Editorial

Traditional Practices and Human Immunodeficiency Virus Transmission in Senegal: The Example of "Lévirat" and "Sororat"

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In Africa, marriage constitutes an essential step in the life of nearly everyone. It consecrates the union of two partners of the opposite sex. The practice of "lévirat," or wife inheritance, is a traditional form of alliance consisting of the remarriage of a widow to one of the brothers of her deceased husband, usually to his next youngest sibling. "Sororat" is an arranged marriage that aims to redefine a matrimonial alliance by marrying the younger sister of a deceased woman to her surviving husband. The authors present one clinical case that highlights the specific issue of human immunodeficiency virus (HIV) transmission in the heart of a family due to sociocultural practices such as lévirat. Aside from these practices, the real problem that surfaces is that of the remarriage of a widow who is HIV positive. These traditional practices illustrate the difficulty of counseling in African countries and the many ethical and legal problems presented by HIV infection. It is clear that acquired immunodeficiency syndrome presents problems far beyond the scope of medical science.

Matrimonial alliance is an indisputably rich phenomenon for the study of a society. The importance that societies reserve for the manner in which matrimonial unions are formed is attested to by the fact that many researchers, having reflected on the question, have accorded an important role to marriage.[1-3] In Africa, marriage consecrates the union between two partners of the opposite sex. The acquisition of a new status for the partners and the establishment of alliance between the gender and familial groups constitutes the sacred base of marriage.

"Lévirat," or wife inheritance, is a form of alliance consisting of the remarriage of a widow to one of the brothers of her deceased husband, usually to his youngest sibling. The order of priority for this role begins from the youngest boy of marrying age and spans to the eldest. The choice of order is due to the fact that the youngest is most often not married or even if he is, does not have many children. This choice represents a great honor for the inheriting brother, compelling him to fulfill his responsibilities as man and as husband. This practice of lévirat aims to preserve the continuity of the estate left by the deceased brother. The children will be taken in by the biologic brother of their father, who becomes their adopted father. This constitutes a psychological advantage for them, avoiding a situation where they find themselves with strangers. These children will have the chance to be brought up in the same family structure, which reduces the shock stemming from the disappearance of their father.

New siblings may be born from this marriage and will be considered as genealogic siblings to the first. This situation permits the preservation of the family name and ethic. The guardianship of the heirs will be legally taken up by the blood brother of the deceased, the usual inheritor of the widow. Nevertheless, it is important to note that the widow can only refuse this arrangement by requesting to leave the conjugal household, leaving the children there. This constrains the woman to voluntarily accept the new union so as not to separate herself from her children, and may offer a solution to her economic dependence.

"Sororat" is an arranged marriage that aims to redefine a matrimonial alliance by marrying the younger sister of a deceased woman to her surviving husband. The younger sibling is moved into the room of her deceased sister because she is considered to be in the most advantageous position to raise the surviving children. By the feeling of biologic belonging and affection that exists, it is assumed that she will not, for example, favor her biologic children over the others she has raised.

This practice of sororat can be explained in part by the fact that each family cares for one another and wishes to maintain solid bonds among themselves. In addition, this practice was a testimony of gratitude to the family of the deceased and a renewal of alliances. The young sister's dowry will be well managed, which discourages the husband and any co-wives from disturbing the inheritances of the deceased woman.

The intention of this article is to show the importance of the sociocultural dimension of human immunodeficiency virus (HIV) infection in Senegal vis-à-vis traditional marriage practices, such as lévirat and sororat. The following clinical case summarizes the problem.

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S.F., a 40-year-old Senegalese trader, travelled frequently in Central and West Africa. He was hospitalized in April 1993, at the Department of Infectious Disease of the University Hospital Center of Fann in Dakar for an atypical type of pneumonia, chronic diarrhea, and diffuse Kaposi's sarcoma. The patient tested positive for HIV-1 antibody by enzyme-linked immunosorbent assay (ELISA). His wife of 27 years, A.S., and their 3-year-old son also were positive for HIV-1 antibody, while their 5-year-old son was HIV-negative. After 3 weeks of hospitalization, S.F. died from complications due to an advanced stage of acquired immunodeficiency syndrome (AIDS). In September 1995 his wife, A.S., was hospitalized in the Department of Infectious Disease for pulmonary tuberculosis and genital herpes. After 1 month of hospitalization, she was discharged from the hospital and followed as an outpatient. During her hospitalization, A.S. reported that she had married a younger brother of her deceased husband; her new husband had one other wife.

COMMENTARY

This case highlights the issue of HIV transmission in the heart of a family due to sociocultural practices such as lévirat. In this setting, a husband is at risk of HIV transmission from his newly inherited wife (wife of a deceased brother) and other wives in a polygamous marriage are also exposed to the risk of HIV infection.

In Senegal, these traditional marriage practices are common among the principal ethnic groups, such as the Wolof (47.2% of the population), the Haal Pular (23.7%), and the Sérères (14.9%).[4] This case report represents only the visible tip of the iceberg. In certain populations, such as the Haal Pular, where HIV infection is a reality linked to the phenomenon of migration,[5,6] the practice of lévirat is still common. Thus, there are certainly numerous cases of HIV infection that have not been identified, due to the long latency of the disease.

The particular problem posed here is whether to inform the surviving brother about the cause of his sibling's death, but above all, whether to inform him about the seropositive status of his future wife. Faced with this dilemma, should health care providers inform the person at risk and do away with medical confidentiality? Or should they stay silent and expose a person to the highly probable risk of HIV infection by their future spouse? Does the wife of the deceased HIV-positive brother have the power or possibility to impose condom use on her new husband, especially if he intends to meet his societal responsibilities by fulfilling his conjugal role to the utmost degree?

The issue of systematized testing for the family members of an HIV-positive person places members of the medical corps in a delicate situation. In fact, some widows, fully aware of their serologic status and fearful of being marginalized, would prefer to remain silent and not inform others. One must remember that in many African societies, marriage not only provides financial security, but it is also considered a moral, social, or religious "obligation" for women. In the context of counseling, medical doctors or other qualified medical personnel face a major difficulty in situations where they feel responsible to protect information regarding the serologic status of a woman who may be the source of infection of her future husband. At the same time, each member of a medical team must respect medical secrets to guarantee complete confidentiality.

Medical team members receive intimate information in confidence, the divulgence of which would bring much prejudice to a seropositive person or their family. In this difficult situation of lévirat, where there is a strong probability of infecting a future spouse, should the concerned doctor continue to maintain complete confidentiality? In some cases, divulging confidential medical information may invite legal sanctions. On the other hand, could he or she be accused of not assisting a person who is in danger of being infected? These questions highlight the significant gap in legal guidelines regarding confidentiality and HIV infection in African countries. Nevertheless, these situations could serve as a pretext to jurisprudence, in an attempt to fill this gap.

These types of ethical and legal difficulties regarding HIV infection are frequently encountered in Africa. In Burkina Faso, Ouango used a case of wife inheritance to demonstrate the complexity of this sociocultural reality in the context of AIDS and the difficulty of counseling with low- or non-literate populations, and the powerlessness of doctors in such situations.[7] According to Le Palec, in Mali, most doctors describe the practice of wife inheritance as a dangerous custom in regard to AIDS risk.[8] To prevent a family from soon grieving again, some doctors feel it important to inform a responsible older family member about the nature of the patient's disease, in an effort to influence this family member to discourage the remarriage of the infected widow.

In other areas there exists a tradition of ritual cleansing, common in Uganda, Zambia, and several other sub-Saharan African countries, in which a widowed man or woman must have sexual intercourse with a member of the deceased's family preceding his or her remarriage.[9]

In certain regions where HIV prevalence is high, funeral rituals are coupled with multiple sexual partners. One of the methods used by AIDS prevention projects in these zones consists of encouraging condom use when these traditional customs are carried out. Another approach consists of trying to re-orient or change this type of behavior. In Zambia, a Chikankata team put into effect a community counseling process to encourage that more precautions be taken during these rites of cleansing. During their efforts to propose low-risk solutions to

replace the sexual act in ritual cleansing, the Chikankata team was struck by the influence of the family on individuals' behavior. In several cases, the widowed person wished to practice ritual cleansing, but was dissuaded by family and other community members.

In the context of lévirat, the seropositive widow exposes not only her new husband to the risk of HIV infection, but also her new co-wives if this is a polygamous household. The option of condom use instead of abstinence is not an obvious answer in these types of unions. In fact, most women in traditional environments do not have the decision-making power to insist on condom use. The decision-making power is the husband's. In some cases condoms are perceived as a means of contraception and less as a means of preventing transmission of sexually transmitted diseases or AIDS. The difficulty of correct and consistent condom use constitutes a significant obstacle in such situations.

Thus, the risk of nonprotected sexual relations and infection with HIV is important in cases of spousal inheritance. These situations underline the many difficulties of counseling in the framework of sociocultural marriage practices. Changing these deeply rooted practices that are a part of a whole belief system necessitates a long and laborious process implying consciousness-raising and recognition of causes on the part of community leaders.

Aside from the traditional framework of lévirat, the fundamental problem posed is that of the remarriage of the HIV-positive widow. In fact, the risk of HIV infection is present whether the new husband is the brother of the deceased or a man from another family. Emphasis should be placed, therefore, on counseling the seropositive widow, especially if she is young, about consistent condom use with every sexual act to avoid transmission. Low literacy, fear of rejection, and fear of not being able to remarry explain the frequent failure of any counseling attempts. The primary difficulty is at the level of doctors and health counselors assuring means of saving a marriage by educating about how to prevent HIV transmission within the family.

CONCLUSION

Through sociocultural marriage practices such as lévirat and sororat, it is possible to identify the difficulty of HIV prevention and counseling in African countries, and recognize the many ethical and legal problems presented by HIV. There is a whole arena of unanswered questions that the epidemic poses to health professionals, who, unfortunately, cannot resolve the problems alone. It is clear that AIDS largely surpasses the field of pure health. Thus, the "de-medicalization" of HIV infection, or pluridisciplinarity, must be the approach of choice for a more effective prevention effort. It is important to expand information and communication programs to better educate populations about risk factors, notably the risk of retroviral infection through sex. Exemplary case management of infected persons and compassionate assistance to those affected are fundamentally important.

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