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Widowhood, remarriage and migration during the HIV/AIDS epidemic in Uganda*

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Abstract

Recently the levels of widowhood have increased in countries of sub-Saharan Africa that are afflicted by the HIV/AIDS epidemic. This paper reviews the cultures of several societies in Uganda in relation to the treatment of widows. Using a data set based on a sample of 1797 households covering east, south and western Uganda, the study finds higher proportions of widows than widowers. Over half of widowers compared to one quarter of widows remarry. Reasons for remarriages of widowers and widows are discussed. While younger widows migrated from their late spouses' homes more than the older ones, the pattern of the widowers shows that those in ages 20-34 migrated most. Deeper analysis indicates that widowed people who moved away from their deceased spouses' homes did so for reasons other than the death of their spouses. The widowers were more likely to move than the widows and the unhealthy ones migrated more than the healthy ones.

Widowhood all over the world is characterized by grief, bereavement, rituals, forced remarriages, harassment, rejection, loneliness, poverty and relatively high mortality. However the situation of widows and widowers largely depends on country, society, religion and economic systems. In the most developed countries of USA, UK, Canada and New Zealand, widows and widowers are associated with more poverty and higher mortality rates than other groups in the society. Hill et al. (1986) and Morgan (1989) reported that high percentages of widows were immediately pushed into poverty by the death of husbands. Jones and Goldblatt (1987) and New Zealand (1981) noted higher mortality levels among the widowed in Britain and New Zealand.

In her extensive study of widows in Chicago, USA, Lopata (1979) argues that in order for the widow to be socially integrated into the support systems, she needs four factors in her favour. The first factor is the society with its composition and culture. Secondly, the community within which the widow lives can help her overcome much of her sadness. This includes a favourable neighbourhood and working environment. Thirdly the widow's recovery from her problems depends on the support she gets from the family of her late husband whose attitude towards widowhood is an important factor. Lastly, the personal resources available to the widow will assist her. These include people and groups she is associated with such as her parents, siblings, children and friends.

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The situation of widowhood in developing countries is perhaps tougher than in the developed world but often with conflicting aspects. For instance, among upper-caste Hindus,

widows are not treated kindly. They are not allowed to remarry but rather required to look after their children until the children are old enough to reciprocate (Agarwala 1963). This forces the widows to heavily depend on their sons and if there are no sons, invite husbands of their daughters to stay with them (Vlassoff 1990). Such situations have tended to increase mortality among the Indian widows. However in some societies of India, as in Haryana, widows of lower castes are encouraged to marry within the family of the deceased husband through the *karewa* system so that their inherited property stays in the family (Chowdhury 1994). Other Asian societies that highly encourage widow remarriages are found in Pakistan (Adil 1966).

Despite the number of cultural groups and wide variation in cultures across sub-Saharan Africa, the customs relating to widowhood are largely similar in the region and are unfortunately oppressive to widows. As part of the funeral rites, widows are required to have sexual intercourse with one of the male in-laws, mostly the brothers or cousins of the husband, as a ritual to get rid of the husband's ghost. This is practised among the Luo of Kenya (Okeyo and Allen 1994), Zambians (Kunda 1995), and Rwandese (Butlerys et al. 1994).

Secondly, the practice of widow remarriage within the husband's extended family is common among the Fulani of Mali (Hill and Thiam 1987), Burkinabe (Women's Union 1990), Kuranko of Sierra Leone (Jackson 1977), Zimbabweans (Armstrong 1993), Zambians (*AIDS Analysis* 1994), Namibians (Andima 1994), Luo and Gusii of Kenya (Levine 1984; Okeyo and Allen 1994) and Rwandese (Butlerys et al. 1994). Thirdly those widows that resist remarriage with in-laws are thrown out of their husband's property and forced to leave their children behind as in Burkina Faso (Women's Union 1990), Botswana (Richardson and Bolle 1992) and Zambia (*AIDS Analysis* 1994).

Furthermore, widows in several African societies are often considered bad people who have killed their husbands (Women's Union 1990). As a result, many widows are forced to migrate to towns to find alternative means of livelihood and can no longer fit into the village life as in the case of the Zambian widows in Lusaka (Jules-Rosette 1985).

It is clear from the above experiences of widows that their situation is not a happy one in many societies all over the world. The purpose of this paper is therefore to review in some detail the evolution of widowhood in several ethnic groups in Uganda, and present and discuss findings of a survey on widows and widowers in the country since the onset of the HIV/AIDS epidemic.

Widowhood in Uganda

Given that Uganda has over thirty different ethnic groups, I will not review the experience of widowhood in every group. However, since some customs are common to several groups, I will focus on six ethnic groups which are the largest in the country, and make reference to five others.

The status of widowhood starts on the day of death of a spouse. In all societies reviewed widows start mourning immediately after the death, which involves not shaving their hair until the end of the mourning period, weeping and keeping vigil over the body of the husband. The widows are anxious and grief-stricken because they do not know what is to befall them at the end of the mourning period. In the past, the Banyoro used to kill the principal widows of their king in the belief that they would accompany their husband and serve him in the next world. Seeing their co-wives executed, the other widows would commit suicide by drinking poison. Before that all their sons (princes) would have been killed by the new king (Roscoe 1915). To the widows, there was no longer any point in living without a husband or a son. Only the new king's mother survived. A similar practice was recorded among the wives of the

Bahima of Ankole who had to be guarded against poisoning themselves at their husband's grave (Roscoe 1923). Fortunately these practices have stopped.

At the end of the mourning period, there is the distribution of the husband's property. In all Ugandan societies most of the deceased man's property is inherited by the heir who cannot be his widow. The rest of the property is divided by a clan head among different males in most cases, except among the Batoro and Baganda where daughters can inherit father's property (Roscoe 1911; Perlman 1966). Among the Basoga, a widow without a son who can get a share of his father's property will be left without any physical asset such as cattle or land (Roscoe 1924). She is supposed to be looked after by the heir who inherits her. The only exception to this practice is among the Baganda and Batoro, whose women can inherit their father's property which becomes theirs and not their husbands'. Among the pastoral ethnic groups such as the Bahima and Banyoro, women can acquire some wealth from their fathers as wedding gifts (Roscoe 1915, 1923).

The next stage at the end of the mourning is for widows to be inherited by the heir, normally, the oldest son, brother or a close male relative of the late husband. This is done in all ethnic groups but the practice has almost disappeared among the Batoro (Perlman 1966). Among the Bakiga, if a widow is still young and does not want to be inherited by one of the agnatic relatives of the late husband, she returns to her natal home and her parents pay back the original bridewealth to the late husband's clan. This custom is practised across several groups such as the Banyankore, Lugbara, Iteso, Bagisu and Basebei (Roscoe 1911, 1915, 1923, 1924; Edel 1957). In situations where the parents of the widows have no means of paying back the bridewealth, the widow is forced to marry into the husband's family. Those exempted from this practice are the old widows who may be allowed to stay with their children, especially sons who will look after them in old age. Also among the Baganda, there is no bridewealth to be returned if a widow chooses to return to her natal home (Kagwa 1934).

Regarding widowers, the situation is different. Because of the high prevalence of polygyny, many widowers have other wives to continue marital life when one wife dies. In the situation of monogamous men, many Ugandan societies practise the custom of the parents of the dead wife replacing her with her sister to look after her children. This is common among the Basoga (Roscoe 1924), the Baganda (Roscoe 1911), the Banyankore (Roscoe 1923), the Bakiga (Edel 1957) and Basebei (Roscoe 1924).

Another aspect of funeral rites that affects widows is what to do with their children. Customs of most Ugandan societies give the children to the heir of the late husband but not the widow. According to Kagwa (1934), the children of a deceased Muganda man belong to his clan, and the widow leaves them with the heir to the late husband if she decides to return to her parents or marry elsewhere. Should the children be too young she may take them with her and send them back when they are older. This is practised among most of the Bantu groups, Luo, Iteso and Lugbara who all practise the patrilineal system. The custom discourages a widow from leaving her children behind and marrying elsewhere, and forces her to stay and marry one of the late husband's agnatic relatives to enable her and her children to survive.

However, Perlman (1966) reported that the Batoro women were given legal guardian rights over their children whom they could give to their fathers if they wished. In this way, the Batoro widows have more control of their children and hence are more independent of their late husbands' family than widows in other Ugandan societies.

Widowhood and AIDS in Uganda

It is common knowledge that Uganda is now experiencing an unprecedented AIDS epidemic with about 50,000 AIDS cases reported. This is believed to be an under-report and the true figure may be four or five times larger. The disease has affected every home directly or

indirectly. One of the groups seriously affected by AIDS is the widowed. According to the 1991 Uganda Population Census, 10.3 per cent of females aged 15 and above were widows, two per cent of men in the same age-group were widowers and the sex ratio of the widowers to 100 widows was 18.3. It was also noted that the level of widowhood had increased between 1969 and 1991 (Republic of Uganda 1995b). These large numbers are likely to increase with AIDS continuing to take a heavy toll of spouses.

Although recently the situation of widowhood has been changing, some of the practices described above are still in force in Uganda in a different form. Bantebya and Konings (1994) reported that despite the knowledge that a man has died of AIDS, his widows are being inherited and sexual intercourse taking place between the widows and the inheritor. Secondly, the widows of dead men have frequently been harassed and dispossessed (Ibanda 1990; Mukiza-Gapere and Ntozi 1995). Thirdly, those non-AIDS widows who refuse to be inherited by men they suspect to be HIV-infected are left to fend for themselves and their children, which is hard. The situation is worse with AIDS widows who are shunned by in-laws who refuse to assist them and their children because they cannot inherit them. Obbo (1993) found that widowhood in Uganda brings poverty which is worsened by the requirement for the widow to pay off the debts incurred while caring for her sick husband.

Very little information has so far been collected on the widowed, their status, pattern of remarriages and migration. This paper presents and discusses findings of a large sample of widows and widowers and their circumstances in regard to children, remarriage and movement in Uganda.

Method

The data used in this paper were collected in a 1992/93 survey conducted in six districts of Uganda: Mbale and Iganga in the east, Masaka in the south, Mbarara and Kabale in the southwest, and Hoima in the west, representing the six major ethnic groups of Bagisu, Basoga, Baganda, Banyankore, Bakiga and Banyoro. By a combination of purposive and random methods, 1797 households which had experienced death since they were formed were selected to make a sample for probing. Information was obtained from the heads of households or their representatives on the basic characteristics of the household members, the contribution of each living member to the household welfare, mortality in the household since its formation, orphanhood and caretaking arrangements, migration and behavioural patterns of widows and widowers, patient care, attitudes towards illness and death in the community, and fertility.

This study is based on data from the section of the questionnaire on migration and behavioural patterns of widows and widowers. The section sought the name, sex and age of the spouse or partner of the dead person, where he or she was at the time of the survey, whether he or she had children when the spouse died, whether he or she was remarried or got other sexual partners, production of more children after the death of the spouse, and their health status, widows' and widowers' movement out of the house, whether they kept in touch with the late spouse's home, and their health status. The information was entered by means of the Epi Info software. SPSS was used to tabulate and analyse the data. The bivariate and logistic regression methods were used to analyse the data.

There is a limitation of the data that needs to be pointed out before the presentation of the findings. The data relate to current widowhood and hence the related characteristics such as age, remarriage, number of children, migration and residence refer to those widowed at the time of the survey. This may cause difficulties in the presentation and interpretation of the results since these characteristics can also apply to widowhood at the time the spouse died. Unfortunately, information on widows and widowers when their spouses died was not collected. Because of the temporary nature of widowhood, the difference between current and

past widowhood could be large. However, since information on current widowhood at the time of the survey is cross-sectional data, it is assumed to be a good representation of the general widowhood situation in the study areas.

Proportion widowed

The current level of widowhood in a population can be estimated by the proportion of the total population that is currently widowed. These proportions by age group are shown in Table 1 for each district. It is evident from the table that the percentages of widows and widowers are high. The overall proportions are 4.7 per cent for males and 10.6 for females giving an average of 7.8 for both sexes. The percentages from the 1991 census were 2.0 for males and 10.3 for females; these are lower than our estimates (Republic of Uganda 1995b).

As can be seen in Table 1, the proportion of females who are currently widowed is much higher than the corresponding percentage of males for all the six districts of the study. This is because there is a higher rate of remarriage of widowers than of widows. Secondly, while all women become widows at the death of their husband, the polygynous males have other wives as sexual partners and therefore are not considered widowers by the society. Among the Banyankore of Mbarara and Bakiga of Kabale district, there is no word for widower, which indicates that these ethnic groups do not consider a man who has lost a wife as a widower since he can acquire a wife soon after bereavement.

There are distinct variations in the proportion of population currently widowed. Kabale district reported the highest percentages of 6.4 for males and 17.4 for females while Mbarara district had the lowest corresponding figures of 2.4 and 6.3 per cent. These variations may be reflecting the differences in the level of AIDS epidemic in the two areas as noted in another paper (Mukiza-Gapere and Ntozi 1995). However, except for the Mbarara males, the other percentages are very different from the 1991 census figures which were 1.8 per cent for males and 11.8 per cent for females in Mbarara and 1.5 and 9.9 per cent in Kabale, perhaps reflecting the small size of the samples in comparison to the census.

Analysis of the age pattern of the proportion widowed is interesting. The overall pattern of the six districts rises with increasing age up to 40-44 for males and 35-39 for females and varies thereafter but stays high until the highest age group. There are slight variations of this pattern in different districts. The age pattern of current widowhood is consistent with higher mortality and morbidity in the 30-39 age group for females and 40-49 for males observed in several areas of Uganda (Mulder et al. 1994; Mukiza-Gapere and Ntozi 1995).

Causes of widowhood

The survey enquired into the cause of death of spouse and the results were grouped into AIDS-related and non-AIDS-related diseases. Table 2, which gives the percentage of spouses killed by AIDS or related diseases by districts, shows high overall proportions of nearly half (49.2%) ranging from the lowest in Kabale (42.2%) to highest in Mbarara (60%). Because of small numbers these figures cannot be further disaggregated into age groups to study the variation of widowhood by age. Nonetheless, the data underlie the serious impact of AIDS on widowhood in the country.

The district patterns are worth studying further. Surprisingly Mbarara district displays the highest AIDS widowhood although recent studies have ranked it as having medium prevalence of AIDS. In contrast, Masaka, ranked as having the highest AIDS prevalence of the study districts, shows the second lowest percentage of current AIDS widowhood. This is probably because the AIDS widows and widowers of Masaka have been dying off rapidly as noted by Wagner et al. (1993) and most of them having been widowed earlier died earlier than those in other districts. Perhaps as late starters most of the AIDS widows and widowers of Mbarara are still surviving. The bivariate analysis shows significant variations between the districts which implies different intensity of the widowhood problem across the country.

Table 2
Percentages of spouses killed by AIDS or related diseases

District	AIDS Number	%	non-AIDS	%
Mbale	73	56.2	57	43.8
Iganga	88	51.2	84	48.8
Masaka	102	43.2	134	56.8
Mbarara	40	60.0	29	40.0
Kabale	76	42.2	104	57.8
Hoima	66	56.4	51	43.6
All	445[a]	49.2	459[a]	50.8

$X^2 = 14.5$** **Significant at $0.025 \geq p \geq 0.01$

[a] The total spouses (904) are less than total widowers and widows (1162) in Table 1 because several widows belonged to individual dead men and many respondents did not give the cause of death of spouses.

Reproduction experiences of the widowed

The respondents were asked to indicate whether the widowed had children before the death of their spouses. The responses were tabulated by age and sex of the widows and widowers and are displayed in Table 3. Although the first age group of 15-19 shows higher proportions because of small numbers, the proportions rise with increasing age and peak at 30-39 for widows and 40-44 for widowers. It is clear from the table that a large majority of the widows and widowers had had children before the death of their spouse, which is not surprising in a country with a high total fertility rate of over seven children per woman. Higher percentages are noted for widows than for widowers in most age groups, an unexpected result in polygynous societies where widowers had more opportunities than widows to have children. A plausible explanation is that most men who lost wives but were polygynous were not identified as widowers, a finding that was noted in the 1991 census (Republic of Uganda 1995b).

Table 3
Percentages of widows/widowers by current age who had children before death of spouses

	Widowers		Widows	
Age groups	Had children (N=281)	Did not have children (N=43)	Had children (N=758)	Did not have children (N=73)
15-19	100.0	0	93.8	6.2
20-24	77.8	22.2	83.5	16.5
25-29	77.4	22.6	88.7	11.3
30-34	84.6	15.4	95.9	4.1
35-39	87.5	12.5	95.9	4.1
40-44	92.9	7.1	92.3	7.7
45-49	89.5	10.5	88.3	11.7
50-54	91.9	8.1	90.4	9.6
55-59	77.8	12.2	92.5	7.5
60+	87.0	13.0	90.4	9.6
Total	86.7	13.3	91.2	8.8
	$X^2 = 6.5$ p = 0.686		$X^2 = 17.3^*$ p = 0.044	

Widowed persons who had remarried

The questionnaire asked whether the widowed person remarried or acquired a new sexual partner. Table 4 shows that 65.1 per cent of the widowers remarried compared to a significantly low percentage of 27.3 for the widows. The higher percentages of widowers than widows remarrying in all ages is an expected pattern because some men already had other wives and in Ugandan societies it is easier for men than women to remarry.

However, the low remarriage percentage of widows of young ages would have been surprising if it were not for the AIDS epidemic. In the past, traditionally in most societies of Uganda, young widows remarried either in the late husband's extended family or elsewhere (Kirumira 1992). But now, as Berger (1994) claims, men fear to inherit widows through fear of AIDS. What is worrying about Table 4 is the high percentage of remarriage by widowers. A comparison of Table 2, on spouses dead from AIDS, with Table 4 indicates that many of these widowers are HIV-positive and they know it. It is through such behaviour that the disease is spread to new sexual partners which is unfair and outrageous.

Although the percentages of current widows who remarried are much lower than those of the widowers, it is not clear why they remarried. Some of the remarried widows are also HIV-positive and would spread the infection. This behaviour prompted Bantebya and Konings (1994) to ask why the AIDS widows seek new sexual relationships and the new suitors are attracted to the AIDS widows.

One of the explanations is the custom which requires widows to be inherited by their late husband's male relatives. Despite the AIDS epidemic and the awareness of its dangers through educational campaigns, this custom is still alive in many societies of Uganda (Wawer et al. 1994), as in other African countries, such as Zambia (Kunda 1995), Kenya (Okeyo and Allen 1994), Burkina Faso (Women's Union 1990), and Rwanda (Butlerys et al. 1994).

The second explanation is that widows are desperate for assistance. Without getting remarried widows may not receive enough support for themselves and their children from their in-laws. The greedy in-laws may evict the widow from her late husband's property so that she dies poor and her children suffer. Obbo (1993) reports such incidents in Uganda where the widows have to look for money to pay off debts incurred in the treatment of the late husband when they are not entitled to share the property the husband left behind.

Table 4
Percentages of widows/widowers by current age who had remarried

Age groups	Widowers		Widows	
	Remarried (N=166)	Did not remarry (N=130)	Remarried (N=213)	Did not remarry (N=568)
15-19	100.0	0	35.7	64.3
20-24	50.0	50.0	40.9	59.1
25-29	60.0	40.0	30.2	69.8
30-34	57.6	42.4	30.9	69.1
35-39	56.9	43.1	32.1	67.9
40-44	68.4	31.6	27.9	72.1
45-49	62.5	37.5	19.0	81.0
50-54	57.1	42.9	21.2	78.8
55-59	66.7	33.3	20.0	80.0
60+	37.7	63.3	6.0	94.0
Total	56.1	43.9	27.3	76.7
	X^2 = 12.2p = 0.202		X^2 = 35.0 p = 0.000	

Another explanation is malice and reckless behaviour by widows and widowers. Mukiza-Gapere and Ntozi (1995) reported the complaints of the participants of the focus-group discussions that AIDS widows and widowers did not want to die alone and hence attracted new partners to infect with HIV. Such behaviour was also reported of three widows in Senegal who, despite counselling, refused to reveal their positive serostatus to their new husbands whom they had married through the levirate system and infected with HIV (Sow et al. 1996).

Of those widows and widowers who had remarried it was necessary to find out whether they had children. Table 5 shows that high percentages of widows and widowers had children before their spouses' death. At least 50 per cent of widowers and 60 per cent of widows had extra children in the new relationships. In most age groups higher proportions of widows than widowers had extra children, which is a surprising result given that some of the widowers had other wives besides the dead one.

Table 6 presents percentages of widows and widowers who were reported to be healthy. Given that Table 2 shows a high percentage of spouses who died of AIDS, it is not possible to believe the high percentage of young widowed persons reported to be healthy. Since there were no medical laboratory tests done in the field, verbal responses can be taken to mean that the widows and widowers had not shown AIDS symptoms which is not the same as being healthy. Nevertheless if the responses are to be believed, the percentages of unhealthy widowed persons are high enough to worry health officials in case some remarried.

Table 5
Percentages of those who remarried and had more children by current ages

Age groups	Widowers (N=166)	Widows (N=213)
15-19	50.0	60.0
20-24	50.0	63.2

25-29	73.3	89.7
30-34	61.8	88.4
35-39	86.2	88.9
40-44	57.7	82.4
45-49	70.0	72.7
50-54	80.0	63.6
55-59	50.0	75.0
60+	80.0	100.0
Total	70.5	81.2
	X^2 = 7.4 p = 0.600	X^2 = 23.4 p = 0.005.

Table 6
Percentages of widows/widowers by age who are reported to be healthy

	Widowers (N=265)		Widows (N=754)	
Age groups	Healthy	Unhealthy	Healthy	Unhealthy
15-19	0	100.0	91.7	8.3
20-24	77.8	22.2	77.3	22.7
25-29	78.9	21.1	71.5	28.5
30-34	70.0	30.0	74.4	25.6
35-39	68.9	31.1	80.9	19.1
40-44	74.2	25.8	77.6	22.4
45-49	68.8	31.2	76.7	23.3
50-54	90.9	9.1	78.8	21.2
55-59	87.5	12.5	78.9	21.1
60+	67.9	32.1	57.5	42.5
Total	73.6	26.4	74.7	25.3
	X^2 = 11.0 p = 0.279		X^2 = 18.8 p = 0.027	

To understand the reasons that may have made widows and widowers remarry, a logistic regression model was fitted where the remarriage of a widow or widower was regressed on the cause of death of spouse, whether he or she had children before widowhood, sex and age of current widowed person, whether he or she had extra children after remarriage, and whether he or she moved away from the late spouse's home and his or her district. The odds ratios from the regression are shown in Table 7.

According to the results in the table, the AIDS widows and widowers are more likely to remarry than those whose spouses died of other diseases. Not surprisingly Masaka district scored the highest odds ratio on this variable of cause of widowhood. The only exception to this pattern was Mbale where non-AIDS widows and widowers were more likely to remarry than the AIDS-widowed. Although the results are not significant, they tend to confirm the earlier observation that some AIDS widows and widowers remarry, a finding that has serious implications for the new partner's health and the spread of the disease.

On the variable of the sex of those who remarry, the table shows that the widows remarry more frequently than widowers. The overall odds ratio shows that widows are seven times and significantly more likely to remarry than the widowers. The highest odds ratio (22.3) is for Masaka which is followed by Kabale (9.4) and both are highly significant. Perhaps the explanation for the females remarrying more than males is that the study may have picked up mostly monogamous men and left out the polygynous males who would not need to remarry.

Unfortunately, the difference between remarriage patterns of monogamous and polygynous men cannot be analysed because there is no information on the type of union these widows and widowers were in before and after widowhood.

It is claimed that a widow remarries for the new husband to support her children and a widower requires a new wife to look after his children. To evaluate this claim a variable of whether the remarried widows and widowers had children before the death of a spouse was used and the result shows that remarriage of the widowed was more likely for those with children than without children. According to Table 7, this pattern was more likely in Kabale, Mbale and Masaka in that order.

Age of the widowed has been found to be a determinant of remarriage (Wu 1993). Table 7 shows that generally current widows and widowers of older ages were more likely to remarry than those of younger ages. For example in Iganga, widows and widowers aged 50 and above were significantly more likely to remarry than those of lower ages. It is not surprising that in Iganga district with many Muslims, widows and widowers are encouraged to remarry.

Although the birth of extra children is a post-remarriage event, it is hypothesized in this model that young widows and widowers remarry for the purpose of having extra children. A variable of whether or not the current widows and widowers had extra children after remarriage was used to test this hypothesis. In the five districts where the samples were large enough for regression, the odds ratios obtained were very high and highly significant implying that the purpose of remarriage was to produce more children. On one hand, the result is not surprising in cultures which consider the primary purpose of marriage to be procreation. On the other hand, part of the high odds ratios may reflect a consequence rather than an objective of widow and widower remarriages. If the widowed remarry and are fertile, they automatically produce children in these societies which do not much practise contraception, even if the primary reason for remarriage was not procreation.

In the regression model, it is hypothesized that widows and widowers were able to remarry because they looked healthy. To evaluate this hypothesis, the current health status of the widowed is made a variable of remarriage as a proxy for health status at the time of remarriage. Overall, in Mbale, Masaka and Mbarara districts, the respondents believed that the remarried widows and widowers were currently healthy: perhaps that is why the new partners married them. However in Iganga, Kabale and Hoima, the respondents were less likely to believe that the remarried widows and widowers were currently healthy.

Another variable of remarriage is whether the widowed person moved out of the late spouse's home. Here there is a two-way direction: the widows or widowers could have migrated in order to remarry or could have remarried because they moved out of their home. The logistic regression evaluates the former hypothesis and found that the widows and widowers who were significantly more likely to remarry moved out than those who stayed in their late spouses' homes. Unfortunately it is not possible from the available data to tell whether the movement was to marry a late spouse's relative who lived far away, or to marry someone else.

Regarding the districts of origin, taking Mbale as the reference, the widowed from other districts were more likely to remarry than those from Mbale with Hoima being most likely followed by Iganga district. The probable explanation is that because Hoima was experiencing a low prevalence rate of AIDS, people were not as aware of the danger of widow remarriages as in other districts, while in Iganga remarriage is encouraged by the Muslim culture.

Migration of widows and widowers

The movement of widows and widowers away from the late spouses' homes is another focus of this paper. During the focus-group discussion stage of this study, participants claimed that

some AIDS-infected widows and widowers migrated from their usual places of residence to other parts of the country (Mukiza-Gapere and Ntozi 1995). Recently, Whitworth, Malamba and Kamali (1996) identified change of domicile and being in a discordant marital relationship as high-risk factors of seroconversion in a Ugandan population between 1990 and 1995. The two factors contributed 55 per cent of the total seroconversion. In addition, one of the hypotheses of AIDS transmission in Uganda is that AIDS was spread by migrant labour from the demand areas which are urban centres with prostitutes, to supply areas, which are rural; and this happens when the workers go back to visit families on holidays, weekends or during casual visits (Smallman and Cliff 1991; Obbo 1993). In the United States, Tatum and Schoech (1992) found that a number of people with AIDS moved from one area to another to obtain better services, find more knowledgeable physicians, participate in clinical drug trials, escape discrimination, move closer to services, receive better care or to die at home.

With this background information and knowing that most AIDS widows and widowers would be HIV-positive, we included a question on movement of the widows and widowers from home: the responses are in Table 8, which shows that the percentages of those who migrated were high at young ages and declined with increasing age. As expected, the widows moved out of spouses' homes more than the widowers since the latter would be in their ancestral homes.

Nonetheless, it is not clear why such high percentages of young widowers migrated from their homes. Perhaps they were looking for work. While it is understandable that some young widows returned to their natal homes, it is likely that others went elsewhere, perhaps to urban centres to fend for their children. The 1991 Uganda census reported a sex ratio in favour of women in major urban centres of Kampala (95.0), Jinja (98.0), Mbale (88.0) and Masaka (89.6) in contrast to the situation that obtained two decades before in 1969 (Republic of Uganda 1995a). The lower percentages at later ages are perhaps indicative of the children stopping most of the widows and widowers from migrating. The responses (not in table) also show that 58 per cent of those who migrated keep in touch, implying perhaps they left to fend for themselves.

Table 8
Percentages of widows/widowers by age who moved from household of late spouse

Age groups	Widowers (N=294)	Widows (N=809)
15-19	0	73.3
20-24	44.4	63.0
25-29	25.0	52.9
30-34	25.8	46.5
35-39	18.4	39.5
40-44	17.1	19.4
45-49	17.6	18.6
50-54	8.6	13.5
55-59	11.1	10.3
60+	5.7	0.6
Total	17.3	37.0
	X^2 = 16.1 p = 0.065	X^2 = 133.6 p = 0.000

The variable of migration of widows and widowers was regressed on several variables and the results can be seen in Table 9. Apart from Mbale district, the table shows that widows and widowers who moved were less likely to do so if their spouses died of AIDS than if they died from other causes. Although the odds ratios are not significant, they imply that non-AIDS widows and widowers were more likely to move than AIDS widows and widowers, perhaps because the AIDS widows and widowers were too sick to migrate.

The odds ratios also show that widows and widowers who migrated were less likely to have had children before the late spouse died, showing that those who have children are less apt to move and leave their children behind. The result is consistent with the ethnographic evidence that in the past widows with children chose to remain in the late husbands' homes in order to bring up the children; and that most of those who moved had no children to keep them behind which is consistent with the findings in Table 7.

Table 9 shows major sex differentials of migration status. The males were more likely to move than the females. In Mbale and Iganga, the difference is significant. It is the expected finding that males in Uganda migrate more than females as the reports of the past censuses have indicated (Republic of Uganda 1995a).

Another set of odds ratios show the interaction between movement of widows and widowers and their current ages. Making the 15-24 age group a reference category generates higher odds ratios for higher ages implying that older people were more likely to move than the younger ones, an unexpected age pattern of migration in normal circumstances where the reverse is common. Perhaps this is what happens with the widowed who may feel so discriminated against and embarrassed by the AIDS death of a spouse that they have to move away as observed in USA (Tatum and Schoech 1992). They also move to look for treatment elsewhere, care from relatives and friends, and work for their children.

Table 9 further gives the result that movement of widows and widowers interacts negatively with extra children which confirms that those who move are not out for marriage but to earn a living for themselves. As Berger (1994) says, with the decline of widow remarriages, widows have been left to fend for themselves. In Zambia, Jules-Rosette (1985) reported that widows leave the village for Lusaka to earn a living since they no longer fit in with village life. A similar result was found in the 1991 Uganda census where the sex ratio of major urban centres shows that there are more women than men (Republic of Uganda 1995b).

Generally, the odds ratios show that healthy widows and widowers are less likely to move than unhealthy ones, which is unexpected. The unhealthy ones may be looking for medical treatment. As the narration of experiences of several Ugandans with AIDS has shown, many sick widows and widowers may leave home looking for cures to the disease (Richardson and Bolle 1992).

Regarding district as an independent variable, Kabale widows and widowers are most likely to migrate followed by those of Hoima and Mbale. This is no surprise since Kabale and Mbale districts are heavy out-migrant areas while Hoima is an in-migrant district. The least likely districts with migrant widows and widowers are Masaka, Mbarara and Iganga. However, evidence from Nunn et al. (1995) shows that there are a lot of movements of people in Masaka district. Perhaps the widows and widowers do not move as much.

Implications of the findings, and recommendations

The study has shown that many widows and widowers migrate and remarry. It is also evident that many of the migrating and remarrying widowed persons have lost spouses because of AIDS or related causes. The probability is that the AIDS widows and widowers are HIV-infected. Many of these may not have known the cause of death of their spouses and others may not know they are HIV-infected. Unfortunately research has shown that migration of HIV-positive people is one major way HIV has been transmitted in Uganda (e.g. Hunt 1989; Obbo 1993). It is therefore dangerous for widows and widowers to migrate to strange places where their past is unknown and to remarry when they will most certainly infect the new partner with HIV.

However, the stigma against widows and widowers is unfair and may be forcing them to migrate away from the late spouses' homes to escape discrimination. The suspicion that a widower or widow is HIV-positive should not lead to discrimination against them and their children. Instead the families and public should be encouraged to assist widows and widowers to live well. Often remarriage is forced on the widows and widowers by custom, which is dangerous to the new sexual partners. Families should be educated about the dangers of widow remarriage in order to stop more HIV infection in the family.

In-laws should stop seizing the widows' properties so that the widows are able to continue earning a living and supporting their children. The family members should continue assisting the children of a widow irrespective of whether she is remarried to one of them or not. This change requires the public to be made sensitive to the needs and rights of widows and widowers, including the widow's inheritance of the late husband's property. In cases where the widows or widowers are AIDS sufferers, the family members should care for them until they die comfortably.

Unfortunately, as the Health Minister of Zambia admitted, government cannot legislate to change the culture of the people (Kunda 1995). However, the law should prevent the seizure of widows' properties and offenders should be punished as a deterrent to others. Equally reprehensible are those widowers and widows whose attitude is 'I will not die alone'.

Governments and non-government organizations should focus on redressing the poverty of widows. For example, a department or section to deal with widows can be set up in the Ministry of Labour and Social Services or the Ministry of Youth and Gender affairs, with the function of finding strategies for solving widowhood problems. One such strategy is to help widows start income-generating projects and manage them. Retraining some of the widows may be necessary to enable them get to better jobs with higher incomes.

In order to live well, widows need economic and social services and emotional support; the best institution to give most of this support is the family. Unfortunately, some families are now strained by the demands of the AIDS-sufferers. It is therefore recommended that government and non-government organizations should strengthen the economic base of the family to enable it to assist the widows. In addition, the NGOs can give direct economic and emotional assistance to widows through gifts, food, clothing and counselling.

To be more effective, there is a need for the NGOs to spread their activities to rural areas where the widowhood situation may be more serious than in urban areas. This is because the inheritance customs are more adhered to in the rural than urban areas and the rural widows are less protected by law than those in the urban centres where courts, police and other institutions of justice are accessible. Although the family should be encouraged and strengthened to play a more central role in assisting the widows, alternative support systems should be evolved to help the widows in case the family is not co-operative.

Experiments with innovative support systems to overcome the current widowhood problems should be encouraged. An example is the widows' associations among selected groups of urban widows. They should be evaluated and modified to suit the rural circumstances.

Researchers need to make longitudinal studies on widows and widowers to clearly understand the problems at hand. Investigation could be made in the cultural, economic, social and psychological problems of widows and widowers with the intention of developing innovative interventions to solve the problems. For instance, studies can be made on the children, new partners, friends, neighbours and workmates of the widows and widowers.

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Table 1
Percentages of males and females currently widowed by age group and district, 1992/93 sample.

	Both Sexes													
	Mbale(N=2465)		Iganga (N=2475)		Masaka (N=3507)		Mbarara (N=1907)		Kabale(N=2018)		Hoima(N=2479)		All(N=14851)	
Age group	widowed	%	widowed	%	widowed	%	widowed	%	widowed	%	widowed	%	widowed	%
15-19	3	0.6	7	1.6	3	0.5	0	0.0	2	0.6	4	1.0	19	0.7
20-24	16	3.4	33	7.6	32	5.4	8	2.3	19	6.2	5	1.2	113	4.4
25-29	32	8.6	47	11.0	39	6.6	10	3.1	38	12.4	8	2.2	174	7.3
30-34	36	13.0	54	16.9	56	11.6	11	4.7	34	13.5	22	7.3	213	11.4
35-39	36	15.5	47	20.4	41	13.5	10	6.5	37	19.7	9	4.7	180	13.8
40-44	22	13.6	21	14.0	28	13.3	4	3.5	25	16.2	7	4.6	107	11.3
45-49	11	7.8	9	6.8	24	14.6	11	12.2	20	16.1	4	3.8	79	10.5
50-54	10	10.6	13	11.9	25	15.0	8	10.4	17	22.4	17	12.4	90	13.6
55-59	4	7.5	3	4.9	6	6.2	5	11.9	16	27.6	16	19.8	50	12.8
60+	10	6.5	8	4.5	24	7.6	18	11.5	39	16.3	38	12.3	137	10.1
Total	180	7.3	242	9.8	278	7.9	85	4.5	247	12.2	130	5.2	1162	7.8
	Males													
	Mbale (N=1158)		Iganga (N=1110)		Masaka (N=1719)		Mbarara (N=906)		Kabale (N=943)		Hoima (N=1175)		All (N=7011)	
Age group	widowers	%	widowers	%	widowers	%	widowers	%	widowers	%	widowers	%	widowers	%
15-19	0	0.0	0	0.0	1	0.4	0	0.0	1	0.7	0	0.0	2	0.2
20-24	1	0.5	1	0.5	3	1.1	1	0.6	2	1.5	1	0.5	9	0.8
25-29	10	6.9	7	3.8	6	2.1	0	0.0	5	4.0	3	1.8	31	2.9
30-34	13	11.7	16	11.3	14	5.8	4	3.4	12	11.2	7	4.7	66	7.6
35-39	8	7.2	14	15.7	18	10.8	5	7.7	11	11.7	1	1.2	57	9.3
40-44	8	11.3	9	14.3	14	13.3	1	2.4	8	10.1	2	2.9	42	9.8
45-49	1	1.4	5	7.5	7	9.0	0	0.0	4	6.3	2	4.5	19	5.2
50-54	3	5.5	6	12.0	16	22.2	3	6.3	4	10.5	6	10.5	38	11.9
55-59	2	7.7	2	8.3	2	4.0	0	0.0	3	13.0	1	3.3	10	5.8
60+	6	6.7	5	5.3	11	6.7	8	9.9	10	7.3	14	8.7	54	7.4
Total	52	4.5	65	5.9	92	5.4	22	2.4	60	6.4	37	3.1	328	4.7

Table 1 continued

	Females													
	Mbale (N=1307)		Iganga (N=1365)		Masaka (N=1788)		Mbarara (N=1001)		Kabale (N=1075)		Hoima (N=1304)		All (N=7840)	
Age group	widows	%	widows	%	widows	%	widows	%	widows	%	widows	%	widows	%
15-19	3	1.2	7	3.2	2	0.7	0	0.0	1	0.6	4	1.9	17	1.3
20-24	15	5.9	32	12.9	29	9.3	7	3.8	17	9.8	4	1.9	104	7.5
25-29	22	9.6	40	16.4	33	10.7	10	5.7	33	18.1	5	2.4	143	10.6
30-34	23	13.9	38	21.3	42	17.4	7	5.9	22	15.3	15	9.8	147	14.7
35-39	28	23.0	33	23.4	23	16.7	5	5.6	26	27.7	8	7.4	123	17.7
40-44	14	15.4	12	13.8	14	13.2	3	4.1	17	22.7	5	6.0	65	12.6
45-49	10	13.9	4	6.2	17	19.8	11	22.9	16	26.7	2	3.3	60	15.3
50-54	7	17.9	7	11.9	9	9.5	5	17.2	13	34.2	11	13.8	52	15.3
55-59	2	7.4	1	2.7	4	8.5	5	20.8	13	37.1	15	29.4	40	18.1
60+	4	6.2	3	3.5	13	8.6	10	13.3	29	28.2	24	16.3	83	13.2
Total	128	9.8	177	13.0	186	10.4	63	6.3	187	17.4	93	7.1	834	10.6

Table 7
Odds Ratios from logistic regression where widows'/widowers' remarriage status is dependent on selected variables by district

Districts	Had children [a]	Was female [a]	Age				Had more children [a]	Was healthy [a]	Moved out of home [a]	Districts					
			15-24	25-34	35-49	50+				Mbale	Iganga	Masaka	Mbarara	Kabale	Hoima
Mbale	3.34	3.41	1.00	1.81	0.60	0.27	b	2.17	37.84**	-	-	-	-	-	
Iganga	1.18	3.68	1.00	2.85	2.62	28.22**	41.21**	0.25	1.92	-	-	-	-	-	-
Masaka	2.03	22.26**	1.00	1.78	1.12	1.51	40.69**	2.44*	5.41**	-	-	-	-	-	-
Mbarara	b	b	b	b	b	b	b	1.41	1.99	-	-	-	-	-	-
Kabale	4.56	9.45**	1.00	0.16	0.15	0.31	61.8**	0.65	2.70	-	-	-	-	-	-
Hoima	b	3.62	1.00	1.26	6.05	2.51	b	0.30	b	-	-	-	-	-	-
All	2.43*	7.07**	1.00	1.32	1.01	1.65	62.00**	1.03	4.89**	1.00	2.41*	1.70	1.94	1.67	2.45*

[a] The opposite of this title is the reference category

[b] Sample size too small

* Significant at $0.01 < p < 0.05$

** Significant at $p < 0.01$

Table 9
Odds ratios from logistic regression where movement of widows/widowers is dependent on selected variables by district

Districts	Had children [a]	Was female [a]	Age				Had more children [a]	Was healthy [a]	Districts					
			15-24	25-34	35-49	50+			Mbale	Iganga	Masaka	Mbarara	Kabale	Hoima
Mbale	0.14	4.67*	1.00	2.94	6.52**	12.35**	0.22**	0.59	-	-	-	-	-	
Iganga	1.07	7.34**	1.00	1.34	5.03**	12.86**	0.36*	0.91	-	-	-	-	-	-
Masaka	0.79	3.50	1.00	3.86**	6.52**	12.72**	0.30**	1.13	-	-	-	-	-	-
Mbarara	b	b	b	b	b	b	b	b	-	-	-	-	-	-
Kabale	0.30	1.68	1.00	0.49	2.15	3.55	0.24**	0.82	-	-	-	-	-	-
Hoima	b	2.25	1.00	5.55	9.54*	20.38**	0.65	1.29	-	-	-	-	-	-
All	0.48	3.50**	1.00	2.38**	5.67**	11.14**	0.32*	0.94	1.00	0.56	0.41**	0.47*	9.69**	1.80

[a] The opposite of this title is the reference category

[b] Sample size too small

* Significant at $0.01 < p < 0.05$

** Significant at $p < 0.01$