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The effect of the AIDS epidemic on widowhood in Northern Uganda

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Abstract

This paper uses data from a survey in northern Uganda to examine the situation of widowers and widows in the era of AIDS. A high level of widowhood was observed, almost a third being caused by AIDS. Widowhood was more prevalent among women than men. More than one-third of the widows and widowers had remarried or acquired new sexual partners mainly for procreation. Widows also remarried or acquired new sexual partners because they looked healthy. However, the husbands of more than one-third of them had died of AIDS. There were few movements of widowers and widows due to AIDS. Those who had migrated had more children. Other determinants of migration of widows and widowers were age, district of origin and having had children.

The AIDS epidemic has been noted as a cause of the current high level of widowhood in Africa (Palloni, Lee and Lamas 1990). It is therefore likely that many of the widowed are HIV-infected and will spread AIDS through sexual networking with other groups (Nunn 1989; Maiga *et al*. 1993; Okeyo and Allen 1994; Taverne 1996). Sexual networking of the widowed may be through widow inheritance, remarriage, casual sexual partners or prostitution. The practice is common among the widowed for social, cultural and economic reasons (Butlerys *et al.* 1994).

Studies carried out in Africa indicated that young widows customarily remarried or were inherited by male relatives of their deceased husbands (Kirkpatrick 1993; Ouedrago 1994; Andima 1994; Taverne 1996). Similarly, through the common custom of sexual cleansing the widow had to have sexual intercourse with one of her in-laws in order to appease the deceased husband's ghost (Okeyo and Allen 1994; Kunda 1995). Widowers in Rwanda used to have sexual intercourse with an *umweza* (a young unmarried woman) as part of the purification rites (Butlerys *et al.* 1994). Not only were the customs oppressive but they have facilitated the spread of HIV (Sakala 1996; *AIDS Analysis Africa* 1997).

In Uganda, most of the ethnic groups practised the levirate custom of widow inheritance as found among the Banyankore and Bagisu (Roscoe 1923, 1924), Langi (Harley 1940), Iteso (Lawrance 1957), Bakiga (Edel 1957; Yeld 1973), Batoro (Perlman 1966), Alur (Southall 1970), Acholi (Kisekka 1989) and Lugbara (Middleton 1992). In all these tribes the brother of the deceased man was supposed to inherit the widow and also care for her children (Magezi 1991; Kirumira 1992; Olowo-Freers and Barton 1992). Among the Acholi, the uncle of the deceased man would inherit the widow if the deceased man had no brother (Kisekka 1989). Such customs can be risky to the new sexual partners if the deceased had died of AIDS.

On the other hand, men are less affected by being widowed, because of the prevalence of polygyny: many widowers have other wives with whom they continue marital life when one wife dies. In the situation of monogamous men, the parents of the dead wife would replace her with a sister to look after the motherless children. This was common among the Baganda,

Banyankore, Basoga, Basebei (Roscoe 1911, 1923, 1924), Bakiga (Edel 1957), Jie of Karamoja (Lamphear 1973) and Bakonjo (Kisekka 1989). Otherwise remarriage of widowers was not as restricted as that of widows. Perhaps with the onset of AIDS the remarriage of widowers may have also declined.

Widowhood and AIDS in Uganda

The AIDS epidemic has worsened the situation of widowhood. In Uganda, there is a high proportion of persons widowed by AIDS, especially among women (Mukiza-Gapere and Ntozi 1995; Ntozi 1997). Consequently, female-headed households have increased (Nampinga 1995). Earlier, Obbo (1993) had found that these households were poor because of the expensive care, treatment of the AIDS patients and funeral expenses as well as the cost of looking after the orphans.

Remarriage of the widowed has become difficult because of AIDS. Widows cannot easily be inherited by the agnatic relatives of the late husbands nor can widowers get substitutes from their in-laws for fear of AIDS (Ntozi 1995). Because of this widows have moved to their natal homes and others have migrated to towns in Uganda (Ankrah 1989; Ankrah, Lubegi and Nkumbi 1992). Van der Meeren (1990) observed that many AIDS widows and widowers had migrated to strange areas in order to escape stigma, or had moved to urban areas to seek economic survival. The widows have also migrated because they have been evicted and their property seized by the relatives of the deceased husband. The widowed who have migrated to strange places have acquired new sexual partners and others have remarried (van der Meeren 1990; Kirumira 1992; O'Malley 1996). Unfortunately, this has facilitated the spread of AIDS in Uganda (Ankrah 1989).

Nonetheless, remarriage, inheritance and sexual harassment of widows have not ceased because of social, economic and cultural forces existing in Uganda (Magezi 1991). Despite considerable AIDS awareness in Uganda the custom of widow inheritance is still alive (Wawer *et al.* 1994). Bantebya and Konings (1994) observed that some AIDS widowers and widows were remarrying and being inherited. Apart from the social and cultural reasons, widows remarry for the economic survival of themselves and their children. It is, however, puzzling that AIDS widows and widowers look for new sexual partners. This may be out of malice and reckless behaviour of those widowed by AIDS, as observed by Mukiza-Gapere and Ntozi (1995).

This paper examines the effect of AIDS on migration and behavioural patterns of widowers and widows in northern Uganda.

Methodology

This paper used data from a survey on 'Evolution of household composition and family structure under conditions of high mortality in northern Uganda'. The Northern Uganda survey was done in the districts of Soroti, Lira and Arua which are inhabited by the Iteso, Langi and the Lugbara respectively. These ethnic groups were chosen because they are the largest of the three major language groups of Nilo-Hamites, Luo and Sudanic populations in Uganda.

Both purposive and random sampling methods were used. At the first stage of sampling two counties with the highest HIV/AIDS prevalence rates were selected from each district. This was based on mortality statistics obtained from medical departments and population offices in these districts. At the second stage, two parishes were randomly selected from each county bringing the total number to four. Five villages were identified from each of the selected parishes. Twenty households where a death had occurred since 1982 were listed in

the identified village and probed.

From the selected households, the following information was collected using structured questionnaires: background characteristics of households, contribution of household members to household welfare, mortality in the household, orphanhood and care arrangements, migration and behavioural patterns of widowers and widows, patient care arrangements of any person who is ill or has been ill in the last four weeks, community attitudes towards illness and death, and fertility. The respondent in the household was the head of the household or spouse.

Results

Widowhood in Northern Uganda

The level of widowhood in northern Uganda was found to be high. Overall, Table 1 shows that widowhood accounted for 9.6 per cent of the sample which is three times higher than the 2.7 per cent observed in a study of six districts in other parts of Uganda in 1995 (Ntozi and Ahimbisibwe 1998). Arua district had a higher portion of widowed persons than Lira and Soroti. The percentages in Lira and Soroti are comparable to those observed in a similar survey carried out five years ago in some other areas of Uganda (Ntozi 1997).

Further analysis of widowhood by age shows that the percentage of widowed persons increased with age as expected. This pattern was observed in Lira and Soroti districts. The distorted pattern in Arua, which has high proportions of young widowed persons in the age range of 15 to 44 years, would be surprising if it were not for the civil wars in the north that have probably reduced the number of the active young. The death of young people can also be attributed to AIDS. The age pattern of widows reflects higher mortality of males aged 30 to 59 years.

The sex pattern of widowhood shows that the proportion of widows (12.7%) is more than double that of widowers (6.0%). The districts of Arua, Lira and Soroti have lost many young men through war, which partly explains the higher percentage of young widows than widowers. The higher proportions of widows may also be attributed to the polygyny of the Lugbara, Langi and Iteso (Harley 1940; Lawrance 1957; Middleton 1992). This is because the polygynous men have other wives as sexual partners and therefore are not considered widowers, unlike women who automatically become widows on the death of their husbands.

Table 1
Percentage of males and females widowed by age group and district

	Lira		Soroti		Arua		All	
Both sexes	(N=2722)		(N=2719)		(N=1778)		(N=7219)	
	N	%	N	%	N	%	N	%
15-29	40	3.1	22	1.9	49	22.0	111	.2
30-44	108	13.0	64	7.7	124	55.6	296	13.7
45-59	80	22.5	58	14.9	35	15.7	173	18.4
60+	47	18.0	50	15.5	15	6.7	112	16.3
All	275	10.1	194	7.1	223	32.2	692	9.6
Males								
	(N=1365)		(N=1183)		(N=793)		(N=3341)	
	N	%	N	%	N	%	N	%
15-29	4	0.0	0	0.0	6	1.4	10	0.6
30-44	28	6.5	13	3.7	37	17.5	78	7.8
45-59	26	15.0	19	11.3	13	14.9	58	13.5
60+	15	10.3	28	17.3	10	18.5	53	14.6
All	73	5.3	60	5.1	66	8.3	199	6.0
Females								
	(N=1357)		(N=1536)		(N=985)		(N=3878)	
	N	%	N	%	N	%	N	%
15-29	3	65.4	22	3.2	43	8.0	101	5.4
30-44	80	20.0	51	10.8	87	30.7	218	18.8
45-59	54	29.7	39	17.7	22	20.0	115	22.5
60+	32	28.0	22	13.8	5	9.6	59	18.1
All	202	14.9	134	8.7	157	16.0	493	12.7

Causes of widowhood

Table 2 presents the percentage of spouses killed by AIDS or related illnesses by sex and district: nearly a third of the spouses had died of AIDS. This proportion was evenly distributed among males and females when all the districts are put together. However, district variations exist. While Soroti reported the lowest percentage of deaths resulting from AIDS and related diseases of 24.1 overall and 27.1 and 22.8 for males and females respectively, Arua reported the highest proportion (37.5%) among the males and Lira (37.4%) of the females. Though AIDS widowhood is lower than that observed in other parts of Uganda (Ntozi and Ahimbisibwe 1997), the percentages are high enough to cause concern.

Table 2
Percentages of cause of death of spouses by district and sex

District	Widowers		Widows		All	
	AIDS	Non-AIDS	AIDS	Non-AIDS	AIDS	Non-AIDS
Lira	33.8	62.2	37.4	62.6	36.4	63.6
Soroti	27.1	72.9	22.8	77.2	24.1	75.9
Arua	37.5	62.5	35.9	64.1	36.4	63.6
All	33.0	67.0	32.9	67.1	32.9	67.1
	χ^2 =1.5	p=0.465	χ^2=8.	p=0.012	χ^2 =9.6	p=0.008

Health status

Table 3 shows that most of the widows and widowers were reported as being healthy. Overall, 62 per cent of widowers and 64 per cent of widows were found to be healthy. As expected, the health of the widowed declined with increasing age. However, more widowers than widows were reported to be healthy in all age groups except for widows aged 30-44 years. The table further shows that of the healthy widows and widowers, more than a third had lost their spouses to AIDS, and so were likely to be infected with the disease. Unfortunately, a significant proportion of Ugandans do not have clear knowledge about the incubation period of HIV infection (G. Asiimwe-Okiror 1997, personal communication). In this case the verbal responses meant that the widowers and widows had not developed AIDS symptoms.

Table 3
Percentage of widowed by age and health status

	Widowers		Widows	
Age Group	Healthy (N=119)	Unhealthy (N= 73)	Healthy (N=295)	Unhealthy (N=166)
15-29	90.0	10.0	71.3	28.7
30-44	67.6	32.4	74.9	25.1
45-59	58.9	41.1	52.2	47.8
60+	51.9	48.1	35.8	64.2
	χ^2 =6.8	p=0.080	χ^2 =37.6	p=0.000
Cause of death of spouse				
AIDS & related	33.9	31.1	33.8	32.5
Other	66.1	68.9	66.2	67.5
All	62.0	38.0	64.0	36.0
	χ^2 =0.7	p=0.686	χ^2 =0.1	p=0.785

Reproduction experiences

Table 4 shows that the majority of the widowed had children before the death of their spouses. More than four-fifths of the widowed reported having had children before their widowhood. The proportions of widows aged 15-44 years who had children were higher than those of widowers in the same age bracket. However, beyond age 44 years the pattern

reverses, perhaps because polygyny rises with age.

Table 4
Percentage of the widowed who had children before death of spouses by age

	Widowers		Widows	
Age Group	Children (N=165)	No children (N=32)	Children (N=758)	No children (N=73)
15-29	70.0	30.0	84.0	16.0
30-44	87.8	13.2	88.9	11.1
45-59	84.2	15.8	75.4	24.6
60+	81.1	18.9	78.9	21.1
All	83.8	16.2	83.6	16.4
	χ^2 =2.3	p=0.517	χ^2 =42.6	p=0.012

Table 5 presents the percentages of widowers and widows who had remarried or acquired new sexual partners and had more children. The table shows that more than 60 per cent of the widowed had extra children in their new relationships. However, while the percentage of widowers who had children increased with age, that of the widows decreased. The table also shows that a higher percentage of widowers than widows in all age groups except below 30 years had extra children. The higher percentage of widowers who had extra children may be the result of some of them having other wives besides the new one.

Table 5
Percentage of the widowed who remarried and had more children, by age

	Widowers		Widows	
Age Group	More children (N= 55)	No more (N= 33)	More children (N=104)	No more (N= 59)
15-29	40.0	60.0	65.4	34.6
30-44	62.5	37.5	59.1	30.9
45-59	63.3	36.7	50.0	50.0
60+	69.2	30.8	25.0	75.0
All	62.5	37.5	63.8	36.2
	χ^2 =1.3	p=0.720	χ^2 =5.8	p=0.121

Remarriage and sexual networking

The remarriage and sexual networking of widowers and widows is shown in Table 6: 33.7 per cent of widows and 44.9 per cent of widowers had remarried or acquired new sexual partners. This result is consistent with the high polygyny levels observed in the north in the 1995 Uganda Demographic and Health Survey. The higher percentage of remarried widowers is expected in Ugandan societies where men already have other wives. On the other hand, the lower percentage of widows who had remarried or acquired new sexual partners may be a result of AIDS deterring men from inheriting young widows for fear of contracting the disease (Berger 1994; Ntozi and Ahimbisibwe 1997).

Table 6
Percentage of the widowed who had remarried, by age

	Widowers		Widows	
Age Group	Remarried (N= 89)	Not remarried (N=109)	Remarried (N=164)	Not remarried (N=323)
15-29	50.0	50.0	52.5	47.5
30-44	51.9	48.1	38.1	61.9
45-59	51.7	48.3	22.6	77.4
60+	26.4	73.6	6.9	93.1
All	44.9	55.1	33.7	66.3
	χ^2 =10.1	p=0.018	χ^2 =42.6	p=0.000

As expected, younger widowers and widows remarried more than older ones. However, a higher percentage of widowers than widows aged 30 years and above had remarried or acquired new sexual partners. The biological effect of age may explain the observed low remarriage of older women as noted by Wu (1993). Men on the other hand have a longer fertile life span than women, which gives them the opportunity to remarry even at old age.

Remarriage of the widowed was further analysed using the logistic regression model. The remarriage of widowed persons was regressed on selected variables and for easy interpretation, categories assumed to have the lowest risks were used as indicators. The odds ratios from the regression are shown in Table 7.

The results in Table 7 confirm the observation in Table 6 that the remarriage of widowed persons was related to having more children. The odds ratios for this variable were highly significant, implying that the purpose of remarriage was to produce more children. The result is not unexpected in cultures which consider the primary purpose of marriage to be procreation.

Table 7 also shows that the former spouses of the remarried widows and widowers were less likely to have died of AIDS or related causes than from other diseases. However, AIDS widowers were remarrying more frequently than widows. The higher likelihood of remarriage of widowers was because some of them had other wives besides the deceased. The unlikelihood of remarriage of widows may result from reduced inheritance of AIDS widows by men for fear of contracting AIDS as noted by Berger (1994).

Table 7
Odds ratios from logistic regression where widows' and widowers' remarriage status is dependent on selected variables

			District			Age Groups						
	AIDS as cause of death[a]	Had Child-ren[a]	1	2	3	15-29	30-44	45-59	60+	Had more children[a]	Was healthy[a]	Moved out of home[a]
Widowers	1.34	0.82	1.0	2.1	4.0	1.0	1.74	1.61	5.22	31.53 **	0.50	0.18 **
Widows	0.88	1.55	1.0	1.4	2.9 **	1.0	1.62	3.00 **	10.08 **	18.20 **	2.93 **	0.18 **
All	0.97	1.22	1.0	1.5	2.6 **	1.0	1.53	1.84	4.16 **	20.25 **	1.15	0.21

[a] The opposite of this title is the reference category
* Significant at 0.01 $p < 0.05$
** Significant at $p < 0.01$
1 Lira **2** Soroti **3** Arua

It is further shown in Table 7 that the widowed who remarried were likely to do so if they had children as indicated by the odds ratio of 1.22. This was more likely to happen among widows than widowers, a result which is consistent with the argument that widows remarry to ensure that their children survive.

Taking Lira district as the reference, it was observed that widowed persons from Soroti and Arua districts were more likely to remarry than those from Lira. Table 7 shows a higher likelihood of remarriage in Arua, a district which had a significantly higher rate of AIDS-related deaths of spouses. This was mostly the case among widowers who had significantly higher odds ratios. The result is contrary to what was observed in Masaka and Mbale, the two districts of Uganda with the highest AIDS cases, where the widowers were less likely to remarry. The high likelihood of remarriage of widowers and widows may be encouraged by polygyny and the levirate culture as noted in other districts of Uganda (Ntozi and Ahimbisibwe 1997).

Regarding age, Table 7 shows that older widowed persons remarried more than the young ones. Unfortunately we do not know the age at which they remarried but it appears that older widowers and widows had remarried during the time before AIDS had spread in Uganda. The high odds ratios of widows aged 45 and above also suggest that they had remarried earlier than at their present age bearing in mind that age affects their remarriage (Wu 1993).

Table 7 shows a highly significant likelihood of remarriage of healthy widows. According to the odds ratio, the healthy widows were about three times as likely to remarry as unhealthy ones. It appears that these widows attracted new partners who married them because they looked healthy. The healthy widowers on the other hand were found to be less likely to remarry.

Concerning the movement out of the late spouse's home, Table 7 shows that the widowed who moved did not do so for remarriage. Perhaps some of those who moved went to their natal homes. The results seem to suggest that widows and widowers who did not move away were remarried. Table 8 shows that the majority of widows (72.3%) did not move out of their marital homes, perhaps because they had been remarried to one of their deceased husband's male relatives. This is unlike what was observed in other parts of Uganda where movement of widows was highly significant with remarriage or acquisition of other sexual partners.

Migration

A question on movement of the widows and widowers from home was included in the survey and the responses are in Table 8. Overall, the table shows that high percentages of the widowed did not migrate. However, a sizeable percentage of widowers aged 30-44 and widows aged 15-44 moved out of their marital homes. As expected, the young widows returned to their ancestral homes. Further observation indicated that widows who moved away from their deceased husband's home were remarried or acquired new sexual partners.

Table 8
Percentage of widows and widowers who moved from households of the late spouses, by age

Age Group	Widowers		Widows	
	Moved	Stayed	Moved	Stayed
15-29	10.0	90.0	45.5	54.5
30-44	30.3	69.7	30.1	69.9
45-59	17.2	82.8	18.3	81.7
60+	22.6	77.4	6.9	93.1
	χ^2 =4.2	p=0.236	χ^2 =33.9	p=0.000
Remarried/got sexual partners				
Yes	75.3	5.9	62.3	22.9
No	26.7	64.1	37.7	77.1
All	23.4	76.6	27.7	72.3
	χ^2 =19.7	p=0.000	χ^2 =66.6	p=0.000

Deeper analysis was made by regressing migration of widows and widowers on selected variables and the results are shown in Table 9. Widowers and widows whose spouses had died of AIDS were less likely to move. This observation, which differs from the findings of Tatum and Schoech (1992) in the United States, is consistent with the results of the 1995 survey carried out in six other districts of Uganda. Perhaps some AIDS patients were too sick to move. Secondly, AIDS awareness has reduced migration of the stigmatized AIDS widowers and widows now more than in the past.

Table 9 shows that the widowed with children were more likely to migrate than those without children. The odds ratio for widowers (3.68) was higher than that for widows, which suggests that men were more apt than women to move and leave their children. This situation among the widowers is unexpected and difficult to explain. The movement of widows can be explained in relation to AIDS since the disease has denied widows the chance of being inherited or remarried in their marital homes (Ntozi 1997). Secondly, many AIDS widows have been evicted and their property seized (van der Meeren 1990). Thirdly, widows migrated to fend for themselves and their children (Ntozi and Ahimbisibwe 1997). Fourthly, AIDS widows have migrated to strange places to escape the stigma (Kirumira 1992). Perhaps the usual reason of movement by males for employment is applicable to the widowers as well.

Taking age group 15-29 as the reference category, it was found that young widowers (15-29) and older widows aged 30 years and above were more likely to move. Migration of young widowers is expected since many of them have nothing to tie them to home. However migration of older widows is unexpected. Perhaps they moved to their natal homes or elsewhere to work for their children. Widows who are very old sometimes migrate to stay with their distant relatives or sons. Secondly, older widows were probably not attractive to the agnatic relatives of the deceased husbands who could have inherited them.

Table 9 also shows that the widows and widowers who moved had extra children. This is shown by significantly high odds ratios, suggesting that those who moved away had acquired new sexual partners and produced children with them.

Table 9
Odds ratios from logistic regression where movement of the widowed is dependent on selected variables

			District			Age Groups					
	AIDS as cause of death[a]	**Had children[a]**	**1**	**2**	**3**	**15-29**	**30-44**	**45-59**	**60+**	**Had more children[a]**	**Was healthy[a]**
Widowers	0.66	3.68*	1.0	1.4	0.2**	1.0	0.19	0.40	0.14	7.95**	1.73
Widows	0.75	2.53**	1.0	0.9	0.3**	1.0	2.39**	2.42*	6.35**	3.46**	0.82
All	0.74	2.51**	1.0	0.9	0.2**	1.0	1.96*	2.39**	2.48**	4.27*	1.02

[a] The opposite of this title is the reference category
*Significant at 0.01 $p < 0.05$
** Significant at $p < 0.01$
Districts: 1 Lira, 2 Soroti, 3 Arua

While it was found that healthy widowers were more likely to move than unhealthy ones, this was not true for widows. Instead the unhealthy widows moved more than healthy ones, probably to receive care in their natal homes and for the AIDS widows to escape stigmatization (van der Meeren 1990). The healthy widowers on the other hand may migrate to get better employment in towns.

At district level, Lira was used as the reference category. Widows and widowers from other districts were less likely to migrate, except the widowers of Soroti. It is not clear why the widowers of Soroti migrated. However, since it has the fewest AIDS deaths, the healthy non-AIDS widowers may have migrated to other places for employment purposes. Table 7 showed that more widowed persons in Arua than elsewhere had remarried, which may be the reason why they are shown to have moved least.

Conclusions and recommendations

The study has shown that the level of widowhood in northern Uganda is fairly high, especially among women. It was also found that most widows were young, especially in Arua, a district which had the most AIDS deaths. Since the impact of the AIDS epidemic has overwhelmed the family support system, the widowed are increasingly shouldering their problems alone. Therefore alternative support systems should be evolved to assist the widowed. It is recommended that Government and NGOs should provide economic assistance to the widowed as individuals or in groups.

The study has also shown that despite little movement of widows and widowers away from their marital homes many of them have remarried or formed new sexual relationships. This suggests that widows have been inherited or married by male relatives of their late husband. It is likely that these new husbands married them because the widows appeared to be healthy. It is important that the population should be educated about seemingly healthy widowers and widows who, in spite of their appearance, may be HIV-positive. In addition, compulsory remarriage of widows because custom requires it may be dangerous to them and their new sexual partners. Families should therefore be educated on the dangers of the custom of widow inheritance and remarriage in order to prevent more HIV infection.

It is also evident from the study that many widowers who have remarried or acquired new sexual partners had lost spouses from AIDS or related causes. These widowers are most likely to be HIV-positive which is dangerous to their new partners. It is therefore recommended that new sexual partners practise safe sex by use of condoms until their serostatus is established.

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