The abduction of girls still exists in Rwiisirabo and Ruterúze (Kayonza District). It is in the middle of the forest, and the population is unaware of the existence of the authorities and of voluntary testing.”<sup>36</sup>

The young man practicing this not only commits rape and forcibly marries the unfortunate young lady along with the risk of contaminating her with AIDS, even more seriously according to our informers, the boys who help the young man to overcome her resistance are first to rape her. They call this *gukúurahó uw’úngáta* (literally: getting one’s transport fees), something like: we helped you and we get payment in “kind.” It is only in the Mutára region where the practice is raging where we collected this expression.

Concerning women again, culture requests from them permanent respect for men, so much so that the will of men is law. Concerning sexual relationships, many women and girls are unable to say “no” when faced with men’s requests for sex. One informer from Nyamágabe (Southern Province) told us the following:

I think that women are made vulnerable by gender inequality. No girl knows how to say yes or no. That is, boys are unable to know whether girls agree or not. In such cases one cannot protect oneself against AIDS. On the contrary, if you can say “yes” you will also take protective measures.<sup>37</sup>

There are many reasons to this silence, but the one most given by most informers is that the initiative is always men’s. Here are the words of another respondent from Nyamágabe:

A girly who is about to have sex will not dare tell the boy to use a “Prudence.” She usually thinks: “If I dare ask this boy to use ‘Prudence,’ he will certainly take me for a prostitute. Many get contaminated with AIDS this way.”<sup>38</sup>

It becomes still more complicated when this false modesty from women faces requests that are sometimes repeated and authoritative from men who believe that they have a right to everything. A husband will not be embarrassed to tell his wife that her role is to satisfy all kinds of instincts and desires of his. This way, some men rape their own wives. A woman from Musánze (Northern Province) told us the following:

So What! How could I reject my husband’s requests? If I refuse, he may kill me. This is the way husbands often force their wives to unwilling sex.[...]. Could you tell no to your husband? When he says that he

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<sup>36</sup> Gutérura hari uturéere birimó iriíya zaa Rwiisirabo na zaa Ruterúze murí zaa Rukara. Aho ni mu rutúumvá ingoma, ni mu mashyaamba rwaagatí, ntibaazí kó n’úturéere tubáhó, kwípimiisha ntaa byo baazí”.

<sup>37</sup> “Mbona impaámvu arí bó biibásirwa na Sida arí ukubéera ubusuúmbane bw’ibitsina. Mu gihe k’imibónano mpúuzabítsina, ntaa mukoóbwa ubyémeyera cyaangwá ngo abihakáne. Ni ukuvúga kó umuhuúngu adashobóra kumenya níibá wáabyémeyeyé cyáangwá wáabihakanye. Nóonehó reeró, níibá utábyémeyeyé utánabihakanye, ntuushobóra nó kubóna ukuuntu uyíiriinda. Wáabyémeyeyé ushobora kubóna ukuuntu wiikíngira”.

<sup>38</sup> “Mbona igitsina goré bágira kwíitiinya. Níibá wéenda yíiyemeje gukóra imibónano mpúuzabítsina ntaáfate ikéemezo ngo avugé ati “urakóreesha *Prudence*”. [...]. Akavúga ati “Níimbwiirá umusóre ngo akoréeshé *Prudence* aravúga kó ndí indaáya. Ni uko ngúukó abeénshi baandúra Sida”.

wants sex, will you really reject him? You also manage to be want sex, and he will help you in this, but you have to do it. How can you say no to your husband?<sup>39</sup>

Then, it comes to this: even when they are aware of the high risk, women feel obliged to submit to their husband's beastly desire, quite often without having time enough for self-protection. This is what a woman from Nyamágabe told us about this:

You may be suspecting your husband. And when he comes back home after indulging in sex, you feel you have no right to express your unwillingness on grounds of suspicion. He simply forces you to have sex because he is a man. You do not know what to do. [...] He may refuse to use a condom saying: "This is my place" (i.e.: I'll do whatever I will). He may also tell you: I wed you to for you to play this role. When we married, we never said we would be using condoms.<sup>40</sup>

Rwanda is one of the countries where tradition still has a say in the future, even if the rhythm of change is sometimes frightening. This tradition is not always beyond reproach concerning sexual practice.

The study we conducted in Rwanda is not something new, then. The same kind of research exists in some countries of Southern Africa (Angola, Malawi, South Africa and Zimbabwe), of South-Eastern Asia (Thailand, Myanmar, Chinese Yunnan, Democratic Republic of Laos, Cambodia) and in the Caribbean (Cuba, The Dominican Republic and Jamaica). This is then a case study to supplement what these UN researchers had found elsewhere.

Is there any specificity in Rwanda that make of this country a case study or nothing new? We do think that in general, Rwanda is no exception: culture is obviously due to impact on the propagation of AIDS as it may help slow down the pandemic. The only difference lies in the cultural practices that may vary according to social groups. This is the reason why we shall lay emphasis on Rwandans' sexual practices and attitudes that are instrumental in the propagation of AIDS or that may help fight it.

#### **4.1. HIV/AIDS Propagation-Friendly Traditions**

*Kwĩnjira* (literally: enter someone's house) is the recuperation of a widow, often spending some time having sex with her but not daring take her for a wife. It is a culturally tolerated practice which was not very common in the past. After the 1994 genocide and massacres, not only many lives had been lost but many people were also in prison for over ten years, resulting in the disruption of homes<sup>41</sup> and in the

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<sup>39</sup> "Egoó! Nóone naakwaanga kumuhiindukirira ntaányicire mu buriri? Ugasaanga reeró hári igihe gukóra imibónano bábihaatwa n'ábagabo. [...]. Ubwo sé waakwaangira umugabo waawe, avúze kó abishaáka waamwángira kokó? Naáwe ukora ukó ushobóye, na wé akaguteera kubishaaka aríko ukabíkora. Nóone sé waamwángira?"

<sup>40</sup> "Ushobora kubá ukéeka umugabo waawe. Yaazá mu rugó yákoze ibyo byóose, wowé ntuúgire uburéenganzira bwó kumúbwiira ngo siimbisháaka, bíteewe n'úukó ubá umúkeeka. Ubwo ngúubwó akagúfatirana kubéera kó arí umugabo kaándi wéenda wáanabíkeekaga aríko ukabura ukó ubigeénza. [...]. Ashobora kwáanga gukóreasha agakiingirizo avúga ati "Aha ní iwáangé" (bivugá ngo ngoomba gukóra icyó nshaaká). Cyaangwá sé akakúbwiira ati "Ni cyó nakúuzaniye. Njyá kukuuzana ntitwaávuganye agakiingirizo".

<sup>41</sup> Let us not forget that prolonged separation due to work, study, etc. are factors of family disruption, while in the past everything was done to keep the family united. When the husband was sent to another work location, the *Rwanda Journal, Series A: Arts and Humanities, Volume 1 (1), 2016*

presence of many widows and free women in the backcountry. It is observed that the practices of *kwíinjira* ~ *guhuungura* or *gusuumbakaza* (marrying a woman who has left another husband) have been spreading, especially in the countryside. A young widow has a hard time re-marrying in Rwanda, especially that nowadays there are more women than men. When she is economically weak, she becomes vulnerable. "Du to the immense poverty in the country, many women have been forced into prostitution to make money. It is thought that around 25% of sex workers in Rwanda are HIV positive"<sup>42</sup>. According to a respondent from Rusízi, Nkóombo Island (Western Province), a widow has no choice.

Accepting to make love with someone is due to poverty. The widow is helpless after the loss of her husband. And when a man makes love to her, she makes some money to buy some soap or clothes since she cannot get them otherwise.<sup>43</sup>

This was confirmed by the research conducted by MINISANTE and former gender ministry, MIGEFASO (1998). The most amazing cases are those of young men who take on old lovers, especially because of body and/or material concupiscence. An informer from Rusízi (Nkóombo) is amazed saying:

There are also young men who accept women lovers because they have money. For example, this young man living with a woman who has seven children, just because she has a lot of money. Going to these very old women is especially due to the young men's concupiscence.<sup>44</sup>

Culture plays a very big role in this for example when it comes to recuperate a deceased brother's wife. While nobody knows the cause of his death, the family normally asks the deceased's unmarried younger brother to marry his brother's widow; if there is no young bachelor, the other brothers take care of her, materially and sentimentally, in order to make sure their brother has descendants to perpetuate the family.

Faced with the magnitude of the disaster caused by the war and genocide, everybody (former refugees, genocide and massacre survivors) had only one idea in mind: regenerate the population and celebrate RPF victory. This is the reason why young girls/ladies gave themselves recklessly to the military for

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employer had the obligation to do everything for the wife to go with her husband, and for the children to find a place at the school closest to their parents' place of work. Nowadays, the husband may work at a place that is far away from his family and go home only once a week or once a month, he may go for study in Europe or the United States for a long period and his wife will stay alone to look after children, and *vice versa*.

<sup>42</sup> see [https://en.wikipedia.org/wiki/prostitutio\\_in\\_rwanda](https://en.wikipedia.org/wiki/prostitutio_in_rwanda) . retrieved 2015-10-15.

<sup>43</sup> "Kwéemera kwíinjirwa biteerwa n'ubukene. Nk'iyó yapfúshije umugabo, aba abóonye kó ntaa kuúndi yaabigeénza. Iyó umugabo amwíinjije, bituma wéenda abóna agasábuné cyaangwá akeénda kubéera kó ntaa kuúndi kuuntu yaabiboná". See also F. Umulisa, 2013, *Influence de la pauvreté de la femme sur la propagation du VIH/SIDA en milieu rural: cas de l'Association ABANYAMURAVA dans le secteur Musange (2008-2010)*, mémoire de licence (unpublished).

<sup>44</sup> "Hari n'abasóre biinjira abagoré bafité amafaraanga. Ináha ugasaanga nk'umusóre yíinjije umudaámu w'áabáana bariindwi cyángwa sú umunaáni. Umusóre akaba yájya kumúfata kubéera afité amafaraanga meénshi. Ahaníni biteerwa reeró n'írári ry'abasóre usaangá bíinjira n'ábakeécuru".

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gratitude because they had liberated the country, this resulting in unchecked cases of remarried people, etc. Nobody remembered that AIDS existed, probably hoping that after so many deaths from the war and the genocide, nobody was going to die any more. But this does not prevent the existence of a few people thinking that occasional or professional prostitution should not be tolerated by culture.

In all visited districts, we were informed that these cultural practices still existed, as well as similar practices like *gusaangira umugoré*,<sup>45</sup> especially among brothers. According to A. Bigirimwaámi (2004: 151), when relatives are giving the last recommendations to a girl who is going to be married, among these they say: “your husbands-in-law.. don’t refuse you categorically to them, because if you become a widow, it is them who will purify you; they have the same blood with your husband, all are your bulls; it is prohibited to stop a bull when it wants to mate and where it makes the female pretty it is there it mates”<sup>46</sup>. S. Bushayíja (1973: 134) reports also that “sometimes the king could give, among his many wives, one of them to his favourite chief”. These entail contamination of HIV/AIDS, even if we cannot assert it is a general phenomenon. An infected woman from Gicuúmbi (Northern Province) told us that she did not know how she was contaminated. Indeed, her husband had died of AIDS and she was unaware of it. Once a widow, she welcomed his brother. Afterwards, she was unable to determine whether AIDS came from her brother-in-law or whether she contaminated him.<sup>47</sup> We had similar testimonies in Nyamágabe, Nyagataré, etc. A whole family may be wiped out by the simple fact of conforming to culture.

What beats all is that once you want to abstain from this practice for self-protection, you are rejected by the family. A woman from Nyaanzá testifies:

I’ll give my own example. After my husband’s death, I imagined there would be no such thing, especially as my brother-in-law seemed to me rather old. But one day he came up and hugged me in a way...I told him that I had come to seek one husband, not many. He told me that I would die poor. I was afraid to I would become what he had just told me, but I resisted. I tell you, to this day, we are not in good terms. These people here may testify.<sup>48</sup>

Polygamy is raging in the country. According to the general census made in 2002 by the Ministry of Finance and Economic Planning, many cases of polygamy were renumbered: for 15,5% in Giseényi,

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<sup>45</sup> Basing on the proverb *Umugoré ni uw’umuryaango* (a wife belongs to the whole family, not to her husband only), Rwandan culture authorized a practice called *gusigara ku rugó* (take care of the home of an absent brother). This practice is very common in the Massaï nomad communities, but also in the Banyamuleéngé community.

<sup>46</sup> “abagabo bányu cyaangwá barámu baawe... ntuúkabaangire rwóose ejó ari bó baakweéza wáapfáakaye; ... abo ní bamwé n’umugabo waawe, bóose ní imfizi zaawe, ntaawíimiira imfizi kirazira, kaándi ahó imfizi iriindírje ni hó yiimiriza”.

<sup>47</sup> Concerning polygamy and the legacy of widows, this kind of cultural practice is not specific to Rwanda. The aforementioned UNESCO/ONUSIDA document has identified the same in Malawi (see framed text, p. 47).

<sup>48</sup> Akeénshi iyó umugabo afité abagoré beénshi, ntaaboná umwaánya wó kubítáhó bóose. Rimwé na rímwe reeró hakaba ubwó biisháakira iziíndi nshutí ku ruhaánde. Uwaánduye akoongeeza umugabo wé, na wé akayaanduza báa bagoré báandi basigáye”.

14% in Gikoóngoro<sup>49</sup>. Men often go to drinking places or go about to neighbours having banana wine or sorghum beer and when intoxicated, they indulge in prostitution. Especially in some places, drinking ethylic alcohol called *kanyaanga* or *waráge*, locally brewed or imported from Uganda, brings people to irresponsible attitudes, in matters of sex for example, practicing unprotected sex.

Quite often, when a man has several women, he does not have time enough to satisfy them all. Sometimes, one of them finds lovers. If she is infected with AIDS, she will contaminate her husband who will spread it to all the other women.<sup>50</sup>

This reminds of a new phenomenon called “*gupfúbuura*”<sup>51</sup> (literally: cook a meal that had been improperly cooked), that has been raging Rwanda of late. The rumour goes about that there is an association of young or even married men who make it a point to satisfy women whose husbands are unable to satisfy them sexually. With many partners, a man like this one will never know who contaminated him with AIDS; similarly, co-spouses will never know the origin of their infection.

There is even a type of language which encourages people (men especially) to have irresponsible attitudes. For instance, consider the following proverbs: *indyó imwé iteera bwaaki*: one kind of food will cause malnutrition (kwashiorkor). This is a way to say that faithfulness between spouses is dangerous. *Imfizi ntíyímúrwá*: a bull is never stopped from covering a cow. In other words, whenever a man is hot, nobody may prevent him from having sex, whatever the price. *Amáfutí y'úmugabo ni bwó buryó bwé*: a man's awkward actions are not wrong. He may do anything, he has a free hand because he is a man.

One can understand the consequences of a philosophy like this one. It is probably what brings some people to believe that men are responsible for the spreading of AIDS in Rwanda. For example, people from Nkóombo Island (in Lake Kivú) quote the case of fishermen who move about considerably, fishing or trying to sell their catch. After sale, they would indulge in drinking and prostitution. They leave for drinking and enter homes which are not their own, sleeping with other people's wives and girls. Some time later, a girl would be reported infected with AIDS. For many, AIDS reached Nkóombo Island this way. Alcohol is a kind of drug as an informer from Nyaanzá (Southern Province) puts it so well; when consuming alcohol, one is not aware of his actions any more; and this may directly lead to prostitution and HIV infection.

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<sup>49</sup> Ministère des Finances et de la Planification économique (Service National de Recensement), 2005, III<sup>ème</sup> Recensement Général de la Population et de l'Habitat du Rwanda au 15/08/2002, p. 58.

<sup>50</sup> "Ndítaangahó urugero. Umugabo waange amáze gupfá, nuúmviise ntáa kiintu nk'ícyo cyaambáhó ; cyaane cyaane kó nabónaga n'úmugabo wáacu akúze. Aríko umuúnsi umwé yaráaje araámbwiira, amfata gútya ansáatiira. Aríko narámubwíye nti "Naáje nsháaka umugabo ntaabwo naáje nsháaka abagabo beénsi". Yagíye kuúmbwiira araámbwiira ngo nzaapfa ndákizé. Nagíze ubwóoba ngo nóone naazáamererwa uko antutsé, aríko niuhagararahó. Mbarahiye kó kugeza uyu muúnsi tutavugá rumwé, abarí háno bóose barabízi".

<sup>51</sup> Those indulging in this practice invented a praising nickname for themselves, “abuunganizi” or people who come to assist (poorly performing husbands)

But not only men go to drinking places or indulge in prostitution. This is an explanation to the fact that the majority of respondents in all places visited for investigation think that responsibility is shared. It is not even a matter of education, be it traditional or modern. Some assert that in the past, parents watched over their daughters more than over their sons.

A daughter was kept within a limited frame, like cattle. And when she had an opportunity to go out, it was like breaking the chains keeping her a prisoner, and she could then indulge in thoughtless adventures.<sup>52</sup>

As for the boy, he was aware of his freedom to do anything, especially that even when he made a young girl pregnant, she was seriously punished while the boy was congratulated.

Nowadays, one may simply say that parents do not watch over their children any more. However, the issue of AIDS does not affect young people only, or only loose men and women; it is a general problem and it is the whole society which is concerned.

#### 4.2. The ancestors scorned wisdom

While in traditional society young people getting ready for marriage were respected and respected themselves at the risk of seeing marriage promises broken<sup>53</sup>, today, a new practice or rather “anti-practice” is seen to emerge: it is called *guseezera*, or saying good-bye. On the eve of marriage or some time before, a girl or a boy will have sex with his/her girl/boy friends to say bye because soon, he/she would be wife or husband only to one. One participant had this to say:

It is very common. I used to ignore what it means, but it exists. One may have two friends and think: “I am now going to officially marry one before the municipal authorities, but I will never see so-and-so again. I’ll take one goodbye “last round” [...]. Understandably, in these conditions one does not have time enough to ask the partner if he/she has been tested or not. [...] It is possible also to take one last round with prostitutes (because once married), there would be no more opportunity to run about as previously.<sup>54</sup>

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<sup>52</sup> “Mu gihe cyo kera umukoóbwa baámureraga asá n’úfúungiyanye nk’iitúungo. Nóonehó yaagerá igihe cyó gusohoka akamera nk’úuciyye ikiziriko; akaba yáageenda agakora ibyó adasobáanukiwe”

<sup>53</sup> On the subject, a proverb goes like this: *Umukoóbwa w’ínkuunguzi asaambana yárasábwe* (a daughter who will portend misfortune sleeps with men while she is promised for marriage).

<sup>54</sup> “Guseezera baraseezera rwóose. Nuukó ntaari nzí icyó bishaatsé kuvúga, aríko birihó. Umuuntu akaba afite inshutí ebyiri, akavúga ati “uyu ni wé waánjyaanye guseezerana ku mureenge. Uríya ntaabwo nzóongera kumúbona, reka ngé kumuseezerahó”. [...]. Uséezera ntaa mwaánya abá afite wó kubáza ngo esé wartipimiishije. [...]. Hari n’ígihe babikorána n’indaáya kukó abá yíibwiira ati “Ntaa mwaánya nzóongera kubóna wó kwíruka hífrya nó híino ukó nshaatsé”. “Guseezera baraseezera rwóose

It means that increasingly, sexual relationships are becoming banal, especially with young people. In the past, virginity (*ubusugí*) and chastity (*ubumaanzi*) had a meaning. Since a girl who was pregnant before marriage was severely punished by sequestration at Ijwí Island where it was hoped she would be collected by Bashí people (a Congolese tribe neighbouring Rwanda) — otherwise she would starve or be devoured by wild animals —, girls were frightened of having sex before marriage. Today, they couldn't care less.

There are many things that aggressively assault the spirit and jeopardize the morality of young people. These include porno movies, publicity clips especially by musicians, the internet, etc. The meaning conveyed by culture becomes redundant: young girls are in competition to provoke men with their miniskirts, too tight clothes that show the whole body morphology, they are not afraid of making advances to men, etc., as can be seen through this reflection by a respondent from Musáanze on cultural changes as related to AIDS:

I think that to eradicate or slow down AIDS, we have to come back to culture. I think that in the past, a young girl would be reserved and modest. But today, instead of girls being embarrassed, boys are [...]. Development is certainly good, but there is some exaggeration at times. For an example, look at the clothing styles of some women; it is a shame.<sup>55</sup>

Yet, culture had availed a language to Rwandans that could help think twice before running into any adventure. It is the case with the following: *Umanika agatí wúicaye, wajyá kukamanura ugaháguruka*: you embark on doing something playfully, and end up being sorry with nasty surprises. If one's play is having sex anyhow with anybody, he/she may regret it if infected with HIV/AIDS. *Amagará ntáaguráanwa amagana*: you cannot barter life against money. This proverb addresses those presenting excuses that poverty led them to adultery or to accepting the gifts they were given by men. What is the use of material goods when you lose your life because of AIDS. *Imbeba yakúrikiranye akaryóshye muunsi y'ibuye ihakuura inda y'ákabaati*: a mouse went for a tasty meal under a stone and ended up crashed. It means that running after sexual pleasure and indulging in risky relations with several partners may end up the same way. Actually, there are many other similar proverbs inviting people to abstain from committing suicide through useless adventures.

#### **4.3. Traditional medicine and witchcraft**

Some traditional sexual practices may be sources of infection without people noticing it. It is the case with *kóomora*: in the event of episiotomy or torn muscle during delivery, some women believe that they would not heal up unless they have sex with their husband or friend. This is a straight way to HIV/AIDS infection if the partner has the virus. There is another practice called *kuryá aményo*, even if most of our informers asserted that it does not exist any more. When a baby's first teeth appear, the

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<sup>55</sup> "Ge nsaanga kugira ngo Sida iciiké cyaangwá igabánuke, túgoomba gukomera ku mucó. Keéra umukoóbwa yagíranga isóni. Aríko uyu muunsi ahuúbwo usaanga umuhuúngu arí wé uzígira. [...]. Iteerambere ní ryiizá ariko hari igihe na ryó rigeráho rikaréenza. Uzáareebe nk'ímyaámbarire y'ábagoré n'ábakoóbwa b'íiki gihe. Biteeye isóni".

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custom says that parents should accomplish a ritual sexual act. It is the same with others rites like “*kumara akáanapfú*” (a rite accomplished when a child is lost), “*kwéera ubwaa mbere*” (a woman who lost her husband or a parent had to have sexual relationships at the end of the mourning period with another man in order to get cleansed and show she was able to start a new life). It was simply an exposition to the virus infection, the same thing with other rites like “*kwaakiira ubukurira bw’úumwáana*” (when a spouse has her period after a child’s birth) and “*gucúutsa umwáana*” (weaning), etc. This may be a source of problems, particularly for unmarried mothers or for spouses, if they were separated in the meantime, temporarily or once for all, and if each has tried to build a new life with other people: “When the woman goes back to her man to accomplish the act, this one could be died. In such case, she will sleep with her brother-in-law, any other family member or indicated ritualist (*umuse*). In the ceremony of closing mourning period, a polygamous man sleeps together with all his spouses. Male children who have pubic hair do this with spouses of their brothers or another designated by an oracle”<sup>56</sup>. G. Musabyimana (1999: 170-171) adds this: “the death of a polygamous father, brought about the recuperation of his young wives by his son designated as successor; (...) and when a unique son died, his father could recuperated his wife”.

Having sexual relationships only because the custom requires it is a real roadside cross and an act of suicide. This is more so as people say that using a condom is unnatural and turns love-making relationships dull. This has been translated as *kurúira boombo mu ishashi* (eating a sweet wrapped in a sachet). An informer from Nyaanza prison asked us a question in order to condemn the use of condoms: “You put some salt in a sachet and close it. Afterwards, put the sachet in a big cooking pot like one for us prisoners. Is the salt going to affect the food and make it tastier?”<sup>57</sup>

*Kunyáaza* (G. Musabyimana, 2006: 87-100): when making love with a woman, to increase his own pleasure and hers, the male partner will provoke the flow of vaginal secretions by beating the clitoris and *labia minora* with his member<sup>58</sup>. We had very hot discussions on the subject as some people contended that using condoms is an obstacle to this practice to which many people are strongly attached. The fact is, during this kind of sexual relations, some people use condoms but when it is time

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<sup>56</sup> “Igihe umugoré asubíye mu rugó kugira ngo akoré icyo gikorwá, ashobora gusaanga umugabo adáharí. Icyo gihe uwo muhaango awukorana n’umugabo wáabo, undí muuntu wó mu muryaango cyaangwá umuse. Mu muhaango wó kwéera bwaa mbere, « uúfite abagoré beénshi aheera ku waa mbere akabeeza [akabeenda] bóose. [...]. Abáana bató b’ábahuúngu baámeze insya, babareebera umugoré mu bagoré báabo cyaangwá undí baboonyé beeréje na wé wiiyéje » (A. Bigirumwaámi, 2004 : 192 ; 195 and 196).

<sup>57</sup> “Umúnyu bawushyira mu ishashe. Uyínaze muu nguunguru baduteékeramó tweebwé abanyurúru, uwo múnyu waakwiinjira mu biryó”?

<sup>58</sup> Only the people of Nkóombo Island said they did not know this practice. Concerning *gukuna* (pulling and making the *labia minora* longer), it seems that in times past, men had more pleasure with women who had pulled the *labia minora*, so much so that during the wedding ceremony, the bridegroom sent the bride back to her family if he noticed that she did not respect this practice. Nowadays, the practice seems to be losing ground, especially with the younger generations. Besides, there is no known report establishing a relationship between this tradition and increasing risks of infection by HIV virus. Indeed, there is no direct contact; except if the young girl pulling the *labia minora* of her partner’s sex has a wound on her fingers or the former is wounded on her sex. Actually, they do it with so much caution that cases of wound are almost inexistent.



to start the practice, they get rid of them, preferring the high key sensations to protection in the exercise. One respondent said that the condom would be ripped if it was used during “*kunyáaza*”. Another bluntly confessed that he would give up the practice rather than do it with a condom. Prostitutes testified that there are different prices according as a condom “is used or not.”; that is, they accept the risk to make more money, etc.

*Kuraguzá*: divination is an old practice in Rwanda. No important activity (travelling, marriage, building a house, etc.) was undertaken without consulting the specialists of the invisible and the unknown. This practice had started to decline with Christianity, but it never completely disappeared, even with Christians.

Nowadays, some ramping paganism is being observed in spite of the proliferation of religions and sects and chances are that the practice may come back with strength. In this connection, HIV/AIDS infected people consult diviners who prescribe sexual relationships with minors, assuring them that an infected person who has sexual relationships with a pubescent girl or a little girl will be cured by the healthy blood of the child. There was a period when hundreds of rape and incest were registered each month. It was so bad that even children of two/three years were aggressed.

All this explains why the number of infected people keeps rising while the condom is now known by everybody through publicity, but remains unused. Everybody knows the modes of infection of AIDS, everybody knows the modes of protection but nobody takes these into account. Besides, some respondents simply told us that being infected with AIDS is a matter of sheer accident, that is, something normally rare and unexpected. It is therefore useless to worry much about it as one has no responsibility in the phenomenon. Here is an example from an informer from Musáanze (Northern Province):

I say it is an accident because I know people who indulge in amorous adventures and in adultery. When such people go for testing, they come back saying they are HIV negative while some other reserved person is declared HIV positive. The latter perfectly knows about the existence of condoms but never used one. It is a case of ill luck.

#### **4.4. HIV/AIDS Socio-cultural Impact**

Rwandans value their image, their honour. So much so that sometimes, HIV/AIDS infected people will do everything to hide the fact. We collected several testimonies in this connection. A young man or lady will hide his/her infection to prevent ruining chances for marriage one day, or losing his/her friend, etc. A respondent from Musáanze told us: “If you dare tell your family about being HIV positive, you have to say goodbye to shoes and to notebooks if you are a pupil or a schoolchild; because when it is time to buy these for you, they will say, ‘What’s the use! I am buying things for

someone dead.”<sup>59</sup> In the UNESCO/ONUSIDA document (2002: 38), we can read the same observation as one made by the persons we interviewed:

From early infection to the development of the disease proper, the AIDS virus produces dramatic consequences on the socio-economic, societal and cultural environment of infected people, as well as of their close family and sexual/affective relatives: loss of employment, rejection by spouse or partner, by family or community, and destruction of the system of interpersonal relationships. These effects are due, on the one hand, to the sentiment of guilt or shame by the infected person, and on the other hand, to the attitude of social considerations and of fear of one’s human social Environment, even repressive action from public authority.

Given our observation that the methods so far used are insufficient, we recommend that to fight efficiently against AIDS pandemic in the world, it is necessary to involve the concerned populations and help them adopt cultural attitudes that guarantee their protection rather than their death. Therefore, Rwandans have much to learn and do in this field, especially in the backcountry.

## **5. Recommendations and Conclusion**

### **5.1. Recommendations**

- It is necessary to invest a lot of effort in popular education instead of simply talking about the use of condoms as a miracle cure while it has shown its limits. Concretely, bring the population to change their attitudes progressively vis-à-vis certain cultural practices which increase the risk of contamination.
- Help the population recover their traditional values such as virginity before marriage, chastity, and faithfulness between spouses which the modern world seems to hold up to ridicule. Present-day strategies give them a minor place, which is an error. It is the reason why instead of inciting and almost compelling church people to teach their flocks on using condoms in hospitals and health centres in their area of activity, it should be better to use their potential as preachers to bring back the population to adopting dignified attitudes. We are sure that Christianity has a big role to play in this.

### **5.2. Conclusion**

More than thirty years passed from HIV has been discovered officially. Countries and International Organisations, governmental and non governmental invested a lot of efforts and funds; especially to do available condoms and antiretroviral medicaments. But, it is more and more an evidence that remains insufficient even inside countries which made giant’s steps like Rwanda. ONUSIDA is also conscientious of that since 2000ies and wants to see why all those taken measures remain inefficacies;

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<sup>59</sup> Iyó ubwiiyè iwaányu kó waánduye, yáa nkweeto ntuubá ukíyiguriwe, yáa kayí ntuubá ukíyiguriwe. Kukó azaajya kukugurira avugé ngo "Ubuúndi ndabigurira ikí kó ndí kubigurira umupfú!".

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and propose in order to stop the pandemic progression to prospect on the side of cultural traditional practices which can be a brake to the struggle against AIDS. That kind of research has already been conducted in some countries, for example in Asia.

Rwanda is in late in that domain. This study brought to lightness the existence of that phenomenon in the country and that is so worrying because those traditional practices are numerous. It is evidence that other action researches will be necessary in order to have numbered results (how many persons have been infected by following those cultural sexual practices, traditional or recent ones).

Prostitution, sexual vagabondage are not due only to poverty or sexual violence; but is simply a natural human vice. That is why we need other strategies than to meliorate people material conditions like it is proposed by (F. Umuliisa, 2013) or the furniture of condoms. In other words, it is necessary to cure the disease and not symptoms. That is why we propose the reinforcement of some traditional values like to counsel the fiancée the eve of his/her wedding: “be careful with foreign people, don’t have sexual relations with everybody entering your home to the point of being necked ‘One-with-a-large-vagina’” (A. Bigirumwaámi, 2004: 151)<sup>60</sup>. It was also strictly prohibited to a young spouse to be unfaithful because she runs the risk of not having kinds (A. Bigirumwaámi, 2004: 167)<sup>61</sup>. Now, because the transmission of traditional values is not at all ensured by the community, Christian morality can help in rediscovering the good heritage of chastity and virginity which are the sure sole shields against the propagation of the pandemic AIDS.

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<sup>60</sup> “umenyé kwiriinda rubaanda, uúje wéese ntaákakumenye ngo wiitwé Nyirákirágutse”.

<sup>61</sup> “umugoré w’ikiroóngore ntaasaambána, kukó ngo ari ukwíica impiindura yé akazaabura ibyáara”.

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