

The Traditionalization of Menopause among the Karanga of Zimbabwe and the Shangaan Tsonga of Mozambique in a Context of HIV

Herbert Moyo

Abstract

The spread of HIV in Africa South of the Sahara is alarmingly high especial among girls aged between 12 and 24 years despite the knowledge that society has about how HIV spreads particularly through unprotected heterosexual sexual intercourse. In Mberengwa there is also a rise in infection cases among older men aged 50 and above. On the other hand sexual intercourse is premised in the private space. It is general frowned upon for anyone to openly talk about sexual intercourse. In the midst of the silences about sexual intercourse people are very active sexual. Of note is that women who reach menopause amongst the Karanga and the Shangaan Tsonga communities are barred from having sexual intercourse. This paper reflects on traditional beliefs and explanations of menopause amongst the Karanga people of Mberengwa, Zimbabwe and the Shangaan Tsonga of Mozambique which I think have a contribution in the spread of HIV amongst young girls and old men (and some old women) through trans-generational sex with multiple sexual partners in some cases. Findings through focus group discussions in Zimbabwe and Mozambique demonstrate that the traditionalization of sexuality regardless of developments in biological knowledge contribute to the spread of HIV especial among the older men. The cultural beliefs have resulted in behaviours that lead to trans-generational multiple sexual partners. This paper argues that the cultural explanations of the meaning of blood released by women during menstruation requires some biological explanation to ease the fears and taboos thereof among the Karanga and the Shangaan Tsonga. This paper concludes that the continued use of traditionalised explanations of menstrual blood is a possible source for the spread of HIV

especial in a trans-generational manner amongst the concerned tribal groupings.

Keywords: Menopause, sexual intercourse, trans-generational, menstruation, HIV, extramarital

Introduction

Menopause means the end of menstruation periods for women. ‘As a woman ages, there is a gradual decline in the function of her ovaries and the production of oestrogen’ (Baloyi 2013:2). Gupta, Holloway and Kubba (2010:222) define menopause as the permanent cessation of menstruation that is caused by ovarian failure. Martin and Jung (2002:15) share the same opinion, calling menopause ‘the permanent cessation of menstruation’. Menopause has been traditionalised in Zimbabwe and in Mozambique. ‘A tradition is a way of behaving, thinking or doing something that has been followed by people in a particular community, society, family, etc. for a long time. A tradition can be an idea, belief that is passed down from one generation to another’ (Pediaa: n.d.). The traditionalised understanding of menopause makes it a taboo for a woman at menopause to have sexual intercourse. On the other hand the husband of the same woman will have the right to continue to have sexual intercourse with younger women. At times this happens openly with the husband marrying a younger wife. In church circles sexual intercourse outside marriage is shunned therefore the affected parties may have secret relationships or go the route of engaging commercial sex worker. The traditionalization of menopause has become a cause for multiple sexual partners which eventually places people at risk of infection.

On the other hand in both Zimbabwe and Mozambique there is high prevalence of new HIV infections amongst female teenagers especial in the 12-24 year age group. There is a high prevalence amongst girls than teenage boys because of trans-generational sexual intercourse where mainly older men sleep with younger women¹. One clear sign of trans-generational sex is teenage

¹ Teenage pregnancies and HIV infections are complicated by the complex relationship between males and females. Other than issues of abstinence, there are challenges of culture, patriarchy and economic factors that seemingly favour males over females in sexual relations. This is staff for another paper.

pregnancies which are not linked to teenage boys. Of note is that these teenage pregnancies are linked to the high HIV infection rates. In as way back as 2001 research has shown that in Southern Africa 1 out of 5 teenage pregnancies is also HIV positive (Jewkes 2001: 733-744). Jewkes Rachel et al say that teenage pregnancy ‘... reflects a pattern of sexual activity which puts teenagers at risk of HIV. Currently one in five pregnant teenagers is infected with the virus. This creates a new imperative to understand teenage pregnancy and the pattern of high risk sexual activity of which it is one consequence’ (Jewkes 2001: 744). The statistics from the UNAIDS and the African Union for 2015 show that:

... young African women and adolescent girls are especially vulnerable to HIV. Globally in 2013, 15% of the approximately 16 million women aged 15 years and older living with HIV were young women of these over 80% live in sub-Saharan Africa. Despite declining HIV infection rates, in 2013 globally, there were approximately 250 000 new HIV infections among adolescent boys and girls, 64% of which are among adolescent girls. In Africa, 74% of new infections among adolescents were among adolescent girls. In addition, AIDS-related illnesses are the leading cause of death among adolescent girls and women of reproductive age in Africa, despite the availability of treatment (UNAIDS and The African Union 2015:8).

The above statistics are a sign of the high levels of new HIV infections which are mainly through heterosexual intercourse in Africa. The statistics show that teenagers do not use protection against STIs hence high infection rates. The HIV and AIDS response in Africa South of the Sahara needs to be revised by all interested parties including the pastoral ministry of the church.

Traditionalization as a Theoretical Framework

In many African communities there is a tendency for people to appeal to tradition to authenticate, protect or defend beliefs, behavioural traits and practices. Tradition is basic principles, values, practices and beliefs that are passed on from one generation to another. The basic understanding of a tradition is that it is a phenomenon that is static, permanent, unchangeable and valuable as is and therefore needs to be passed on without any alterations.

Whatever ends up becoming ‘our tradition’ should have been part of culture. The particular aspects of culture is then transformed and given a status of being everlasting and begin being referred to as ‘our tradition’.

The transformation of cultural practices to tradition is what I call traditionalization. Traditionalization transforms cultural concepts and practices to make them permanently acceptable without question by society through generations. Traditionalization is when the guardians of a culture, usually the powerful, pick up a cultural practice and enable it to continue to be applicable through generations of a community. Not everything in culture is traditionalized. What is traditionalised is selected carefully as per demands from the context. At times a seemingly forgotten cultural practice can be retrieved from the past to respond to a contemporary phenomenon and for that cultural practice to be uncritically accepted it must be traditionalized (see Linnekin 1989; see also Williams 1977:115’ and Glassie 1995:395). Traditionalization can benefit the whole of society or it can also benefit those in authority at the expense of certain sections of society. According to Lisa Gilman (2004:34) ‘The hegemonic potential of using tradition is largely dependent on the fact that people are often unaware of the selectivity of their own practices, especially in cases where a dominant group is invoking tradition as a strategy to control or oppress a subordinate group’ (see also Williams 1977:115–16). The concept of traditionalization can be understood from an analysis of the term ‘traditional’. Gilman defines the traditional ‘...as those cultural elements and practices that are directly connected to the past: superorganic, bounded, static, transgenerational, ‘things’ or practices that can be inherited or passed down from generation to generation; tradition has also been understood to comprise the cultural canon of a group’ (Gilman 2004: 33; see also Ben-Amos 1984). In the light of Gilman’s argument above then traditionalization means taking what is ‘traditional’, and link it symbolically with the glorified or dreaded past (see Hymes 1975: 353-54). Gilman (2004:33-34) goes further to say, ‘When people label a practice traditional, they elevate it to a special status, and then members of that group often feel an obligation to repeat the practice in order to perform their identity and meet the requirements of that group’. Once a cultural practice is labelled as ‘traditional’ it assumes a status of permanence and that it cannot be questioned just because ‘it is our tradition’. The traditionalized culture is then repeated generation after generation without any criticality on its benefits or harm there in. In fact the traditionalization is as a result of repeated references to the practice. Gilman

(2004:34) makes reference to Eric Hobsbawm and Terence Ranger (1983) who argue that ‘Many practices that groups of people hold dear because they feel that they represent continuity between the past and present were consciously constructed or selected, often strategically, at specific moments in history. Through repetition and rhetorical associations, people eventually come to call them tradition and thus endow them with special value’. This concept of wanting permanence of certain practices is central to traditionalization. In fact traditionalization is about creating permanence of aspects of culture.

Traditionalization can be premised in the sphere of insecurity posed by change. Guardians of culture and community leaders may be afraid of change and to protect ‘the way things have always been done’ they traditionalize their culture. New developments can be uncritically blocked using the ‘this is our tradition or this is not our tradition’ motif. The powerful can oppress society using traditionalization of their oppressive practices. Gilman says ‘...the potential of using ‘tradition’ to oppress—through processes that are inherently selective and strategic—is contingent upon people’s perceiving certain practices to be static and superorganic artifacts (sic.) that *should* not be altered and that *should* be transmitted over time. And, it is the difference between the *reality* of tradition as process and the *idea* of tradition as static that makes traditionalizing such an effective hegemonic tool’ (2004:34-5). So the powerful in society can use traditionalization as a tool for power and control. This becomes possible since society will not question any oppressive practices that are ‘our tradition’. Alternatively society will not delve into ideas that are not part of ‘our tradition’. For domination to work through traditionalization the subordinates should be made to inherently feel strong about the tradition so that they feel committed to perpetuate it. Traditionalization works well where there is successful spiritualization, emotionalization and internalization of the ‘tradition’ (see Williams 1977:115016; Gilman 2004: 34). Gilman further says that ‘...Tradition is perceived, used, and manipulated in highly complex and contradictory ways in people’s day-to-days lives’ (2004:34).

In this paper the concept of traditionalization is used to understand the phenomenon of menopause and taboos on sexual intercourse among the Karanga and the Tsonga. Sexual intercourse is a sphere that is highly traditionalised with controls and taboos which are not open to critical analysis. Society sanctions and prescribes on who is qualified to have sexual intercourse, with whom, when, how and the why of sexual intercourse. In patriarchal communities males seem to inherently have control of the sphere of sexual

intercourse. Menopause is one aspect of sexuality that is sanctioned by society and it has been ritualised. Amongst the Karanga and the Tsonga a woman in menopause cannot have sexual intercourse because it is 'our tradition'. This is a sign that menopause has been traditionalized.

Literature Review

Literature on menopause and culture demonstrates that it is a highly traditionalised phenomenon in many African communities. According to Baloyi (2013:2) 'There is an ancient mythology amongst some African people indicating that menopause is a sign that renders it forbidden for women to engage in sexual activities, and that myth is still evident in some African cultures today'. Baloyi's observations are in agreement with Kimathi (1994:13) who says that menopause among some African ethnic groups marked the end for the need for sexual activities as the woman was considered too old for sexual intercourse. Kimathi further says that in some cultures these women who have reached menopause would advise their husbands to marry younger women as she was now exempt from sexual intercourse. This observation implies that the man is will still be sexual active and at no age point will they reach a point where they will have to stop having sexual intercourse.

Kyomo and Selvan (2004:35), say that some African communities believe that it is a taboo for a woman to have intercourse after reaching menopause. This is a sign of the traditionalization of menopause and sexual intercourse. Breaking this kind of a taboo can result in unpleasant physical ailments such as one's stomach growing very big or they may produce a stinking seminal fluid through their vagina making it difficult for such women to go to public places. Baloyi also writes about the bulging stomach among the Tsonga speaking people. He says 'Amongst other reasons the Tsonga speaking people refer to this big stomach as *xikuru-nyimba*, this belief makes it very clear that every woman who engaged in sexual activities after menopause is risking her own health. In this way, many women voluntarily abstain from sexual encounters in order to preserve their own health' (2013:2).

The way menopause is treated by both men and women varies from culture to culture and mainly depends on taboos that are based on traditionalization instead of rational biological facts. Collins (2011:65) says, '... women's experience of and attitude towards menopause are influenced by

beliefs and expectations inherent in the prevailing socio-cultural paradigm. Thus, factors such as cultural beliefs, values, and attitudes towards menopause determine the experience of individual women of that stage of life as negative and troublesome or positive and liberating'. Baloyi concurs with Collins when he says '...Africans' sexuality is greatly affected by their attitudes and expectations. First there is a myth in African society that after menopause women are 'past it'. This stems from the exclusive association of sexual activity with reproductive ability: Once fertility is over, sex is irrelevant. It is true that, if a woman had endured sex only because she wanted to conceive, after menopause she would have a sense that she has lost her worth' (2013:3). Cultural in African communities women have been made to believe that they get married for sexual intercourse and bearing of children. Menopause then becomes a sign that the woman can no longer bear children and therefore their worth is diminished. The above literature reduces a woman to a child bearing machine and a tool for satisfying the sexual desires of men. Once a woman reaches a point when she cannot perform sexual because of biological developments then she will have reached expiry date. Then for society to make this kind of mentality to work, sexual intercourse after menopause has been ritualised to a point of being a taboo. Because of this no questions can be asked about the tradition. This is an example of a context where traditionalization is oppressive and abusive to women as it seemingly affects women while men are free to have sexual intercourse until they die. The assertions by the tradition are not open to questioning using biological facts about menopause to take away unsubstantiated fears.

Men whose wives reach menopause will still be sexual active. This creates a situation of extra-marital sex as they cannot have sexual intercourse with their wives. Baloyi (2013:3) who cites Kyomo and Selvan (2004:35–36), says that the taboo on sexual intercourse after menopause is strengthened by threats of strange sickness eventually leading to death. If one dies after breaking the taboo the ancestors will also not accept them in the place of the living dead. Such threats have made women to become the guardians of the tradition. Baloyi concludes by saying, 'Because of this taboo, men whose wives reach menopause are left with three possibilities: abstaining from sex, getting involved with prostitutes or taking another official or unofficial wife (concubine)' (2013:3). Literature shows that traditionally African men are free to marry a younger wife or have sexual relationships outside marriage when

the wife reaches menopause (see Labeodan 2007:45; Oduyoye's 1995; Nasimiyyu-Wasike 1995:102; Khathide 2007:41).

Interestingly, literature also shows that, relatively, there are no health related challenges caused by menopause as described by Kyomo and Selvan (2004:35). From a biological perspective responses to menopause vary from person to person. The majority of women may have lower sexual desire, some may have significantly increased sexual desire, while some may have difficulty in having sexual intercourse due to the dryness of the vagina. A research by Avis *et al.* discovered that 'Menopause status was significantly related to lower sexual desire, a belief that interest in sexual activity declines with age, and women's reports of decreased arousal compared with when in their 40s. Menopause status was unrelated to other aspects of sexual functioning in either unadjusted or multiple regression analyses...In multiple regression analyses, other factors such as health, marital status (or new partner), mental health, and smoking had a greater impact on women's sexual functioning than menopause status' (2000: 297). The taboos and the threats of strange illnesses are not based on biological evidence but on traditionalization.

In addition to the above arguments, Wambua (1997: 645-646) discovered that a number of women experience some changes in their sexual life as a result of menopause such as lack of sexual desire and too much sexual desire. Wambua links these sexual changes to a number of variables by arguing that 'Sexual function is influenced by biologic and none biologic factors. Sexual arousal, including sensory perception, central and peripheral nerve discharge, peripheral blood flow, and the capacity to develop muscle tension, as well as sexual desire and frequency of sexual activity, can all be influenced by ovarian hormone levels. Sexual function is also influenced by the interplay of psychological, sociocultural, and interpersonal factors' (1997: 645-646). Following Wambua's research findings one realizes that menopause can best be understood from a biological perspective. Most of the traditionalization of menopause feeds on the lack of biological knowledge. In this regard Wambua rightly suggests that 'Health care professionals can play an important role in the evaluation, education, counseling, and treatment of the menopausal woman' (1997: 645-646).

Wambua makes it clear that 'Menopause for most African women marks the end of reproductive potential...Cultural beliefs and practices vary with the different communities in Africa. It is important for health providers to identify such beliefs and practices if reproductive health problems that emerge

in the climacteric have to be prevented and managed correctly' (1997: 645-646). The assertions by Wambua that keep on insinuating the need for the participation of health workers demonstrates the need for traditional beliefs to be coupled with knowledge from Biology.

The above literature survey has shown that menopause is a biological developmental phenomenon that, natural, cannot be avoided. Literature has also shown the discriminatory nature of tradition in that while the sexuality of woman is negatively affected, the man is permitted to get married to a younger wife and continue with sexual intercourse. This paper contributes to the above literature by discussing the traditionalization of menopause without any due consideration for biological facts.

Method for Data Collection

This paper is sharing part of the findings from a project sponsored by CHART on religion, sex and sexualities, stigma and discrimination in a context of HIV and AIDS in Africa. Data for this paper was gathered through a qualitative study that used semi structured questions to guide group discussions in a workshop setting. Between 2014 and 2016 I facilitated 4 workshops for a total of 60 church leaders on the sources of the spread of HIV and the drivers for stigma and discrimination in Maputo, Mozambique and in Mberengwa District in Zimbabwe. In 2014 I managed to facilitate a workshop for 12 pastors in Maputo from across Mozambique. In 2015 I facilitated a second workshop with 10 pastors in Maputo. I facilitated my first workshop in Mberengwa in Zimbabwe for 20 pastors in 2015. The second workshop for 18 pastors in Zimbabwe was in 2016.

For ethical reasons this paper will not disclose the denominations and identities of the pastors that participated in the workshops. Suffice to say that they were a mixture from different denominations as well as of varying educational levels. The lowest academic qualifications for all the groups was a certificate in theology while the highest qualification was a PhD. The age range was between 24 and 73. In Maputo there was a total of 7 women four whom had reached menopause. 4 of the male pastors in Maputo had wives who had reached menopause. In Zimbabwe there were 13 female pastors. 9 of the female pastors had reached menopause while 11 of male pastors' wives had reached menopause.

Data was gathered through open group discussions based on guiding questions (What are traditional practices that have a potential to contribute to the spread of HIV in your context? How is your church pastorally responding to these traditional practices?) Follow up questions depended on the direction and dynamics of each group. I also had a one to one discussion with all the participants on issues raised in the group discussions to hear personal experiences. One such experience was the issue of menopause and taboos around it amongst the Tsonga in Mozambique and the Karanga in Mberengwa. The one on one discussions were also qualitative in nature so as to allow participants to elaborate on issues raised and even show emotions. For purposes of this paper, two of the guiding questions on the one on one discussions were: What is your understanding of menopause from your traditional perspective? What are the taboos related to menopause? Menopause was picked for further discussion because of its frequency in the group discussions as a major cause for the spread of HIV. The group was actively and critically engaging in the discussion topics.

In general, the context of the workshop made it possible for pastors to talk openly about the positions of their denominations and their personal positions on different aspects of sex and sexualities in a context of HIV and AIDS. The workshop setting was a safe and sacred space that enabled ministers to engage the otherwise difficult subject of sex and sexualities.

Research Findings

The major concern for this study is menopause. Traditional among the Karanga in Zimbabwe menopause marks the end of sexual intercourse for the woman concerned. The explanation is that at menopause the woman stops menstruating. Menstruation is believed to clean sperms from women. When women do not fall pregnant after having sexual intercourse it is believed that the sperms accumulate in the womb. Once a month a woman will have the flow of blood that cleanses her of all the unused sperms. After menopause woman cannot continue with sexual intercourse as they will not have a cleansing system for the accumulated sperms. It is believed that women who continue to have sexual intercourse after menopause develop a huge stomach because of sperms that will keep on accumulating. Amongst the Karanga it is an embarrassment to have an old woman with a big belly as this is a sign that the

woman did not stop having sexual intercourse after menopause. The tradition says that the woman's belly can grow to point of bursting to death.

To protect the woman from temptation, the Karanga will perform a ritual called *kugura nhowo*² (Cutting of the reed mat). The ritual of *Kugura nhowo* is a ceremony for separating a couple so that they can no longer share a bed or have sexual intercourse after the woman reaches menopause. The couple may still use the same room (hut) but in the contemporary context they will have two separate beds since the sleeping mat will have been cut. As noted earlier on, having sexual intercourse is forbidden for the woman. However the man can still have sexual intercourse with younger women.

At this point in some cases men marry younger women to meet their sexual desires. In some instances the woman will bring her own relative to satisfy the sexual desires of their husbands with the hope that the new wife will protect her if they are related. Cultural the woman is allowed to bring her young sister or the daughter of her brother as a wife to her husband. If this does not happen the man can marry a stranger who may win the heart of the man against the old woman at menopause, rather have a relative.

In Mozambique there is a strong belief that it is unsafe for a man to have sexual intercourse with a woman in menopause. It is believed that the blood that used to come out of the woman in menstruation which no longer comes will enter the men during sexual intercourse. If that happens the testicles of the man will swell until the man dies. So for fear of death men amongst the Tsonga do not indulge in sexual intercourse with women at menopause. It is a no go area. However the men will still seek for sexual satisfaction from other younger women.

I also found an interesting scenario amongst educated women from both cultures. These women now understand the biological facts around menopause. The myth of the bulging of the stomach in females and testicles in males has been dismissed by these elite women. The women who participated in the study said that they still also have sexual desires even after menopause. In some cases some women have very higher sexual desire than before menopause and because of tradition they cannot try sexual intercourse with their husbands. Instead they seek sexual intercourse elsewhere. Some male participants were also aware that biological the myths around bulging were not true. They also know that the women have sexual desires even after

² *Kugura* is Shona for cutting and *Nhowo* is mat which was used for sleeping.

menopause. However because of tradition they could not have sexual intercourse with them. One would rather have sexual intercourse with another woman who is not their wife even if that other woman has also reached menopause. The challenge is breaking the taboo with one's spouse.

On the question of the church's response to traditional beliefs and practices on menopause in the context of HIV, all the pastors said that their churches have never dealt with the subject of menopause. However all the pastors acknowledged that some communities do not have access to information except from the church. The participants noted that the pastoral role of the church can include sex education which can give information on menopause and related sexuality issues.

Other than menopause this study also discovered that there are other resilient traditional practices that have potential to spread the HIV. The traditional practices that have a potential to contribute to the spread of HIV in Zimbabwe and in Mozambique are the same. The following issues were raised: Wife or husband inheritance following the death of a spouse. Families do not care to find out the cause of death of the spouse before arranging for inheritance. The second major issue is the aid offered by a young brother to an impotent elder brother who cannot father children. Seemingly family members especially the aunts will organise secretly that the younger brother of an impotent man pregnant his brother's wife. This has the potential to spread the HIV. Related to this is a situation when a woman is barren and asks her younger sister to join her in marriage and bear children for her husband. Another major challenge raised by the pastors was the cleansing of widows through sexual intercourse. When a woman loses a husband she is considered unclean until she performs sexual intercourse with a relative of her deceased spouse. In some cases the widow should have sexual intercourse with a mad man whom she should not know. So she has to be in a dark room, then this mad man enters the room and engages with her in sexual intercourse. All this is organised by aunts and uncles.

Discussion

Traditional beliefs on menopause affect women negatively while they give men the leeway to continue to have sexual intercourse with younger women. The traditional understanding and practice is inherently exploitative of women.

Women have mentally accepted the tradition as authentic and protective for them in the case of the Karanga. Similarly amongst the Tsonga the women feel they have an obligation to protect their husbands from developing bulging testicles. Even when women have a choice through biological knowledge, some women continue to respect the tradition by abstaining from sexual intercourse, indicating that on some level they have come to accept the traditional practice as legitimate. In so doing, women participate in their own domination by men (Glassie 1995). In this oppressive tradition the church has been silent as the church also seemingly blesses male domination. 'Patriarchal attitudes are also found in Christianity and these have strengthened the traditional customs, which men use to control women's sexuality (Human Rights Monitor 2001).

Wambua (1997), Kyomo and Selvan (2004:35) and Baloyi (2013) that the traditional understanding of menopause permits men to continue with sexual intercourse with younger women as they are allowed to marry a younger wife. This came out in my research findings that men continue to have sexual intercourse with younger women.

In context of HIV this is problematic in that it leads to intergenerational sex. Old men are in a way traditionally licenced to have sexual intercourse with younger women. In this way we will see young women falling pregnant because of elderly men. In addition this has the potential of spreading HIV in an intergenerational manner. As noted earlier on, women also do seek for sexual intercourse outside their marriage when they reach menopause. This can explain some growing challenges of HIV infections amongst the 12 to 24 year age group amongst girls while the same age group of boys is not as infected. The tradition in this sense is no longer useful. Both men and women continue to have sexual intercourse which is against the dictates of the tradition making it redundant. On the other hand the unintended result is intergenerational sex which has resulted in the spread of HIV in an intergenerational manner.

For male mainline church members whose wives reach menopause, there will be no option for marrying another wife. The obvious route is extramarital sexual intercourse to quench sexual desires. This is very dangerous as it is a possible route for multiple sexual partners thereby entrenching the spread of HIV. This becomes a silent route for the spread of HIV since the church is also silent about the traditional beliefs of menopause. In this silence is not a solution. The church should empower itself with information and pass it on to its members as part of sex and sexuality education.

Conclusion

This paper has managed to expose the biological understanding of menopause. Biologically we have seen that there is no connection between the bilging of stomach and testicles in women and men respectively. The whole argument is founded on the strength of the unquestionability of traditionalized phenomenon. The paper has also managed to expose the ritualised Tsonga and Karanga understanding of menopause in women as the end to ovulation which has been traditionalized. As a traditionalized practice it is now applied without questions. According to Lightfoot-Klein *et al.* this because tradition and 'Custom in Africa is stronger than domination, stronger than the law, stronger even than religion. Over the years, customary practices have been incorporated into religion, and ultimately have come to be believed by their practitioners to be demanded by their adopted gods, whoever they may be' (Lightfoot-Klein *et al.* 1989:47 cited by Okome 2003:71). Both the Tsonga and the Karanga attested to respecting their traditions and culture despite being Christian. There is an uncritical acceptance of traditionalized phenomenon without questions because 'it is our tradition'.

The traditional practice of beliefs around menopause both amongst the Tsonga and the Karanga poses a high possibility of extramarital sexual relationships there by exposing people to HIV infection. Spouses would want to observe cultural taboos within the family setting while indulging in illicit sexual intercourse with younger people for sexual satisfaction. This applies to both the females and the males in the identified groups. This becomes high risk behaviour as people can easily get infected through multiple sexual partners.

The traditionalization of menopause has resulted in intergenerational sexual intercourse thereby resulting in intergenerational HIV infections. The church is not discussing the issue of menopause. It is my considered view based on the above research findings that the church through pastoral care should start empowering communities with knowledge on sexual and sexualities which can enable communities to question some of their traditions that are not pro-life.

The cultural beliefs have resulted in behaviours that lead to trans-generational multiple sexual partners. This paper concludes that the cultural explanations of the meaning of blood released by women during menstruation requires some biological explanation to ease the fears and taboos thereof among the Karanga and the Shangaan Tsonga. This paper concludes that the

continued use of traditionalised explanations of menstrual blood is a possible source for the spread of HIV especial in a trans-generational manner amongst the concerned tribal groupings.

References

- Avis, N.E., R. Stellato, S. Crawford, C. Johannes & C. Longcope 2000. Is there an Association between Menopause Status and Sexual Functioning? *Menopause* 7,5: 297-309.
- Baloyi, E. 2013. Pastoral Evaluation of Menopause in the African Context. *HTS Teologiese Studies/ Theological Studies* 69,2, Art. #1226, 7 pages. <http://dx.doi.org/10.4102/hts.v69i2.1226>. (Accessed on 14 April 2016).
- Collins, A. 2011. Sociocultural Issues in Menopause. Available at: <http://www.hawaii.edu/hivandaids/women>. (Accessed on 14 April 2016.)
- Empower Young Women and Adolescent Girls: Fast-tracking the End of the AIDS Epidemic in Africa*. UNAIDS & The African Union (2015) 8. Available at: http://www.unaids.org/sites/default/files/media_asset/JC2746_en.pdf. (Accessed on 14 April 2016.)
- Forster, P.G. 1994. Culture, Nationalism, and the Invention of Tradition in Malawi. *The Journal of Modern African Studies* 32,3:477–97.
- Glassie, H. 1995. Tradition. *Journal of American Folklore* 108,430:395–412.
- Gupta, S., D. Holloway & A. Kuba, 2010, *Oxford Handbook of Women's Health Nursing*. Oxford: Oxford University Press.
- Handler, R. & J. Linnekin 1989. Tradition, Genuine or Spurious. In Oring, E. (ed.): *Folk Groups and Folklore Genres*. Logan: Utah State University Press.
- Hobsbawm, E. 1983. Introduction: Inventing Traditions. In Hobsbawm, E. & T. Ranger (eds.): *The Invention of Tradition*. Cambridge: Cambridge University Press.
- Hobsbawm, E. & T. Ranger (eds.) 1983. *The Invention of Tradition*. Cambridge: Cambridge University Press.
- Human Rights Monitor, February 2001, Human Rights Forum: Harare.
- Hymes, D. 1975. Folklore's Nature and the Sun's Myth. *Journal of American Folklore* 88,359:345–69.
- Jewkes, R., et al. 2001. Relationship Dynamics and Teenage Pregnancy in South Africa. *Social Science & Medicine* 52,5: 733-744.

- Khathide, A.G. 2007. *Bone of my Bones: Building Marriages that Work in Africa*. Kempton Park: AcadSA.
- Kimathi, G. 1994. *Your Marriage and Family*. Potchefstroom: IRS.
- Kyomo, A.A. & S.G. Selvan 2004. *Marriage and Family in African Christianity*. Nairobi: Acton.
- Labeodan, H.A. 2007. The Yoruba Belief System and its Impact on Women's Reproductive Health. *Journal of Constructive Theology* 13,1: 39–55.
- Lightfoot-Klein, H. O. 2003. What Women, Whose Development? In Oyewumi, O. (ed.): *African Women and Feminism: Reflecting on the Politics of Sisterhood*. Trenton: Africa World Press
- Nasimiyu-Wasike, A. 1995. Polygamy: A Feminist Critique. In Oduyoye, M.A. & R.A.K. Musimbi (eds.): *The Will to Arise: Women, Tradition and the Church in Africa*. Maryknoll: Orbis.
- Oduyoye, M.A., 1995. Women and Ritual in Africa. In Oduyoye, M.A. & R.A.K. Musimbi (eds.): *The Will to Arise: Women, Tradition and the Church in Africa*. Maryknoll: Orbis.
- Pediaa website. *Difference between Custom and Tradition*. Available at: <http://pediaa.com/difference-between-custom-and-tradition/>. (Accessed on 14 April 2016.)
- Wambua, L.T. 1997. African Perceptions and Myths about Menopause. *East African Medical Journal* 74,10: 645-646.
- Williams, R. 1977. *Marxism and Literature*. Oxford: Oxford University Press.

Herbert Moyo
Practical Theology and Ministerial Studies
School of Religion, Philosophy and Classics
University of KwaZulu-Natal,
moyoh@ukzn.ac.za