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Augustus K. Kapungwe

Traditional Cultural Practices of Imparting Sex Education and the Fight against HIV/AIDS: The Case of Initiation Ceremonies for Girls in Zambia

Abstract

The Human Immuno-Deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) have become a major health problem in Zambia. Because of the threat HIV/AIDS poses to the nation, the government of Zambia embarked on a public health campaign aimed at combating the scourge. However, so far this campaign has predominantly been conducted through modern channels of information communication. The overall objective of this study was to explore the role one particular traditional channel of sex information communication, the initiation ceremony of girls, could play in disseminating information to combat HIV/AIDS. Data were collected from five residential areas using systematic random sampling. Overall, the study concludes that although there is no evidence to directly link initiation ceremonies with HIV/AIDS, indirectly today's initiation ceremonies enhance the spread of HIV/AIDS. But it is encouraging to point out that, given the demonstrated willingness of the majority of initiators to learn more about HIV/AIDS, the identified inadequacies in initiation ceremonies can be removed so that this channel is used effectively in the fight against the disease.

Introduction

The Human Immuno-Deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) have become a major health problem in Zambia. In 1994 alone, it is estimated that 700,000 adults (i.e. those aged between 15 and 49 years) were infected with the virus (WHO and UN Population Division as quoted by UNAIDS/country support (1996). According to the same source, the cumulative total of reported AIDS cases as of 31 December 1995 was 32,491. In 1993 alone, it is estimated that between 40,000 and 50,000 Zambians died of AIDS-related causes and this number was expected to double by 1997 (Francine van de Borne, 1996).
Overall, the most conservative estimate of HIV adult prevalence rate (per 100 population aged 15-49 years) is not less than 17 percent (WHO, UN, 1996). Of course this figure varies according to different categories of people. In urban areas, the prevalence is estimated at 27 percent while the corresponding figure for rural areas is estimated at 10 percent (Francine van den Borne et al,1996). Among health attenders at urban ante-natal clinics, as well as among urban blood donors, 20-25 percent are HIV positive. The corresponding percentage among attenders at urban Sexually Transmitted Diseases (STD) clinics is 55 percent. 30 percent of all new admissions at urban hospitals in Zambia are HIV positive (Mushingeh et al, 1991). The study at Monze hospital in Southern province (Buve and Foster, 1994) indicates that about 55 of new admissions were HIV positive. Research in Zambia has also shown that women in the early reproductive ages are more likely to contract HIV/AIDS than their male counterparts. According to Kiremire and Nkandu-Luo (1996), women aged between 15 and 24 years are 4 times more likely to contract HIV/AIDS than their male counterparts. It is important to bear in mind that these figures do not, in any way portray the real situation in Zambia considering the fact that, for various reasons,

AIDS cases in Sub-Saharan Africa are reportedly under reported by as much as 10 percent (UNAIDS).
Realising the threat HIV/AIDS poses to the health of the people and to the future development of the nation, in December 1985, the government of Zambia, through various governmental, quasi-governmental, and non-governmental agencies and organisations embarked on a public health campaign aimed. The campaign is conducted through many avenues that include, among others, the mass media (i.e., radio, television, print media), drama, educational sketches, feature articles, pamphlets, sponsored seminars/conferences and research on various aspects of HIV/AIDS.

Statement of the Problem

However, it is quite clear from even a casual perusal of the anti-HIV/AIDS activities and programmes currently in place that, so far, these have predominantly been confined to modern channels of communication. Although something may have been achieved through this approach, a lot more could be realised if traditional channels of transmitting information were identified and utilised to augment those currently in use. One such channel or avenue is the traditional initiation ceremony which could be effectively used in the dissemination of information about HIV/AIDS. This study is an attempt to examine ways through which the initiation ceremony could be used to combat the spread of the disease in Zambia.
Although there are different kinds of initiation ceremonies, the most common one is the puberty rite or puberty ritual which is performed for girls. Almost invariably, this rite marks a girl's attainment of sexual maturity and is considered a necessary prelude to marriage. Older women from within or outside the community are hired to conduct the ceremony. These women command so much respect and admiration in the communities in which they live that their potential role in the fight against HIV/AIDS cannot and should not be overlooked as is currently the case.

Objectives of the Study

As its main objectives the study investigates:
1. The prevalence, structure and content of initiation ceremonies in Lusaka.
2. Awareness of the existence and seriousness of HIV/AIDS in this country as well as knowledge of its transmission and prevention.
3. Views on the use of condoms as preventive measures against the spread of HIV/AIDS.
4. The extent to which the knowledge disseminated in the ceremony promotes or prevents the transmission of HIV/AIDS in the community.
5. The willingness of women initators to learn about HIV/AIDS.
6. The ways of using the puberty ritual as a channel for disseminating information about HIV/AIDS at the grassroots level.

A Brief Literature Overview

The puberty rite, which is the focus of this study, is found in every corner of Zambia and is conducted by nearly every ethnic group in the country. Its continued presence in the rural areas and its penetration into urban areas is a clear testimony to its tenacity. According to a recent

study (Lemba, Chishimba and Wotela, 1996) in six urban districts (i.e.Lusaka, Livingstone, Ndola, Kalulushi and Monze) the percentage of women who reported having undergone the initiation ceremony either at puberty or just before marriage was 87 and 78, respectively. The study further reports that a considerable proportion of young people, particularly those under 20 years of age, expressed a desire for initiation. A small study (Kalunde, 1992) conducted among a sample of female University of Zambia students aged between 19 and 28 years revealed that 62 percent approved of the ceremony and more than 88 percent said they would adhere to the teachings given during the initiation ceremony.

The role of initiation ceremonies as channels of sex education is well documented in the anthropological literature. For example, Spring (1976), reports that among the Luvale of North Western province, during the ceremony (called Wali in the local language) the young woman is personally introduced for the first time in her life to a number of issues relating to sexual conduct which include women's therapeutic techniques for sexual enchantment, reproduction and ailments. In Eastern province (Read 1956, Skjonsberg, 1989) it is also during the initiation ceremony that girls are given instructions not only on how to enjoy sexual encounters and sexual intercourse but also on how to raise the family.

With the exception of the Tonga of Southern province where there was no formal instruction, the initiation ceremony was therefore an integral part of a girl's growing up among most ethnic groups of Zambia. Studies among the Bemba speaking people of Northern and Luapula provinces (Richards, 1932) as well as among the Ila (Jaspan, 1953 as cited by L.Mukuka and R. Tembo, 1996) all emphasise not only the near universality of the practice but also the predominance of sex education in the syllabus of the initiation ceremony. In other words, matters related to sexual relationships or matters concerning sex practices were of paramount importance. In the study cited above (i.e. Lemba et. al, 1996) it was found that 84 percent of women who were initiated at puberty received sex education during initiation. The corresponding proportion among those who were initiated just before marriage was more than 90 percent. In another study involving secondary school going adolescent girls, 46 percent reported having learned about sex through the traditional initiation ceremony or puberty rite (Pillai et al., 1993). This is not surprising in view of the fact that, traditionally, most Zambian parents shun discussing sex matters with their children. As Palka (1992) reports, almost 50 percent of the sample interviewed admitted that they found it very difficult to discuss sexual matters with their mothers and 91.1 percent said the same about their fathers.

The major implication of the above and other findings is that to many girls in Zambia, the only socially and culturally approved source of information about sex matters are the women who conduct the inititiation ceremony. It is therefore surprising that, to date, no serious attempt has been made to investigate how this traditional channel of communicating sex information can be used to inhibit the spread of HIV/AIDS in Zambia. A study such as this one seems therefore not only imperative but also long overdue.

Study Areas, Sample Selection and Data Analysis

Five residential areas in Lusaka were randomly selected for the study. These are Garden and Kaunda Square from high density areas, Libala and Emmasdale from medium density areas, and Kabulonga from low density areas. The choice of Lusaka was rationalised on the ground that its population represents a mix of different Zambian ethnic groups thereby ensuring the

representativeness of the findings.
The selection of the sample was done through systematic random sampling. Every eligible woman in every fifth household was targeted foran interview. Data collection was conducted using a standardised questionnaire containing both open and close ended questions. The questionnaire included, among others, questions on socio-economic and demographic characteristics (e.g. age, area of upbringing, ethnicity, area of residence, marital status, level of education) of respondents. To supplement the quantitative data collected through the questionnaire, qualitative data were also collected and involved respondents who were not part of the original sample. Apart from the two primary sources of data mentioned above, secondary sources were also consulted in order to collect more information on the subject under study. This involved reading any available historical and contemporary written material on initiation ceremonies in Zambia. Because of the nature of the topic under investigation, only females were recruited as interviewers for this study. These women underwent training in questionnaire administration and interpretation of the items in the questionnaire.
Data entry and analysis involved the use of SPSS/PC+ software. Pparticular attention was given to the examination of how various background characteristics of respondents (age, ethnicity, level of education, area of upbringing, area of residence etc) affect various issues that the study intended to investigate. Simple frequencies and cross-tabulations are used in the presentation of results.

Findings

Characteristics of Respondents

The sample total of 313 respondents consisted of 130 (41.5%) initiators who included 6 former initiators and 183 (58.5%) former initiates who were not current initiators. Out of the total number of initiators, 16 (12.3%) were from Kaunda Square, 40 (30.8%) from Garden Compound, 17 (13%.1) from Emmasdale, 32 (24.6%) from Libala while 25 (19.2%) came from Kabulonga. The ages of respondents ranged from below 15 years (1.9%), 15-20 years (6.3%), 20-24 years (10.1%), 25-29 (15.4%), 30-34 (11.9%), 35-39 (16.7%),40-44 (14.8%) and over 45 years (23%). In other words, approximately 54.5 percent of the respondents were 35 years or above. Almost 70 percent of the initiators were above the age of 35 years.
The single largest ethnic group were Nyanja speakers who made up 37.1 percent followed by Bemba speakers (27.8%). The Lozi made up 13.6 percent, Tonga 8.2 percent, Kaonde 3.5 percent and Lunda 1.6 while Luvale made up 0.6 and other 7.2 percent.[1]
With regard to religious affiliation, 62.3 percent indicated high religious commitment by reporting that they attended church at least once a week, 32.1 percent reported going to church only sometimes while 5.6 percent were non-church goers. Regarding denomination, 36.4 percent stated they were Catholics, 20.9 percent Protestants and less than one percent (0.9%) Muslims. The ones harboring other unspecified religions constituted 33.3 percent. The self-reported non-believers constituted 8.4 percent of the respondents.
The majority (64.3%) of the respondents indicated being married, 11.8 percent each for single and widowed, 7.6 percent divorced, 2.5% separated while 1.3 percent were engaged. A very insignificant proportion i.e. 0.6 percent were cohabiting.
Based on self-reports, the sample consisted of a highly literate group as 71.9 percent could easily

read a newspaper or magazine and only 11.9 percent could not read while 15.9 percent could read with some difficulty. This high level of literacy is also reflected in the level of education attained. Over 69 percent had attained secondary level of education or above and only about 6 percent reported having never been to school. This high level of education could partially be explained by the fact that the majority (63.9%) of the respondents were born in urban areas and a significant proportion of them (83.8%) spent most of their lives in urban areas where access to the educational system is better than in rural areas.

Awareness, Knowledge and Perceptions regarding HIV/AIDS

This section examines, inter alia, respondents' perceptions, knowledge and awareness regarding HIV/AIDS. Specifically, the section focuses, first, on respondents' awareness of the existence and seriousness of HIV/AIDS in Zambia in general and in their respective communities in particular, and, second, knowledge of HIV/AIDS transmission and prevention.

In order to determine awareness of the existence and seriousness of HIV/AIDS, respondents where asked both direct and indirect questions. Directly, respondents were asked whether or not they had heard of a disease called HIV/AIDS. Secondly, initiators were asked whether or not they teach about HIV/AIDS when conducting ceremonies.

Of the valid cases that were accepted for analysis, 296 or 92.2 percent indicated having heard of HIV/AIDS and only about 7.8 percent had not. As to the second question, about 80 percent of the respondents answered in the affirmative. It should be pointed out here, and this will become clearer later in our discussion, that although HIV/AIDS is reportedly discussed during initiation ceremonies the focus is not necessarily on prevention but rather on its mere existence.

Interestingly, as many as 53 percent of the respondents thought that HIV/AIDS was not a new disease in Zambia and 9.1 percent stated that the disease was curable. The high level of awareness regarding the existence of HIV/AIDS is consistent with responses obtained from two indirect questions which required respondents to indicate, first, the number of persons known who had HIV/AIDS and second, the number of persons known who had died of AIDS. One the first item, some 18 percent of the sample said they knew no-one who had the disease, but 53 percent stated they knew of five or more persons with HIV/AIDS. The remainder of the sample knew at least one and some up to four people who had the disease. With regard to the second question, the very large total of nearly 75 percent of the sample said they knew of more than five peoplke who had died from the disease, and only 8 percent knew of none.

From these figures it is quite clear that awareness of the existence of HIV/AIDS is extremely high since more than 68.2 percent and 85.6 percent know at least three persons who have or have died of HIV/AIDS, respectively. Put differently, 81.4 percent of the respondents know at least one person who was afflicted with HIV/AIDS while almost 92 percent of the same sample know at least one person who had died of the disease. The majority of respondents thought that HIV/AIDS was very serious at the national level.But it is interesting and a little paradoxical to note that 30 percent of those interviewed either did not know the seriousness of the disease or think it is not at all serious in their respective communities. The proportions among initiators and former initiators are 22.3 percent and 35.6 percent, respectively. In spite of the above it is gratifying to note that as many as 97.7 percent among initiators and 96.3 percent among former initiates expressed willingness to attend workshops on HIV/AIDS if these were organised in their communities.

Epidemiological studies throughout the world have shown only four modes of HIV transmission:
i. Sexually, through intercourse or through contact with infected blood, semen,or cervical and vaginal fluids. This is the most frequent mode of transmission and HIV can be transmitted from any infected person to his or her sexual partner (male to female, male to male, and, albeit less likely, female to female).
ii. During transfusion of blood or blood products obtained from HIV infected donor blood.
iii. Using injecting or skin-piercing equipment contaminated with HIV.
iv. From a mother infected with HIV to her child during pregnancy, labor or following birth as a result of breast-feeding.
Specific sexual behaviors also expose people to the risk of HIV infection. These include sexual intercourse with a person who has had multiple sex partners or with a person who exchanges sex for money or drugs, notably, prostitutes. It is also important to recognise the fact that certain traditional Zambian practices may enhance the spread of HIV/AIDS. Such practices include: dry sex, widow inheritance and widow cleansing through sexual intercourse.
Currently, no scientific evidence exists to show that the following constitute modes or avenues of HIV transmission: coughing or sneezing, handshakes, insect (e.g. mosquito) bites, work or school contacts, touching or hugging, using toilets, kissing, sharing clothes, sharing eating or drinking utensils (cups, glasses, plates etc.), water or food.
In view of the fact that initiators are traditional teachers of sex education, it is imperative that they possess adequate and correct knowledge of how the HIV virus is transmitted and how it is not. Additionally, initiators should also be aware of the risk inherent in certain traditional Zambian practices in as far as HIV transmission is concerned. This is vitally important if the initiation ceremony has to be used as a channel for transmitting information about HIV/AIDS. The following data show the distribution of our respondents' views on the causes of transmission:

Table 1: Respondents' Perception of the Role of Various Factors in Transmission of HIV/AIDS

MODE	FREQUENCY	PERCENTAGE
Sex	220	68.8
Many partners	301	93.8
Prostitutes	298	92.8
Not using condoms	270	84.1
Homosexuality	214	66.7
Blood transfusion	273	85.0
Sharing clothes	26	8.1
Eating utensils	18	5.6
Air	28	8.7

Injections	236	73.5
Kissing	58	18.1
Mosquito bites	62	19.3
Witchcraft	28	8.7
Mother to child	296	92.8
Other modes	13	4.0

Notwithstanding the fact that the major avenues of HIV/AIDS transmission (i.e. multiple partners, prostitutes, blood transfusion, mother to child) were known by an encouragingly significant proportion of the sample, it is amazing that there was still a sizeable proportion of residents in the study communities who believed mosquitoes (19.3%), kissing (18.1%), sharing clothes (8.1%), sharing eating utensils (5.6%) and air (8.7%) could also represent risk factors. Close to 8 percent of the respondents also believed that HIV/AIDS could be caused by witchcraft.
Perceptions regarding the role of certain traditional practices in HIV/AIDS transmission are presented in Table 2:

Table 2: Respondents' Opinion on the role of Widow Inheritance, Widow Cleansing and Dry Sex in HIV/AIDS Transmission

OPINION	WIDOW INHERITANCE	WIDOW CLEANSING	DRY SEX
FOR	234(72.9)	20(6.2)	177(55.1)
AGAINST	73(22.7)	290(90.3)	104(32.4)
NO OPINION	14(4.4)	11(3.4)	40(12.4)
TOTAL	321(100.0)	321(100.0)	302(100.0)

It is apparent from these data that whereas widow cleansing is correctly perceived by more than 90 percent of the respondents as a potential risk factor in the transmission of HIV/AIDS, widow inheritance and dry sex are not so recognised. Only 22.7 percent (28.5% among initiators and 18.8% among former initiates) were of the opinion that widow inheritance should be discouraged because of its potential to transmit HIV/AIDS. As regards dry sex, only slightly over 55 percent (54.6% among initiators and 55.5% among former initiates) agreed that this practice can enhance the spread of HIV/AIDS.
These findings underscore the need to mount and intensify public awareness campaigns to educate the public, particularly, traditional sex educators on the actual and potential role of these traditional practices in the spread of HIV/AIDS in Zambia.

Perceptions regarding Prevention

Although it has scientifically been demonstrated that, if properly used, the use of condoms provides the second best preventive measure against HIV/AIDS transmission, quite a substantial segment of the sample do not seem to have much confidence in its effectiveness. More than 64 percent perceived condoms as either not being of much reliability or of no reliability at all. Among current initiators the proportion is 67.7 percent. On the basis of this finding, it is perhaps not surprising that as many as 53 percent of the respondents disapproved of the idea of parents encouraging their children to use condoms and more than 25 percent of them felt that it was not necessary for a wife to insist on her husband using condoms even when she knew that he has been having extra-marital affairs. Further more, this may also explain why only 48.1 percent (43% among initiators) of the respondents admitted having ever used a condom during sexual intercourse to avoid getting or transmitting sexually transmitted diseases including HIV/AIDS.
An examination of the relationship between perception of condom reliability and level of education suggests not only that education plays an important role in people's perceptions regarding condom reliability in HIV/AIDS prevention but also that there is a threshhold beyond which the influence of education is almost non existent. This is clearly illustrated by the fact that whereas among the respondents with no education 84.2 percent perceived condoms to be of little or no reliability at all, the proportions among those with primary education, secondary education and secondary education and above are 69.8 percent, 61.5 percent and 61 percent, respectively. In other words, while the difference between no education and primary education is as much as 14.5 percentage points, that between primary and secondary level of education is only 7 percentage points. The difference between secondary and higher education is almost non-existent i.e. less than one percentage point.
Among the various ethnic groups captured in this study, the Nyanja seem to have the lowest confidence in the reliability of condoms followed by the Tonga, Bemba, 'Other' and the Lozi, in that order. Whereas 74.8 percent of the Nyanja respondents perceived condoms as either not having much reliability or no reliability at all the corresponding proportions among the Tonga, Bemba, and Lozi are 69.2 percent, 66.8 percent and 51.2 percent, respectively. Among other ethnic groups the percentage is 65.8 percent.
With regard to religious affiliation, 50 percent of the Muslims perceived condoms as being of much reliability. The lowest confidence was observed among the Catholics among whom only 29.9 percent perceived condoms as being very reliable. The corresponding percentages among the Protestants and others are 37.3 and 38.6, respectively. Partly due to the above demonstrated lack of confidence in the reliability of condoms, the majority of the respondents (60.5) either disapproved (53.3%) or were ambivalent (7.2%) about the idea of parents encouraging their children to use condoms as a preventive measure against HIV/AIDS. Generally, opposition to parental encouragement of condom use by children seems to be more pronounced among the non-educated and declines with level of education. Whereas among those with no education the percentage of respondents who were opposed to or ambivalent about the idea is 88.9 percent, the corresponding figures among those with primary education, secondary and higher are 73.8 percent, 57 percent and 49 percent, respectively. Except among the Muslims among who only 33.3 percent either disapproved of or were ambivalent about young people using condoms, no appreciable difference exists between the Catholics (61.1%), Protestants (68.7%) and others (67.1%).

On the question of ethnicity, the percentage of respondents opposed to the idea of young people using condoms was highest (70.9) among other ethnic groups other than among the Nyanja (66.4%), Tonga (65.3), or Bemba (56.3%). The Lozi had the lowest percentage of respondents opposed to or ambivalent about the idea of young people using condoms.
It must be pointed out here that although the majority of respondents cited perceived the unreliability of condoms and the fear of promoting immorality to justify their resitance to the use of condoms, the underlying reason is mainly the traditional African perception of how sex should be performed and what its functions are. As will be amplified later, in traditional Zambian society, sex was primarily for reproduction which meant that it had to be penetrative coitus involving the discharge of sperms into a woman. The implication of this is that any physical barrier was considered to be unacceptable and immoral. It is this perception, and not the perceived reliability of condoms or fear to promote immorality which, in our opinion, is responsible for the overwelming resistance to condom use among the study population.

Prevalence, Structure and Content of Inititiation Ceremonies

A Historical Perspective

Before tackling the present, it is imperative to remind ourselves, albeit briefly, of the past by examining how initiation ceremonies were conducted in the past among various ethnic groups. Among the Lozi people of western province, initiation of a girl started with her first menstrual period. The girl was secluded and, through words and dances, married women instructed her on how to behave during conjugal embraces of her husband. She was also instructed on how to preserve her husband's affection. After seclusion, the girl was given in marriage to her husband in-waiting because very few girls reached the age of puberty without being already betrothed for marriage (Strike D. 1961, Turner 1952).
Like among the Lozi, initiation of a girl among the Bemba started with her first menstruation. The Bemba initiation however was in three phases which lasted for between 6 and 12 months (Maxwell K.B, 1983). Upon having her first period, which was regarded as a sign of readiness for initiation, elderly women instructed her on issues pertaining to womanhood, marriage and sexuality, respect for elders and her husband.
Among the Lumbu of Nanzela, girls were initiated in groups and this was done before puberty since it was believed that the rite was necessary before menstruation could take place, meaning that the girl could never see her first menses (Jaspan, 1953). Also among the Ndembo of North-Western province, the initiation of a girl was done before the onset of menses. It was when a girl's breasts began to ripen that her parents thought of passing her through the initiation ceremony or *Nkanga*. The girl was betrothed very early at about 7 or 8 years old but the girl got married only after passing through *Nkanga* (Turner V.W., 1981).
Among the Lunda-Lovale of North-Western province, the young girl was taught how to lie with her husband, in order to give him the greatest satisfaction. Intra/vaginal medicines were also taught all aimed at pleasing the husband sexually (White, 1988, Spring, 1976). The Tongas of Southern province also initiated their daughters at puberty, but they did not teach much on sexual matters believing that the girl could learn by observation (Turner, 1953).
Among the Nsenga of Eastern province, the initiation of the girl started from the beginning of enlarging of her breasts. She anointed herself with oil extracted from burned seeds mixed with

powder made from burnt roots. The girl began her instructions from her grandmother who was usually a widow. When she experienced her first period (menses) she reported it to the old woman, who later secluded her. She spent about three months in the house during which period she was instructed on how to live with and please her husband, including sexual matters, and how to behave towards elders. The girl was allowed to marry at any time thereafter (Smith,1962).

Inititiation Ceremonies Today

The prevalence of initiation ceremonies is reflected not only in the number of current initiators who were found in the five study areas, but also by the number of respondents who were initiated in urban areas, the number of respondents who knew one or more initiators in their communities, reported number of girls initiated within one year prior to the study as well as by the length of time current initiators have been conducting initiation ceremonies. On all the indicators mentioned above, there is no doubt that the initiation ceremony is extremely prevalent, particularly in Lusaka. As already mentioned, 41.2 percent of the respondents in this study indicated that they were current initiators while 58.8 percent were former initiates and the majority (61.3%) of these were initiated in urban areas. As regards the number of initiators known, only 24 percent indicated that they knew of no initiator in their community while the rest knew at least one initiator (16.8%), two (11.5), three (12.8%), four (9%) and five (2.8%). The proportion of respondents who knew more than five initiators is 23.1 percent while the percentage of initiators who had initiated more than 3 girls within one year prior to the study is 54.4 percent.

On the criterion of length of time a respondent has been an initiator, valid cases indicate that 56.9 percent have been conducting initiation ceremonies for less than five years while 43.1 percent reported having been carrying on the practice for more than five years. Of the current initiators, 9.5 percent last conducted a ceremony less than a week before the study while 18.4 percent, 11.6 percent did so less than a week, a month, respectively, before the study. Overall, close to 82 percent of the respondents had conducted at least one initiation ceremony in less than a year prior to the study.

A comparison of the past and present reveals both continuities and discontinuities in the structure or organisation of initiation ceremonies. As discussed earlier, in traditional Zambian society, a girl was initiated immediately signs of first menstruation were noticed. After the initiation the girl was considered an adult and was,almost invariably, married into a relationship most often arranged by parents before the initiation. One feature which distinguishes past and present initiation ceremonies is that the period between initiation and marriage is longer now than before and this is implied by the data in Table 3 which show the number and percentage of respondents by the stage of initiation.

Table 3: Stage of Initiation by Ethnic Group of Respondent

STAGE	ETHNIC GROUP OF RESPONDENT					TOTAL
	BEMBA	NYANJA	TONGA	LOZI	OTHERS	

PUB.	36 (40.9)	45 (37.8)	10 (38.5)	22 (51.2)	15 (36.6)	128 (40.4)
MARR.	20 (22.7)	20 (16.8)	11 (42.3)	5 (11.6)	8 (19.5)	64 (20.2)
PUB + MARR	32 (36.4)	54 (45.4)	5 (19.2)	16 (37.2)	18 (43.9)	125 (39.4)
COLUM TOTAL	88 (27.8)	119 (37.5)	26 (8.2)	43 (13.6)	41 (12.9)	317 100

Pub.=Puberty, Marr.=Marriage, Pub.+ Marr.= Both at puberty and marriage

It is apparent that, except among the Tonga, the rest of the ethnic groups represented in the study conduct the initiation ceremony either at puberty or both at puberty and at marriage. These figures are in conformity with those reported in the *Zambia Family Planning Services Project* (Lemba et.al 1996). In that particular baseline study, it was reported that, overall, 87 percent of women in the sample underwent an initiation ceremony at puberty, marriage or both.In view of the fact that sex is a major theme during initiation ceremonies, the implication of the data presented above is that approximately 80 percent (40.4 percent + 39.4 percent) of the girls in Zambia are introduced to sex very early in life. Overall, approximately 43 percent of the respondents were initiated when they were below the age of 15 years. Whereas among the Bemba the majority (44.3%) were initiated between the age of 12 and 15 years, among the rest of the ethnic groups the majority were initiated between the age of 15 and 18 years suggesting therefore that the Bemba initiate their girls earlier than other ethnic groups in Zambia.

In 7.4 percent of cases the initiation ceremony lasted for less than a day, 37.6 percent lasted for more than a day but less than a week, 24.2 percent lasted for more than a week but less than a month while 25.5 percent lasted for more than one month. The duration of the ceremony was considered adequate by 83.1 percent of the initiators as compared to 4.7 percent and 12.2 percent who considered it too long or too short, respectively.A large proportion (46%) of the ceremonies were conducted by a member of the extended family while 34 percent were conducted by a member of the immediate family. Only in 20.1 percent of the cases was the ceremony done by a non family member. While it is true (as was the case in the past) that a large proportion of respondents in this study were initiated by a member or members of their immediate family or member or members of the extended family, there seems to be a general trend whereby other people outside the family are increasingly being accepted as initiators. In this study, 60.4 percent of the respondents found it acceptable for a person from a different tribe to initiate a girl from another tribe as long as such a person was married, experienced, mature, respectable, secretive, faithful, has or has had children of her own and she herself has been initiated. Notwithstanding the foregoing, family members are still more acceptable than non-family members. Of the total sample, 91.3, 67.6, and 83.2 percent considered the grandmother, aunt, and cousin, respectively, as being more acceptable as initiators. Only 22.1 percent and 45.8 percent thought that mothers and sisters, respectively, were acceptable. The relatively low acceptability of mothers as initiators suggests that sex is still one subject which a lot of mothers are not willing or comfortable to discuss with their daughters.

In general, duration of the initiation ceremony varies by ethnicity. For example, the shortest duration was recorded among the Tonga (50%) and among the Bemba (40.9%) whose ceremonies reportedly lasted for less than one week while the longest (more than one week but less than one month) was recorded among other ethnic groups (43.9%). This clearly demonstrates that the duration of initiation ceremonies today is shorter than in the past.

As already mentioned, in the past, a girl being initiated was taught various issues which included personal hygiene especially during menstruation; respect for elders focussing on things like speaking in a low tone, kneeling when dealing with elders; covering the head; respect for her husband by being faithful, obedient and submissive to him, how to look after him and her in-laws. Most of the education however concentrated on the actual techniques of sexual intercourse and socially approved attitudes towards them. This was appropriate and necessary since the girl was usually initiated before she knew anything about sex, and marriage in most tribes took place immediately after the initiation ceremony (Jaspan,1953).

In the present study, two types of questions were asked to determine the content of initiation ceremonies today. One question which was open-ended required respondents to list the things that were emphasised during their initiation. The responses to this question were later grouped and coded and the following categories emerged: personal hygiene, taking care of the family, sexual satisfaction of the husband, respect and, sticking to one partner and, finally, avoiding sex before and outside marriage. The importance attached to each one of these during initiation ceremonies is implied in the proportions of respondents who mentioned them as topics which were emphasised at the time they were initiated. The results are presented in Table 4.

Table 4: Number and Percentage of Respondents by the Topic Emphasised during their Initiation

TOPIC	FREQUENCY	PERCENTAGE
HYGIENE	124	43.5
CARING FOR	72	25.1
SEX	78	27.3
RESPECT	99	34.6
ONE PARTNER	24	8.4
NO SEX OUTSIDE MARRIAGE	58	20.3

The foregoing should, however, not be interpreted to mean that actual techniques of sexual intercourse are no longer an important theme during initiation ceremonies as implied in historical literature on the practice. On the contrary, through informal discussions, it was made clear that teaching of sexual techniques is still predominant in these ceremonies except that this is expected and usually taken for granted by initiates.

One would expect that, with the colossal impact of HIV/AIDS in Zambia and the high level of awareness of its existence, the use of condoms would feature prominently in initiation ceremonies. Responses from both former initiates and initiators indicate that, surprisingly, this is not the case. As indicated earlier on, no single former initiate mentioned condom use as one of the areas emphasised during initiation. Additionally, out of the current initiators who responded to the question, only 6.5 percent reported discussing condom use during initiation. Further, informal and in-depth discussions revealed that, whenever condom use is discussed during initiation ceremonies, the emphasis is on its limitations or unreliability rather than on its preventive properties.

Apart from condom use, another subject that might be expected to receive a lot of emphasis when a girl is being initiated is the need or importance of staying with one partner and avoiding sex before and outside marriage. Even a casual scrutiny of responses to this question suggests that not much emphasis is placed on these issues. Barring the effects of small sample sizes in some cases, it is evident from data already presented that among all ethnic groups, personal hygiene receives more emphasis than sticking to one partner or avoiding sex before and outside marriage.

Finally, the conspicuous absence of widow inheritance and dry sex from the topics emphasised during initiation ceremonies suggests that there is still a lot of ground work to be done if the initiation ceremony, which is one of the very few surviving Zambian traditional cultural practices, has to be used as a channel for combating or arresting the spread of HIV/AIDS in this country.

Summary and Conclusion

This study set out to examine, among other things, prevalence, structure and content of initiation ceremonies; awareness of the existence and seriousness of HIV/AIDS and knowledge of its transmission and prevention among those involved in initiation ceremonies; initiation ceremony participants' views on the use of condoms as preventive measures against the spread of HIV/AIDS and the extent to which the knowledge disseminated in the ceremony promotes or prevents the transmission of HIV/AIDS. In addition, the study investigated willingness of initiation ceremony participants to learn about HIV/AIDS.

Among the important findings of this study are the following: initiation ceremonies are quite prevalent in Lusaka; the contents of initiation ceremonies are inadequate insofar as the fight against HIV/AIDS is concerned although the level of awareness of its (HIV/AIDS) existence and its major causes is extremely high. The study has also demonstrated not only that there was much opposition among initiators and former initiates to the idea of promoting the use of condoms as prevention against HIV/AIDS but also that there existed a tremendous willingness among initiators to learn more about HIV/AIDS.

Two points are noteworthy in as far as the overall objective of this study is concerned. Firstly, in view of the fact that the average age at first marriage in Zambia is estimated at 18.5 years (ZDHS, 1992) there is a rather lengthy period of time between initiation and marriage. Secondly, and as a result of the above, a large proportion of today's Zambian female adolescents is afforded a greater opportunity and a longer period to engage in pre-marital sexual activities (most of which are fleeting and transitory in nature) which greatly increases the risk of exposure to HIV/AIDS. Modern school-based education which keeps girls longer in an unmarried state and the decline in age at menarche could be responsible for the widening gap between initiation and marriage.

On the basis of the foregoing, it is concluded therefore that, indirectly, today's initiation

ceremonies enhance the spread of HIV/AIDS in that whereas, on one hand girls are introduced to sex and how to enjoy it at an early age, on the other hand no appreciable serious attempt is made to equip them with the necessary tools to protect themselves against contracting HIV/AID and other sexually transmitted diseases. However, the willingness expressed by most respondents to learn more about HIV/AIDS suggests that if seriously looked into, the initiation ceremony could be turned into a very effective traditional channel for disseminating information to combat the spread of HIV/AIDS in this country.

Notes

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1. In the presentation that follows, the Luvale, Lunda and Kaonde are grouped together under the category 'Others'because of the small sample sizes from each of these ethnic groups.

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Augustus K. Kapungwe
SDS Department
University of Zambia

P.O. Box 32379
Lusaka
Zambia
Phone/Fax:260-1-290320 (W); 260-1-292038 (H)