

**THE UNIVERSITY OF ZAMBIA
SCHOOL OF MEDICINE
DEPARTMENT OF POST-BASIC NURSING**

**INITIATION OF GIRLS AT PUBERTY:
REVIEW OF ITS CURRICULUM IN VIEW
OF HIV/AIDS IN LUSAKA URBAN**

By

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A STUDY TO REVIEW THE INITIATION
CURRICULUM FOR GIRLS AT PUBERTY
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A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF POST BASIC
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DECLARATION

I hereby declare that the work presented in this study for a degree of bachelor of Science in Nursing has not been presented before for any other degree and is not being presented for any other degree.

SIGNED:.....

CANDIDATE

APPROVED:.....

LECTURER

STATEMENT

I hereby certify that, this study is entirely as a result of my own independent investigations. The various sources to which I am indebted are clearly indicated in the paper and bibliography.

SIGNED:.....

CANDIDATE

DEDICATION

This study is dedicated with deepest gratitude and love to my beloved husband, Mr. Bernard K. Changwe for his encouragement and to our two (2) children, Mwanje Charity and Mwalwilo.

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ABSTRACT

The main aim of the study was to review the curriculum of initiation of girls at puberty, in view of the HIV/AIDS pandemic, in Lusaka Urban.

The study was a descriptive qualitative design; and was conducted in three (3) compounds of Lusaka namely, George, Matero and Kaunda Square.

Data was collected using the non-participant observation and focus group discussions.

Literature for the study was obtained from studies done and observations of initiations a long time ago mainly by expatriates. Literature was to do with HIV/AIDS and also initiation of girls.

The Samples (3) were selected from a sampling frame of all Compounds in Lusaka, obtained from Civic Centre. The sampled compounds were three (3). Three tribes were also selected using simple random sampling method. a list of all major tribes was drawn, every 5th tribe was picked and included in the sample.

The study results revealed that initiators lack knowledge on HIV/AIDS. And also that girls are not taught to adopt safe sex practices during initiation.

It was noted that the initiators hold a very important and influential position in society. Therefore educating them on HIV/AIDS may add value to the programme of initiation of girls at puberty.

CHAPTER I

INTRODUCTION

1.1 BACKGROUND INFORMATION

Initiation of girls at puberty is the process of instruction that is given to a girl who has matured in regard to domestic, family and social duties of womanhood in preparation for marriage. This practice has been in existence since time immemorial. (Corbeil, 1982).

In the past, originally, girls used to spend up to three (3) months indoors, being prepared for womanhood by chosen women. These women were chosen on grounds that they were married, had their own children and were from the same ethnic group. (Spring, 1976). In some tribes it was a grandmother who was a widow. (Smith, 1961).

During the period of seclusion, the girl was taught various issues which included, personal hygiene especially during menstruation, respect for elders, respect for her husband, how to look after him and her in-laws. Most of the education which

was given concentrated on sexuality in marriage. The purpose of the initiation ceremony was to prepare a girl for marriage, hence the sexual education. The girl was usually betrothed beforehand.

Immediately following the initiation ceremony which marked the end of initiation, the girl was taken to her husband's home for marriage. (Jaspan, 1953).

The girl was able to practice what she had been taught immediately.

In recent years, the trend has changed, with the passage of time. Girls are spending a long time at School before they become independent so as to lead their own lives or to get married. Therefore, initiations are held during school holidays, for the girls who have matured during the year.

Over the past few years, the incidence of HIV/AIDS has increased yearly among female youth and women in general. The predominant mode of transmission is heterosexual transmission. (Hoffman, 1992).

According to World Health Organisation (WHO), projection, by the year 2000, about 30 - 40 million people world-wide may have developed AIDS.

There has been already about 7.5 million infections in adults and close to 4 million are women. It is further projected that the annual number of new HIV/AIDS cases will continue to rise in the coming years. (Merson, 1992).

In Zambia, reported cases of AIDS reveal that out of nearly 30,000 cases, close to 15,000 are youths and females are more affected than males. (NAPCP, WHO, 1992).

AIDS is becoming more and more a developing countries problem. In 1988, 50% of the total estimated world infection occurred in developing countries. In 1992 that percentage had increased to 75% and the estimation for the year 2000 is about 90%. (WHO, 1993).

Though the initiation of girls was meant for good, with the passing of time girls are not getting married soon, after. The initiation also takes place at the start of the adolescent period. This is a period in life which begins with puberty and extends for eight to ten years (8 - 10 years) until the person is physically and psychologically mature, ready to assume adult responsibilities and be self-sufficient. This period is also said to be a period of exploration, experimentation and of sexual activity. (Zeuter, Marques, 1982). This is the same period that girls are initiated.

As the AIDS pandemic continues to rise, in Africa traditional practices also continue to be practiced. These are said to pose a threat in the transmission of the HIV infection. Some of these practices include; ritual cleansing, washing of a dead body of a relative, traditional childbirth, and initiation ceremonies, which include the circumcision of the male and female. All these practices had their own purposes, whose intentions were good. (Manda, 1993). Unfortunately, with the HIV/AIDS pandemic, these practices as originally practiced are not safe anymore.

For example, ritual cleansing which meant the widow having sexual intercourse with a brother of the deceased was for the purpose of cleansing the death of the brother and after that the man took full responsibility of the woman and her children, so that she is not left in the cold. (Magezi, 1991).

Similarly, washing a dead body of a relative was meant to pay last respect to the dead person. Therefore, the body regardless of the cause of death was washed and prepared for burial. (Manda, 1993).

Traditional childbirth was for the purpose of assisting the expectant mother to a safe delivery. The procedure was carried out by a traditional midwife using her bare hands. (Smith, 1961).

Initiation ceremonies also had their own good purposes. In some parts of Africa, this includes the circumcision of the female and male. Female circumcision is a custom that affects many women who live north of the equator in Africa. (Shaw and Klein, 1991). This tradition is not known to be practiced in Zambia. In some parts of Africa, circumcision includes the pubertal instruction given to a girl who has reached menarche.

In Zambia, though people have migrated to urban areas and they have carried with them certain traditional practices, customs and beliefs. One of these is the initiation of their daughters at puberty.

New cultural norms, social structural and value systems affecting men and women including families have evolved. Despite the 'new culture', people still initiate their children at puberty.

1.2 STATEMENT OF THE PROBLEM

The researcher came across the problem of HIV/AIDS status among female youths through discussions held with health personnel working as AIDS Counsellors and through observation at the U.T.H. made during clinical experience and in health centres.

Records also revealed the high numbers of HIV/AIDS. Ministry of Health statistics of 1993 shows that in Lusaka, out of a total

of 20,700 cases reported, close to ten (10) thousand are youths and females are more affected than males. (NAPCP, 1993).

In Lusaka, out of a population of one million and two thousand (1.2 million) people, 138,330 are under the age of 20. (C.S.O., country profile, 1990 census).

W.H.O. statistics of 1993 show that one million and two hundred thousand of people infected with HIV/AIDS are under the age of 25, and 20% are in their twenties.

About 2/3 of all HIV infections in Zambia occur among young people before they are twenty-five (25). (Walker, 1994).

If this trend is left unchecked, by the turn of the century, all youths will be infected. This will mean that the cost of direct care will be very high as AIDS requires repeated hospitalisations.

Traditionally, in African Societies, adolescent female sexuality was the norm, but this was both mandated and regulated by early marriage.

Female sexuality was inculcated during the initiation period because it was meant to prepare one for marriage. (Marques, 1993). The initiation of girls has continued to be practiced.

Informal discussions held with women from Misisi and Garden compounds revealed that this practice is still observed. This was confirmed by the Director of Cultural Services in Zambia, who confirmed that the society has women who are initiators of girls at puberty.

With the HIV/AIDS pandemic, which is mainly spread through sexual transmission, and the initiation of girls at puberty, which concentrated mainly on sexuality and now that girls delay in getting married, there is need to review the initiation curriculum to examine the contents.

Therefore, the question to be asked by this research is; what is the curriculum content of the initiation for girls at puberty in view of the HIV/AIDS problems? This will take place in three compounds of Lusaka, namely George, Matero and Kaunda Square.

ASSUMPTION

The following assumptions have been made: That may be girls are not taught to adopt safe sexual practices like delaying sex, or use of condoms, therefore engaging in unsafe sexual practices which may lead to high incidences of STDS which are common, leading to HIV/AIDS.

There could be several areas that are covered during the initiation period, some of which are illustrated in the diagram below:

FAMILY PLANNING IN
MARRIAGE

FEMALE
SEXUALITY

INITIATION OF
GIRLS'
CURRICULUM

CARING
FOR
HUSBAND

PREGNANCY
AND
CHILDBIRTH

RESPECT
FOR
ELDERS

PERSONAL
HYGIENE

RATIONALE AND JUSTIFICATION FOR THE RESEARCH

The HIV/AIDS epidemic poses tremendous challenges to the existing strategies that have been set to try and control the incidence of the infection. The important element of the prevention of the spread of the disease is to change the moral behaviour, especially of young people towards casual sex.

It is stated that the commonest mode of transmission is through heterosexual transmission. (Hoffman, 1992).

The adolescent period at which the initiation of girls takes place is said to be associated with problems such as accidents, obesity, unplanned pregnancies, abortion, drug abuse and STDS including HIV/AIDS. (Zeuter, Marques, 1992).

This study therefore seeks information on what girls are taught during the initiation period in view of the HIV/AIDS pandemic.

The information to be obtained will be used to educate the initiators of the girls to adopt safe traditional practices as they teach the girls in an effort to fight against AIDS.

1.3 THE LITERATURE REVIEW

1.3.1 INTRODUCTION

Literature reviewed show that little has been written and published in terms of research concerning the initiation curriculum or what is exactly taught during the seclusion period in Zambia.

This could be due to the sensitive nature of the subject of sex in traditional society. While there are prospects for controlling the HIV infection, through control measures, modifying deep-rooted cultural sexually related customs and practices like initiation ceremonies, is not easy. The blanket of silence that exists in the areas of sexuality is one of the worst. (Walker, 1994).

1.3.2 INITIATION AND STD/HIV/AIDS

The initiation ceremony for girls is carried out for the purpose of preparing a girl for marriage, family life and social functions as a woman in society. (Corbeil, 19820.

These are carried out at the start of the girls pubertal period. Knowledge of adolescent sexual behaviour and STDS including HIV/AIDS, suggest that many adolescents are in

the position of acquiring the HIV infection. Thus they are among those most likely to benefit from preventive efforts as they explore adult roles and life styles. (Moore, 1991).

A study conducted in Southern province of Zambia revealed that the initiation of girls was identified as a leading source of HIV/AIDS among youths, because after the ceremony, the girls behaviour change to become promiscuous. Therefore, this was seen as a source of STDS among young people. (Mwale and Burnard, 1992).

W.H.O. reported that STDS are as common as Malaria. At least one million (1,000,000) of which will be HIV infection. In developing countries like Zambia, STDS go unrecognised, unreported and untreated, further facilitating transmission of STDS/HIV/AIDS. (WHO, Population Report, 1993).

The prelude to good health and proper female sexuality occurs during the girls pubertal rituals. At this time, the girl learns many aphrodisial medicines for menstruation, erotic enhancement, most of which are applied genitally, and also medicines for warmth. (Spring, 1976).

These substances dry up the vaginal secretions leading to dry sex during intercourse. This is said to increase

friction, leading to ulceration of the vaginal mucosa later exposing to acquiring of STDS/HIV/AIDS. (Spring 1976, Nyirenda, 1991).

1.3.3 AIDS IN WOMEN

AIDS is becoming an increasing global problem among women because more and more HIV is being spread by heterosexual transmission. (Hoffman, 1992).

In Zambia, traditional practices and initiation singled out, are said to play a part - (Spring, 1976, Mwale & Burnard, 1992) in the spread of HIV/AIDS.

World wide, the WHO estimates that eight million (8,000,000) adults are now infected with HIV and that over three million (3,000,000) are women. (Petros, & Merson, 1996).

In the U.S.A. women are among the fastest growing people with AIDS. In Central Africa, it is said that the impact of AIDS will have a devastating effect on women. Literature reviewed showed that the number of AIDS cases among female youths is on the increase. (Holland etal, 1990).

This asserts that HIV infection among young women is rising steadily and most of them who are infected do not know that they are infected. (Nkowane, 1990).

The issue of women in Africa and HIV, especially among female youths is one of the major challenges of this age. It has devastating effects and this is because of the dynamics of the African situation and its culture. The status of women within the family and society makes them particularly susceptible to HIV infection as social vulnerability to their lack of access to equal opportunities. This is said to be inculcated during the initiation period. (Petros & Merson, 1990).

1.3.4 INITIATION PRACTICES AND ITS TEACHING ON SEXUALITY

Initiation ceremonies which marked the end of the initiation seclusion, were marked with songs and dances by adult women which in normal circumstances would be considered highly obscene.

During the seclusion, social values including sexuality were socially imparted to the young people in the process of growing up. Sexuality among young people and its social organisation was central in any discussion on marriage and related sexual order. (Alberg, 1990).

The insertion of medicines intravaginally are taught during the initiation of the girl. Part of the rationale for the use of these substances is to maintain a vaginal state in order to ensure good health and sexual wellbeing. These medicines, though beneficial to the user, are poisonous because of their acidity, irritating and erotic effect on the vaginal mucosa and their bacterial content. This would lead to STD/HIV/AIDS. (Spring, 1976).

The girl upon having her first menstruation was secluded in the bush in a hut where women who were married spent the day there with her. During this period, women danced with the girl to teach her in the physical and psychological aspects of marriage life. (Turner, 1953).

In other instances, after the girl's first period, this was regarded as a sign that the girl was ready for marriage and therefore ready to be initiated. The girl was instructed for about three months. During this period, sexuality was the main issue which was taught. (Jaspan, 1953).

1.3.5 INITIATION AS PREPARATION OF A GIRL FOR MARRIAGE

In traditional society, after the girl had her menarche, it was regarded as a sign of readiness for initiation and for marriage. Therefore the girl went through the period of

seclusion and instruction which lasted a period of three (3) months. The girl was usually betrothed in advance. Sometimes it was the request of the groom that brought the initiation seclusion to an end. The ceremony therefore was in a nature of a pre-marriage rite. (Jaspan, 1953).

Among the Nsenga of Eastern Province, a girl was called "Kantumbu" from the beginning of the enlarging of her breasts (maziwa). She anoints herself daily 'per Vaginum' with 'mono' which is an ointment prepared from oil extracted from burned seeds mixed with powder made from burnt roots. She begins to receive instructions from her grandmother who is usually a widow. When she has her first period referred to as "nsita ya undola" (the time of her 'undola'), she reports it to the old woman, who later secludes her. She spends about three months in the house.

She is instructed on how to live with and to please her husband including sexual matters, and how to behave towards elders. The girl is allowed to marry at any time after the "mazya", which is the "coming-out" ceremony. (Smith, 1962).

Among the Lozi people of Western Province, girls have a ceremony known as "Mwalianjo". When a girl has her period, she is secluded and married women instruct her, dance with

her. They also show her how to comfort herself during the conjugal embraces of her husband, one woman taking the part of the man for the performance. Much advice is given her on how to preserve her husband's affection.

After the seclusion, the girl is given into marriage to her husband-in-waiting.

The "Mwalianjo" ceremony was in itself fairly harmless, although obscene teaching was given. Very few girls reached the age of puberty without being already bespoken in marriage. (Strike D, 1961, Turner, 1952).

The Bemba initiation period is in three phases, which the girl goes through alone. She is taken to the bush by women, upon having her first period, regarded as a sign of readiness for initiation. The elderly women instruct the girl on issues pertaining to womanhood, marriage and sexuality, respect for elders and her husband. They use sacred emblem known as 'imbusa' to explain to the girl the facts of life. (Corbeil, 1982).

Among the Ila people, a girl's first menstruation is also regarded as a sign that she is ready to be initiated and she goes alone through the period of seclusion and instruction which lasts three months. The girl is usually betrothed before the initiations, and it is the request of the groom which brings the seclusion to an end.

The ceremony is in the nature of a pre-marriage rite. When the bride to be was brought out, anointed and decorated, the 'Cisungu' feast began. It lasted for two to three days.

Immediately after, the marriage followed, the girl being carried to the groom's home. (Jaspan, 1953).

Among the Lumbu of Nanzela, their initiation differs from that of the Ila proper, on two points. The girls are initiated in a group, and this is done before puberty, since it is believed that the rite is necessary before menstruation can take place, meaning that the girl will never see her first period. (Jaspan, 1953).

The Tongas of Southern Province also initiate their daughters at puberty, but they do not teach much on sexual matters. They believe the girl should observe herself what is around her. She learns by observation. (Turner, 1953).

The Lundu-lovale people of North-Western Province, call the female initiation as "Cilunga", 'Wali' or 'Nkanga'. This is in form of a ceremony.

Though it seems not to be associated with ritualist objects, a cylinder of wood is often used to teach the young female how to lie with her future husband, in order

to give him the greatest satisfaction. Intra/vaginal medicines are also taught. (White, 1948, Spring, 1976).

A study conducted by Young Women's Christian Association (YWCA) revealed that a woman is taught from initiation how to satisfy her husband sexually. (Bobo, E, 1994).

Young girls are excessively vulnerable to HIV infection. The state of the vaginal mucosa is such that it can easily break and allow the entry of the HIV infection (Reid, 1994).

A study conducted by Walker from Copperbelt Health Education Project (CHEP) showed that sex workers are becoming younger. It was found that a girl who engages in commercial sex is taught how to 'dance' under a man at initiation ceremonies. They know that the better they are, the more money they will make or earn. Walker does not blame the girls entirely, but society and traditional customs. (Walker, 1994).

1.3.6 HIV/AIDS PREVENTIVE PROGRAMMES FOR YOUTHS

Internationally, WHO, which is responsible for the health of the whole world has young people at heart. They have developed programmes for youths known as Adolescent Health Programmes (ADH) and development of young people world wide

between the ages of ten (10) to twenty four (24), with special emphasis to those in developing countries. (WHO,1993).

This programme is in many countries. One of the countries where it is effective is in Zimbabwe. The young Advisory Unit of Zimbabwe Branch uses a wide range of media to provide young people with information and services they need to develop responsible reproductive health behaviour. The programme strives to improve communication of children and their parents.

Special efforts have been made to develop material to reduce the incidence of unwanted pregnancies, abortion, STDS/HIV/AIDS, baby dumping, alcohol and drug abuse and sexual relationships between young women and older men.

Materials produced reflect the results of a number of group discussions. These have identified the problems faced and the best methods of providing them with the knowledge and communication skills they require to behave responsibly.

A widely disseminated booklet "Facts about Growing up", covers topics such as; reproductive organs, and their functions, information on counselling and services, consequences of relationships with "sugar-daddies",

unreliable birth control methods and myths about sex, STDS, HIV/AIDS and many other issues affecting the youth.

Also a teaching manual on Family and human sexuality has been prepared, an illustrated Flip chart, songs, sets of slides on drug abuse and STDS/HIV/AIDS and videos are used in teaching rural village groups.

Youth campaigns are also used to disseminate information and these campaigns use posters, calendars and diaries, T-shirts, caps and pens, radio messages and pamphlets to reach the youth through-out the country.

A related Parent Education Programme provides information so that parents can communicate with their adolescent children about sexuality.

Youth Advisory Services Unit also air regular radio programmes and Television Talk shows on the problems of youth. Traditional drama groups also regularly visit schools and other places where young people congregate to perform stories based on the problems youths face.

A youth centre is available for advice and counselling including peer counselling, family planning and recreational facilities. (WHO, 1990).

In Portugal, the Youth to Youth is a programme that aims to prevent drug use which can lead to other problems like STDS/HIV/AIDS acquiring, developing young people's awareness and self confidence.

It aims to establish self-esteem, assertiveness and skills for communication, conflict resolution and decision making. The premise is that youth who have these skills are more likely to resist peer pressure and lead good life styles.

Activities include; role playing, listening to speakers, films, light hearted games are interspersed with serious dialogue. (WHO, 1991).

In Zambia and many other developing countries, research has indicated that the provision of adolescent services such as contraceptives, counselling family life and sex education have a significant role in reducing the level of health problems.

Currently in Zambia, such services are only provided to adolescents at a very limited scale. This has probably contributed to high levels of health problems.

In Zambia, the Anti-AIDS project was began in 1987. Its goal is to educate young people about AIDS. This includes primary school children, secondary school, out-of-school youth, college students and young adults.

The centre of ANTI-AIDS Project (AAP) is its Anti-AIDS clubs. AAP produces booklets, and posters to distribute to clubs and other interested parties to teach young people about AIDS.

1.3.7 OTHER ACTIVITIES

The Anti-AIDS Project (AAP) has a library with books, magazines and videos, which are available for use to the general public.

AAP has an outreach programme. These are done by a Health Educator who gives presentations to various groups, particularly school children.

AAP also works with theatre groups. Norad has been a major funder of theatre groups.

AAP also uses lectures, drama, songs, dances, films, slides and posters depending on the environment. Peer education is emphasized.

There is a drop-in centre where people go to watch television programmes, videos on AIDS.

The AAP also provides focus group discussions, question and answer sessions, special counselling programmes and health related dramas.

In the national effort to contain the spread of AIDS, and for it to be effective, a youth emphasis should be taken into account.

In Zambia, every effort should be made to discover traditional practices and customs which can lead to the spread of the HIV infection, especially among women. (Baldo, 1993).

1.3.8 CONCLUSION

Literature reviewed had in no doubt revealed that HIV/AIDS, has many consequences. Traditional practices as observed in many African countries carry many a risk of transmission of HIV/AIDS. These include; sexual cleansing, traditional childbirth, initiation ceremonies which include circumcision of both men and women. The initiation of girls at puberty which is done at the time when girls are starting their adolescence has many risks.

In Zambia, and other developing countries, research has shown that provision of adolescent services such as

contraceptives, counselling, family life and sex education have a significant role in reducing the level of health problems.

In the national effort to contain the spread of AIDS, a youth focus should be taken into account.

1.3.9 OPERATIONAL DEFINITION

1. Initiation of girls at *puberty*:- Refers to the period of seclusion that the girl goes through at puberty to get instructions about adulthood.

2. Curriculum content:- Issues that a girl going through initiation is taught

3. Puberty:- The time a girl has her first period.

4. Adolescent period:- A girl who is between childhood and womanhood.

5. Initiate:- The secluded girl.
6. Initiator:- Woman who instructs a girl during initiation period.
7. Initiation Ceremony:- The coming out of the girl from the confinement.

CHAPTER II

2 OBJECTIVES OF THE STUDY

2.2 GENERAL OBJECTIVE

To explore the content of the 'curriculum' of the initiation of girls at puberty, as originally it was meant to prepare a girl for marriage. Now that girls spend some time at school before they are ready for marriage, does the initiation of girls, teach them to adopt safe sex practices in view of the HIV/AIDS problem? The study aims at providing information to the cultural services of Zambia to modify initiation of girls at puberty.

2.2 SPECIFIC OBJECTIVES

1. To determine the extent to which initiation of girls takes place in Lusaka urban.
2. To find out reasons why people still initiate their daughters at puberty who have to spend some time at school.
3. To establish whether the initiators have any knowledge of HIV/AIDS and how it is spread, and also discover whether they teach safe sex practices.

CHAPTER III

RESEARCH METHODOLOGY

This study was a descriptive study. It aimed at exploring the content of the initiation curriculum for girls in Lusaka Urban, which was looking at the HIV/AIDS incidence among the female youth. The study also aimed at finding ways of modifying the initiation curriculum to suit the current situation of HIV/AIDS pandemic.

A descriptive design was found to be appropriate for this study, this would describe in depth the characteristics of what is taught during the initiation. The study also involved systematic collection and presentation of data to give a clearer picture of the whole initiation programme. (Bless, 1988).

VARIABLES

The dependent variable of the study was the "initiation of girls at puberty."

Independent variables included, the initiatee's age, level of education, safe sex practices, use of intra-vaginal substances, knowledge on HIV/AIDS, teaching on sexuality and family planning in marriage.

4. To make recommendations to the cultural services of Zambia in modifying the curriculum for initiation of girls.

5. To provide information to concerned organisations on AIDS like the World Health Organisation and Society for Women and AIDS in Zambia. (SWAAZ).

1.10 THE VARIABLES

The dependent variable for the study is initiation 'curriculum' for girls at puberty.

Several independent variables have been identified of which some are measurable and others are not measurable.

The measurable variable include the initiate's age, and level of education. Those which cannot be measured include the teaching of adopting safe sex practices, use of herbal intravaginal substances, knowledge of AIDS and teaching on sexuality in marriage.

The variables that cannot be measured such as mentioned above *will* be measured by using some indicators as shown below in order to facilitate measurement and interpretation.

INDICATORS AND CUT OFF POINTS FOR VARIABLES

	0 = Not taught at all
1. Safe Sex	1 = Moderately taught
	2 = Highly taught

2. Knowledge on HIV/AIDS

0 = No knowledge

1 = Slight knowledge = signs and symptoms

2 = Moderate knowledge = Signs and symptoms + mode of transmission

3 = Adequate knowledge = S&S, transmission and prevention

3. Use of intra-vaginal substances/dry sex

0 = Not taught

1 = Slightly taught = mentioned

2 = Highly taught = even give medicines

RESEARCH SETTING

The study was conducted in three (3) compounds of Lusaka namely, Matero, George and Kaunda Square. These are among the oldest compounds in Lusaka, and suitable for this study because they have a high incidence of STDS/HIV/AIDS.

SAMPLE SELECTION AND APPROACH

Only one sample was used in the study. The population consisted of initiation programmes for girls at puberty.

The sample size was three (3). This was thought to be an easier number for management, considering the limited time in which the researcher had to complete the study.

SAMPLING METHOD

A probability simple random Sampling method was used to select the study population. A full list of all compounds of Lusaka (Sampling frame) was obtained from Civic Centre. Every compound that had a high incidence of STDS/HIV/AIDS cases was picked. A list of all these compounds was drawn. Then every 10th compound was picked and was included in the Sample. This was done so that every compound had an equal chance of being included in the study group.

In the compounds, request was made as to which tribes had initiation programmes. From there, one tribe was picked, in each of the three (3) compounds.

DATA COLLECTION TECHNIQUES AND TOOLS USED

Two data collection techniques were used; i.e. a non-participant observation and complimented by a focus group discussion.

OBSERVATION METHOD

Observation of the initiation ceremonies (3) was done using an observation schedule. The researcher used this method for easy recording of activities and analysing of data.

This method was thought to be the best in this situation because it is a technique that involves systematically selecting,

watching and recording behaviour and characteristics of what is being observed. Therefore, non-participant observation technique was adopted to enable the researcher to record the issues under study properly.

FOCUS GROUP DISCUSSION (FGD)

Focus group discussions were held with initiators of girls at puberty, to get their views and experiences on the HIV/AIDS. An indepth structured discussion was held on their knowledge on HIV/AIDS transmission and curriculum content.

The discussion was centered on the topic and only necessary data obtained from the participants. The discussions were held on 10th, 12 and 13th September, 1994.

DATA COLLECTION

Data was collected from 1st September 1994 to 17th September 1994. The data was sorted out according to the data collection tools used. The information from the observation schedule was checked to make sure what was collected was what was wanted. It was checked for completeness.

ETHICAL CONSIDERATION

The issue of human rights was seriously observed. Permission to carry out the study was obtained from various authorities which

included, the HIV/AIDS ethical committee, the cultural services of Zambia and Civic Centre.

Every possible effort was made to inform subjects that information which would be obtained was to be held strictly confidential. To ensure anonymity of data, no names and addresses were recorded. (See appendix for letters).

PILOT STUDY

A pretest of the study collection tool, was done in Garden Compound. This was done to appraise the potentialities and validity of the method of observation.

Following the pilot study, some questions on the observation schedule were rephrased for better observation. It also helped the researcher to construct questions for the focus Group Discussion (FGD).

LIMITATIONS OF THE STUDY

The major limitation of the study was time. Time was not adequate as the researcher had to share the little time among the various academic pressures. The study could not be done on a larger scale because of limited time, and especially in rural areas where initiations originate from. This was due to limited time in which the completed study had to be submitted to the University of Zambia.

CHAPTER 4

DATA ANALYSIS AND DISCUSSION OF FINDINGS

OBSERVATION REPORT ON THREE INITIATION PROGRAMMES

This observation report is based on three initiations which were held in three compounds, namely George, Matero and Kaunda Square in Lusaka.

The tribes which were involved were: the Nsengas of Eastern Province, the Lozis of Western Province and the Bembas of Northern Province.

Each initiation programme was observed for a period of two weeks which included about four hours in the morning and three hours in the afternoon, except Saturdays when the observation was for the whole day, up to 17.00 hours.

RECRUITMENT OF GIRLS TO THE INITIATION

Seclusion is the term used for the process of separating a girl who has matured, from the public for a specified period of time.

The length of the seclusion is decided upon by the parents of the

girl. The parents are also responsible for finding initiators for the girl.

When a girl becomes of age or has her first period, she reports this to either her auntie, grandmother or elder sister. In the absence of these, the girl reports to her mother.

Upon getting this information, the girl is immediately confined to a room as arrangements and decisions are made. The girl has no say in all this. Depending on the final decision, the girl is either initiated immediately or later. This takes a lot of things into consideration. The interesting thing is that whether a girl is initiated immediately or not, certain issues are taught. These include personal hygiene, especially during menstruation, respect for elders, instructions on cooking and other related issues. The major issue of sexuality is left for the confinement period.

Among the observed tribes, i.e. the Lozis, Bembas and Nsengas, the latter and the former wait to initiate the girl until she is 15 years old. The reason given for this was to give the girl a chance to grow older so that she can achieve mental maturity, and be able to grasp the message of the initiation. The Lozis initiate their girls at any time when menarche occurs.

It is the responsibility of the mother to find initiators for their child. Among the Lozis, it was discovered that men also

do assist in finding initiators for their female children.

A minimum period for secluding the girl was two weeks and a maximum of four weeks in all the three tribes.

The ages of the girls in the observed initiations ranged between twelve (12) and fifteen (15) years. The Bembas had three girls under initiation while the Lozis and Nsengas had one each.

The girls were all School going and were in grades six and seven. They attended school in the morning and later went in their confinement.

CURRICULUM CONTENT

During the period of seclusion of the girls, various topics were covered. These varied from personal hygiene, especially during menstruation, respect for elders, her future husband, to ways of womanhood and family life.

Sexuality was the central theme in the teaching. Regarding sexuality, drums were beaten, and songs were sang. The girl was taught how to dance in order to be flexible as she slept with her husband. The songs which were sung were in parables such that the girl could not understand the meaning behind them. All these songs had to do with sexuality and respect mostly. The meaning was later revealed to the girl.

As the girl was taught on sexuality, sexually transmitted diseases (STDS) were also mentioned. This was to warn the girl about premarital sex. They said if the girl engaged in premarital sex, she risked acquiring STDS. These included Syphilis and Gonorrhoea, but HIV/AIDS was not mentioned.

Two of the three tribes, the Nsengas and Lozis did tell the girl about getting pregnant. The Bembas did not, because they said, telling the girl about pregnancy lead her to indulge in sex. The girl was warned that if she indulged in sex, either her mother or father would die, and also that her fingers would grow long.

Another issue that was emphasized was to avoid sex during menses. They said this could lead to diseases such as chest infections, coughing and loss of weight.

Safe sex practices such as use of condoms was not mentioned.

METHODS OF TEACHING

Methods of teaching girls varied from use of models, demonstrations, discussions, singing, dancing and drum beating. These methods were common in all the observed tribes, with only some minor variations.

The Bembas used 'imbusa' which are sacred emblems to teach the girls especially on sexuality. These included models of a man and woman, the girl will be shown what happens during sexual relations.

Aspects of a woman's body and that of a man was shown to the girls. concentration was between a man and a woman's sexuality.

This method of teaching was commonly observed in all the tribes. For instance, the Lozis would use one of the women to act as a man. This lady would sleep with the girl in bed to show her how sex takes place. They also had a way of demonstrating anatomy and physiology of the male and female genitals.

EVALUATION

Evaluation of the girl's readiness for coming out of the confinement was done by initiators in the last two weeks. This was done in the presence of the girl's auntie or grandmother.

This was done gradually and more as an observation to the instructions given by initiators.

The girl mainly demonstrated the different kinds of dances symbolising the different positions to use during sexual relations. Drums were beaten and songs were sung as the girl demonstrated.

The areas included are mainly on sexuality, moral values and personal hygiene.

After the specified period of seclusion was over, the parents of the girl were informed whether the girl was ready to graduate or not by auntie or grandmother. A date was set by the parents who prepared for the ceremony.

Preparation for the coming out ceremony included inviting of relatives, friends and neighbours, buying and preparation of foodstuffs such as locally brewed beer, chickens, meat, rice and Nshima, and purchasing of new clothes for the initiate and the initiator.

In the Bemba tradition, this ceremony is known as 'cisungu'. This means a girl who has come of age. The ceremony was public. There was a lot of eating, drinking and dancing. The 'cisungu' ceremony marked the end of the initiation.

This particular ceremony took place on Saturday afternoon in George compound. The chief initiator known as 'banachimbusa', clad in new chitenge attire, came out of the house first, dancing, followed by the three girls clad in new clothes, and dancing.

The dancing went on for about thirty minutes, before the group went and sat on a mat. As the girls danced, money was either

given to the 'nachimbusa' or thrown to them in appreciation of how the girls were dancing. The 'banachimbusa' got the money.

The parents of the girls gave short speeches and the ceremony came to an end. The girls went back in the house while dancing. This marked the end of the whole initiation.

FOCUS GROUP DISCUSSION REPORT

Three focus group discussions (FGD) were held in George, matero and Kaunda Square compounds. These were held on the 10th, 11th and 12th September for one hour each.

The participants included initiators of the girls at puberty in the 3 compounds. Each group comprised of about 10 initiators. One FGD included the Director of Cultural Services in Zambia. There was a recorder and the researcher who was the facilitator.

The group members were greeted, self introduction was done by the researcher and the purpose of the discussed was explained. The importance of participation was stressed.

Data from the focus group discussions were used to support the data from the main study. Major issues that came up in the discussions have been presented in the text.

Knowledge of HIV/AIDS

The initiators revealed that HIV/AIDS is a new disease and therefore their knowledge was limited. A few, about 10 out of 30 had heard about AIDS on radio. Others said it was due to witchcraft as it was an incurable disease. A few still said that HIV/AIDS has been existing for a long time. This is caused by a man and woman having sex during menses. This leads to the disease whose signs are similar to HIV/AIDS today. These signs include, loss of weight, prolonged coughing, diarrhoea and later confinement to bed, and finally death.

Prevention of HIV/AIDS

The initiators said that the only way to prevent diseases mainly caused by sexual contact was to abstain from sex.

On the use of safe sex practices such as a condom, the initiators said that this was not right. They feared that the girls may indulge in sex prematurely if they were introduced to condoms. This idea was not welcomed.

Though they taught the girls about STDS such as Syphilis, the only way they told the girls, to avoid catching these infections, was to avoid sex.

CHAPTER 5

DISCUSSION OF FINDINGS

Popularity of Initiations

Study results revealed that initiation of girls at puberty is common, especially during school holidays, regardless of family social status.

This could be due to the fact that initiation is an old tradition which has been in existence for a very long time, as old as man himself. People still feel obliged to continue observing it. Corbeil, (1982) says that the custom of initiation of girls has been in existence since time immemorial. The fact that the practice of initiation continues to be observed emphasizes its importance in traditional Africa.

Study results also showed that the main reason for initiating girls is to prepare them for womanhood and Social duties. Corbeil (1982), says that menarche is a sign that a girl is ready to be initiated into womanhood. In the past, girls were initiated for the same reason.

In traditional Africa, adolescent female sexuality was the norm, but this was both mandated and regulated by early marriage. Marque, (1993) says that girls rarely attended school, and

therefore they would spend up to three months indoors being prepared for womanhood, marriage and related issues.

The initiation of girls and its teaching which concentrated on sexuality had its rightful place in traditional society. With the HIV/AIDS pandemic initiation runs a risk in that HIV/AIDS has a lot to do with sex, as well as the initiation. If girls, during initiations are not introduced to safe sex practices, HIV/AIDS may result if girls indulged in unprotected sex.

Hoffman (1992) says that the commonest mode of HIV transmission is heterosexual transmission. This then suggests finding ways and means of making the initiation a safer practice. This could be done by including certain issues like use of condoms and also teach initiators on HIV/AIDS.

TOPICS TAUGHT DURING THE INITIATION PERIOD

The study results revealed that topics taught during initiation of girls at the moment are not different from what was taught originally.

The topics which were taught to the girls before were in form of preparing a girl for marriage, hence the concentration on sexuality, such as how to please a man during sexual activity.

Heterosexual transmission is the commonest mode of HIV/AIDS. W.H.O. reports that STDS are as common as Malaria. A lot of new

cases are being diagnosed yearly, half of which turn out to be HIV infection.

This is because in developing countries including Zambia, STDS go unnoticed, unreported and untreated, further facilitating transmission of STDS, HIV/AIDS.

Very few studies have been done on initiation of girls in Zambia. Mwale and Burnard (1992) say that initiation of girls was identified as a major factor in the spread of HIV/AIDS. This is because girls are taught how to dance before a man, without introducing them to safe sex practices. The girls indulge in sex and they acquire STDS including HIV/AIDS.

During the initiation sessions, though STDS are mentioned, HIV/AIDS are not mentioned. This could be due to the fact that HIV/AIDS is relatively a new disease. The initiators need to be educated on HIV/AIDS. Information about HIV/AIDS need to be disseminated to all classes of people in society. This should be done in languages that people will understand.

Currently, a girl is told to abstain from sex as a means of controlling STDS and pregnancy. A condom is not mentioned during this time. Teaching girls on abstaining from premarital sex is good as girls need to be directed so that they have good morals.

Many challenges face these girls, and they need alternatives in case of eventualities they are unprepared for.

HIV/AIDS is a world concern because no cure has been found yet. Therefore, survival rests in the prevention of the disease. HIV/AIDS is becoming more and more a global problem and more of a developing country's problem.

In 1988 according to W.H.O. report, 50% of the total estimated world infection occurred in developing countries, by 1992 that percentage had increased to 75%, and the estimation for the year 2000 is about 90%.

In initiations, groundwork has already been laid. The initiators have an influential position in Society and they do command respect. If these women are educated on HIV/AIDS, they can assist transmit this information to other women ^{and} teach this in initiations.

Women are especially vulnerable to HIV infection. In Africa and Zambia in particular, this could be due to the dynamics of the African situation and its culture. The status of women within the family and society makes them susceptible to HIV Infection. During initiations, if initiators are knowledgeable about this, such issues can be discussed by including them in the curriculum.

Little has been written and published in Zambia concerning initiations. This could be due to the sensitive nature of the subject of sex in traditional Society. Walker (1994) says that the blanket of silence that exists in the area of sexuality, is one of the worst. The researcher confirmed this because of the

problem of having difficulties in getting information during focus group discussions.

Knowledge and prevention of HIV/AIDS

Study results showed that initiators lack knowledge on HIV/AIDS. Indeed HIV/AIDS is a relatively new disease and this could be the reason why the initiators lack knowledge.

Ignorance about HIV/AIDS i.e., its cause, how it is spread and prevention poses a threat to the spread of the disease. If people involved in such an important event as initiation do not have adequate and proper information, it's a risky situation.

Diseases such as Syphilis and Gonorrhoea are mentioned during initiation. This is because these diseases have been known for a long time. Therefore if initiators know about HIV/AIDS, there is ^a possibility, they can teach the girls.

Other reasons for the lack of knowledge could be that these women cannot read, irrespective of the abundance of information on HIV/AIDS, they cannot utilise it. Also, it could be that these women, looking at their environment and social status, do not own radios, so information they can get through local stations is not available.

The few initiators who had heard about HIV/AIDS, looked the real facts about the disease. The information they had was erroneous because they said HIV/AIDS was due to witchcraft. In Africa, witchcraft plays a role where people do not understand a phenomenon. In the case of HIV/AIDS where there is no cure, it is attributed to witchcraft.

On the prevention of HIV/AIDS, initiators lacked knowledge. Also the use of a condom as a safe practice of sex was not welcome. They said this was not natural and it may encourage the youth to indulge in sex before marriage. This stand is good because these young people need to be directed in the proper way. The condom was not even mentioned. The initiators need to be educated that there are times when something may happen to the girl they have taught. They need to be highlighted on that so that they can educate the girl on the condom as well, but they should encourage good morals.

A condom is a rubber sheath that is worn on the male reproductive organs. The semen, vaginal and cervical secretions have been identified as some of the body fluids that can contain the HIV, the causative organism for the AIDS. (NAPCD, WHO, 1991).

This means there is exchange of viruses among infected persons during unprotected sexual intercourse, an uninfected person may be infected. (NT. Dec. 1988). If girls are taught heavily on

sexuality, and are not taught safe sex practices they may indulge in sex with an infected partner and get, infected.

The incidence of HIV/AIDS is increasing yearly. According to WHO projection of HIV/AIDS infection by the year 2000, about 30 - 40 million people worldwide may have been infected and some 10 million will have developed AIDS.

If initiators can encourage girls to abstain from sex, they can if they had the knowledge on the condom, teach this for use in the case of an eventuality. There is need to educate initiators on condoms and their use as an alternative to safe sex practice. This is an important message to include in the initiation curriculum.

With the HIV/AIDS pandemic, more and more people are now aware of the infection and its various modes of transmission. However, one may still wonder why large numbers of new cases of HIV/AIDS are being diagnosed. The initiators on the contrary, lack knowledge. This may be due to the environment in which they are found. Sexuality is not freely discussed because it is a sensitive issue. (Walker, 1994).

To try and reduce the spread of HIV/AIDS especially through sexual contact, a condom has been identified worldwide as the safest devise for the prevention of the transmission of the

infection as it has proven through studies. The studies show that the chances of infection when a condom is used new and intact is almost zero. (U.T.H. Virology, Studies 1991-92).

Condoms are easy to use and most of these can be obtained free of charge from clinics, family Health Trust and P.P.A.Z.

It is of paramount importance that these initiators are educated and equipped with proper knowledge on HIV/AIDS.

CHAPTER 6

Implications of the Findings on the HIV/AIDS

Spread and Conclusion

The study which aimed at reviewing the 'curriculum' for girls being initiated into womanhood at puberty, was for the purpose of modifying the practice to make it safe and to see whether it can be used to educate initiators on HIV/AIDS.

However after the study, results showed that the initiation curriculum needs attention. Initiators need to be educated on HIV/AIDS because they lack knowledge.

One of the major problems identified was the lack of knowledge by the initiators of girls at puberty. This requires attention of the National AIDS Prevention and Control Programmes (NAPCP) and other concerned bodies like SWAAZ.

It is therefore necessary that this problem is address seriously and urgently. It was evident from the results, initiators need adequate knowledge on STDS/HIV/AIDS. This should be taught to them so that it is included in the 'curriculum' as they educate the girls at puberty. This has to be done with great care.

Initiators are very sensitive to the fact that people just want to expose what they teach.

Since girls are taught on sexual issues at a time they are starting their adolescence, it is necessary to preserve their lives by educating them properly on HIV/AIDS and also on them adopting safe sex practices. This information needs to be shared with others.

CONCLUSION

The assumption that girls are not taught to adopt safe sex practices during initiation seclusion is actually true. This study revealed that the concentration of teaching during the initiation is still on sexuality, and even though HIV/AIDS is a threat this is not taught.

The knowledge that initiators have on HIV/AIDS is very limited, traditional and quite dangerous.

Several reasons were given as to why girls should be initiated in exactly the same way as before. These included the fact that this is an old time custom left by forefathers, and culture should be preserved; and a woman is considered as one if initiated.

However, most initiators are still unaware with the way HIV/AIDS is spread and were not willing to change their stance at that time.

With the HIV/AIDS pandemic at hand, proper information should be established and education given to the initiators in *a* language they can appreciate. Initiators hold such an important position in society.

From the three initiation programmes, and Focus group discussions, it is clear that this practice has not changed much even with the passage of time, and the fact that girls do not get married immediately following the initiation.

SUMMARY

The aim of the study was to review the curriculum content of the initiation of girls at puberty in view of the HIV/AIDS pandemic in Lusaka urban district.

The assumption was that may be girls were not taught to adopt safe sex practices during the initiation. The research was a descriptive study, to help facilitate an accurate description of what the content of the initiation curriculum is.

The study was conducted in three compounds namely, George, Matero and Kaunda Square of Lusaka. These compounds being among those with high incidence of STDS, HIV/AIDS. The study population was

the three initiations which were observed. Three focus group discussions were held consisting of ten women in each.

The findings from observation and FGD revealed that this practice is commonly practiced and the reason^{for} initiating girls was to prepare them for womanhood and marriage. The thrust of the teaching is on sexuality in marriage. Though girls are not taught to adopt safe sex practices like condom use, apart from abstinence. The knowledge of initiators on HIV/AIDS was limited and therefore prevention for them was only to avoid premarital sex. With the problem of HIV/AIDS at hand, proper information, education and communication need to be established among initiators, so that they teach on HIV/AIDS and its prevention.

RECOMMENDATIONS

1. The NAPCP in conjunction with other sectors should ensure that the AIDS promotion is done in different languages that people will understand. This can be done by holding role plays in strategic places such as markets, hold workshops which should incorporate initiators and other community leaders.
2. The initiation curriculum content should include teachings on safe sex practices such as condoms to help prevent the spread of HIV/AIDS.

3. A follow-up study to assess the sexual life of initiated and non-initiated women can be done to assess the impact that initiation had afterwards.

4. The Ministry of Health should form a cultural department in conjunction with other governmental ministries to work together to promote safe sex practices from grassroot levels.

BIBLIOGRAPHY

1. BALDO M; Global AIDS Newsletter, 1993, No. 4 by WHO P.3.
2. BANDA M; "Changing Morality" Views from Africa, Faith Hope and Chastity. In AIDS action, Borne Ltd., London, issue No. 13, 1991, P.4.
3. Brochure on Understanding AIDS; USA Department of Health and Human Science, Rockville. Publication No. (CPC) HHS - 88-8404, 1992.
4. Central Statistical Office 1990 Census Report
Country Profile ;
5. Corbeil J.J; 'MBUSA', Sacred Emblems of the Bemba 1982 edition, Ethnographic Ltd., London.
6. Feverstein T.M; Community Involvement in AIDS. Control and prevention, 1988.

7. Jaspán M.A; The Ila-Tonga peoples of North Western Rhodesia.
1953, Edition, International African Institute, London, P.39
8. Lapidol, A.O.et el Sexual Behaviour and reproductive health among youth, unmarried population, Ibadan, 1983, Pp 4-6.
9. Michael M; AIDS; The Big Threat Courier No.123, 1991, Pp 50-53.
10. Ministry of Health; Statistics about AIDS, 1985-1993.
11. Mann J.M etal; Global AIDS in the 1990s, 5th International Conference on AIDS. Montreal, Canada, June 1989.
12. Mukupo F.C; Knowledge, Attitude and Sexual Practices Concerning AIDS among Street Adolescents, UNZA, PBN, 1992. Zambia - (unpublished).
13. Ministry of Health; Current Statistics on HIV/AIDS. October, 1993, Lusaka, Zambia.

14. Pilot P. et al; AIDS, an International Perspective. Geneva, Vol-239, 1988 Edition Pp 573-79.
15. PPAZ, PATH, MOH
AND WHO; Talking with your clients about AIDS second edition, 1993, Lusaka, Zambia.
16. PPAZ; Parenthood - The flower of Youth - tend it with planned parenthood. June 1986, V.1 N.2 Pp 10-11.
17. Poole L.E.H; The Native tribes of the Eastern Luangwa, Province of N. Rhodesia. Notes on their migration and History. Printed by Government Printers, 1934.
18. Rehehart, W.; AIDS education a 'Beginning' in Population Reports, V.17, No. 8 Bartnole, 1989.
19. Royal Tropical Institute;
(KIT) AIDS Health Promotion Exchange Netherlands, 1993, No.3.
20. Strike D.W; Eight years among the Barotse Negro University Press, New York 1969 Edition, Pp 63-65.

21. Smith I.; Note on Adolescence and Puberty 1962 from Chiefs Mwanja Wanthu, Mumbia and Assessors Masauso, Nyaluwayo and Yosam Mumba assisted by Kefa Banda.
22. Schober P.; "AIDS, facing facts," Nursing Times, 1987.
23. The Post Article
by Mwendela Chilombo; Young Hooters take over Lusaka. Friday, May 6, 1994.
24. Turner Y.W.; The Lozi People of Western Province 1953 Edition, International African Institute, London.
25. W.H.O. The Health of Young People. A challenge and a Promise, 1993.
26. W.H.O. Population Reports. Controlling sexually Transmitted Diseases Series L.; N.9 June, 1993.
27. White C.M.; The Material Culture of the Lovale Peoples; The Rhodes Livingstone Museum 1948, P.13.

28. WHO/ADH; Approaches to adolescent health and Development. Principles for success. A joint WHO (IYF meeting. Geneva, 20-22 November, 1991.
29. WHO/ADH; Approaches to Health in Adolescents. Adolescent Health Programme, Family Health Division; WHO, Geneva, August, 1990.
30. Yngve H. (Chief Editor); News on Health Care in Developing Countries, HIV in developing countries, February, 1992, V.6, Sweden.
31. Yorke, J.A. etal; Dynamics and control of the STDS, April - June, 1978.
32. Mwale and Burnard; Women and AIDS in rural Africa 1992 Edition, Avebury, Ashgate Publishing Ltd., England.
33. Bervens R.; AIDS Health Promotion Exchange Tropical Royal Institute, Geneva N.2. 1989, P.1 and 4.

FOCUS GROUP DISCUSSION GUIDE FOR INITIATORS

Date of meeting: 7th September, 1994
Time started: 10.30 hours
Time finished: 11.30 hours

Instructions:

Greetings to Group members. Self introduction and of recorder.

Purpose of discussion. Importance of participation stressed.
Request to take notes.

1. What do you teach girls during the seclusion period?
2. What is the average of girls who go through the initiation?
3. What is your view of HIV/AIDS?
4. How is HIV/AIDS transmitted from one person to another?
(mode of transmission).
5. What safe sex practices do you teach girls?
6. What is your opinion of what you teach the girls and the
period they have to wait to be ready for sex?
7. What are some of the behaviours of the girls after
initiation?
8. How popular is the initiation of girls in Lusaka urban?

OBSERVATION (TOOL) SCHEDULE

Date: 1 - 14 September, 1994

for office
use only

1. Age of girl under initiation
- (i) 9 years
 - (ii) 10 years
 - (iii) 11 years
 - (iv) 12 years
 - (v) 13 years
 - (vi) 14 years
 - (vii) above 15
2. Level of grade at School?
- Grade 4-5
 - Grade 6-7
 - Grade 8-10..... ..
 - above Grade 10.....
3. Teaching on Safer Sex?
- (i) delaying Sex
 - (ii) Use of condoms..... ..
 - (iii) Abstinence
4. Use of herbal intra-Vaginal substances?
- (i) Highly taught
 - (ii) Moderately taught..... ..
 - (iii) Not taught

5. Knowledge of HIV/AIDS: (i) Not knowledgeable.....
(ii) Slight knowledge.....
(iii) Moderate knowledge.....
(iv) Adequate knowledge.....
6. How long are girls secluded? (i) One week
(ii) Two weeks
(iii) One month
7. How popular are initiations for girls? (i) Not observed
(ii) Moderate observed
(iii) Highly observed
8. What is the method of teaching? (i) discussions
(ii) demonstrations
(iii) dancing & songs.....

WORK PLAN

TASK TO BE PERFORMED

TIME SPAN

JAN FEB MAR APR MAY JUNE JULY AUG SEPT

-
1. Working on the
research proposal
 2. Organising funds
 3. Clearance from Re-
search Ethical
Committee
 4. Meeting with Director
of Cultural Services
 5. Meeting with Community
Leaders
 6. Collecting Data
 7. Analysing Date

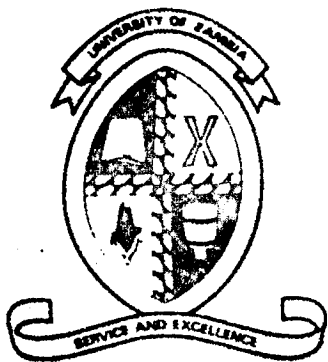
8. Finalising the Report

9. Binding

10. Submitting Report

SAMPLING OF LUSAKA URBAN COMPOUNDS

- | | |
|---------------------|------------------------|
| 1. Bauleni Compound | 29. Kacha |
| 2. Cathedral South | 30. Kalingalinga |
| 3. Cathedral West | 31. Kalundu |
| 4. Chainama | 32. Kamanga |
| 5. Chainda | 33. Kamwala |
| 6. Chaisa | 34. Kanyama |
| 7. Chakunkula | 35. Kapila |
| 8. Chamba Valley | 36. Kaunda Square |
| 9. Chantala | 37. Libala |
| 10. Chawama | 38. Lilayi |
| 11. Chibolya | 39. Luburma |
| 12. Chilanga | 40. Luneta |
| 13. Chilenje | 41. Lusaka East Forest |
| 14. Chilenje South | 42. Makeni |
| 15. Chipata | 43. Maluba |
| 16. Chibula Mumbwe | 44. Mandevu |
| 17. Chunga | 45. Marapodi |
| 18. Cook | 46. Matero |
| 19. Desai | 47. Misisi |
| 20. Frank | 48. Mulobela |
| 21. Garden Compound | 49. Mtendere |
| 22. George " | 50. Mwambula |
| 23. Jack " | 51. Namununga |
| 24. John Howard | 52. Ngombe |



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DEPARTMENT OF POST BASIC NURSING

June 17, 1994

The Director
Cultural Services in Zambia
LUSAKA

Dear Sir/Madam

I am a final year student at the School of Medicine, Post Basic Nursing Department. I am requesting for permission to undertake a research study in your communities as part of my course requirements.

My research topic is: Initiation of girls at Puberty into Womanhood in view of the HIV/AIDS situation.

I would be very grateful if you would kindly grant me permission to participate in an initiation ceremony. This will enable me to collect information required for the study.

Your favourable response to my request would be greatly appreciated.

Yours faithfully

Fredah Chiwaya Changwe



Lusaka City Council

Director of Public Health
Telegrams: "CITY"
Telephone: 250877
Ext.
Verbal Enquiries to:
Mr.....

PUBLIC HEALTH SERVICES DEPT
CIVIC CENTRE
P.O. Box 3078
LUSAKA
Republic of Zambia

Reference: PHD/33/10
TJ/del

Your Ref:

14th September 1994

Mrs Fredah C Chongwe
University of Zambia
School of Medicine
P O Box 50110
LUSAKA

Dear Sir

Re: PERMISSION TO CONDUCT A RESEARCH

Reference is made to your letter dated 13th September 1994 in which you requested for permission to conduct a Research in George and Matero Compounds.

Please be informed that permission is hereby granted for you to conduct the research.

By copy of this letter the Sister-In-Charge of George and Matero Health Centres are hereby informed to assist you.

Yours faithfully

Dr L M Ngenda
ACTING DIRECTOR OF PUBLIC HEALTH

25. John Laing

26. Kabanana

27. Kabulonga

28. Kabwata

53. Paradise

54. Ridgeway

55. Roma

56. Shikoswe

57. Woodlands