

## **WOMEN CEREMONIES AND RITES AS A COMMUNICATION TOOL FOR HIV/AIDS INFORMATION: A ZAMBIAN PERSPECTIVE**

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### **ABSTRACT**

Traditional initiation ceremonies and rites are powerful tools that can be used to communicate HIV/AIDS information to women. While a number of studies have examined the relationship between HIV/AIDS and communication, few have investigated the link between women ceremonies and rites and HIV/AIDS information. Women comprise half of the world's population but are generally excluded from active participation in development plans and policies. In order for women to actively participate in development decisions, they need to be free from diseases such as HIV/AIDS. Traditional women's ceremonies and rites can be used as a valuable tool to communicate HIV/AIDS information to women. The purpose of this study was to investigate whether women ceremonies and rites are used to communicate HIV/AIDS information in Zambia. The study, largely quantitative in nature was conducted in Lusaka, Zambia. Over 100 women participated in the study. A self-administered questionnaire was used to gather primary data. The results are reported and include the kinds of puberty rites and ceremonies women are introduced to; kinds of information women receive during puberty rites and ceremonies; the HIV/AIDS information needs of women; and provision of HIV/AIDS information by elderly women to those who under-go puberty rites and women ceremonies.

**Keywords:** HIV/AIDS, Women; Zambia, Health communication, Development, Health information need, health information seeking, Gender, Developing countries, Puberty rites, Women ceremonies, Traditional information channels.

### **1. INTRODUCTION**

Human Immune Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) have continued to be one of the most challenging developmental issues in human history. HIV/AIDS prevalence among women has been quite high over the past decades. For instance, the International Council

of AIDS Source Organization (2007) reported that the number of women living with HIV/AIDS accounted for nearly 39.5 million people living with HIV/AIDS worldwide. The council went further to argue that of the 3.8 million new infections that occurred among adults in 2006, 50% were among women. In sub-Saharan Africa where HIV transmission is predominantly heterosexual, almost 60% of those infected were women. Some scholars argue that dramatic rise in HIV prevalence among women is due to gender inequality and blatant human rights violation (Wilson and Heeks, 2002). In Zambia unlike some countries in the world, AIDS is not primarily a disease of the most underprivileged. Infection rates are very high even among wealthier people and better educated. However, it is the women especially the poorest that are least able to protect themselves from HIV or to cope with the impact of AIDS. HIV has spread throughout Zambia, to all parts of society; some groups are especially vulnerable most notably young women and girls. At the end of 2006, 17% of the people aged between 15 and 49 years were living with HIV/AIDS. Among these 57%, of the adults were females. Not only that, women are also affected by HIV/AIDS in that they tend to be the majority caring for those suffering from the disease. HIV/AIDS has worst hit women in their productive years and families have disintegrated and thousands have been left destitute (Wilson and Heeks, 2002). Thus women who are the majority and important contributors in all aspects of development are affected most by HIV/AIDS. Therefore, they are unable to effectively contribute to the development process.

According to Pillai (1993), political declaration on HIV/AIDS reaffirmed that; prevention of HIV/AIDS infection must be the mainstay of national, regional and international responses to the pandemic and commitment was to intensify efforts to ensure that a wide range of preventive programmes that take account of local circumstances, ethics and cultural values are available in all countries, particularly the most affected countries including information education and communication in languages most understood by communities and respectful of cultures, aimed at reducing risk taking behavior and encouraging responsible sex behavior. This is only possible through supplying such information in avenues responsible for cultural practices (Pillai, 1993).

Another important issue concern human rights which are critical in the prevention of HIV/AIDS. Women have the right to comprehensive evidence, informed and appropriate information on HIV/AIDS. Such information should empower women to make decisions that can help them avoid the infection (Kengo, 2005). Considering the role information can play in HIV/AIDS prevention, it is necessary that women have access to HIV related information. Such information can be communicated using women ceremonies and puberty rites. Women ceremonies and puberty rites are important traditional communication tools, especially for women who are illiterate and cannot access other facilities such as the libraries and Internet. Thus, these channels are vital because they communicate information to women in local languages which are easily understood. Further, women are able to receive first-hand information verbally accompanied with demonstrations. Therefore, traditional channels are key instruments that should empower women to access HIV/AIDS information. However, there are many unknown issues about women ceremonies and rites and their roles in the fight against the disease. That is why this study sought to investigate women ceremonies and puberty rites as a communication tool for HIV and AIDS information.

## **2. BACKGROUND**

Cases of HIV/AIDS became known in Zambia in the early 1980s and the pandemic was known only to infect the elite, the rich residing in towns. Additionally, HIV/AIDS was seen as a disease

striking mainly men. Women were initially spared (Central Statistical Office et al, 2009). However, with time, they were affected too and the trend took a different direction because the number of both women and men who were infected began to increase. Because of the high incidences of HIV/AIDS, the Zambian government joined international organizations in taking an entirely new level determination to confront the epidemic. Thus, in 2004, HIV/AIDS was declared a national emergency by the then president Levy Mwanawasa (Central Statistical Office et al, 2009). The perception that HIV/AIDS threaten only sex workers, heroin addicts and gay men has been replaced by the urgent consensus that this is a universal problem (Wilkinson, 2003). Anyone can contract the disease. In fact, as the saying goes, 'if you are not infected then you are affected.' At present there is no cure for the disease but only preventive measures. Communication can be used as a measure to reduce HIV/AIDS infection rates. This opinion was based on popular considerations of sexual hygiene, (Central Statistical Office et al, 2009). HIV/AIDS preventive measures have been in place for a number of years. These include abstinence (not having sex) which is the best way to prevent HIV/AIDS; mutual monogamy (having sex with only one uninfected partner), and use of condoms. However, sensitization messages on these preventive measures have largely remained conventional and exclude some sections of women especially the illiterates and those without access to modern ways of communication. Women ceremonies and puberty rites must be given the necessary accord as information provided in such avenues influences individual behavior, actions and conduct. As with all HIV related public health interventions, traditional channels of communicating HIV/AIDS information like women ceremonies and puberty rites must be promoted in culturally appropriate, right based and gender sensitive ways.

Another important aspect in terms of utilizing women ceremonies and rites and other traditional channels of communicating HIV/AIDS information is in the area of motivational behavior. This is applicable in the sense that, information that is directly relevant to the practices is fundamental in influencing the way people behave. Most people at high risk of contracting the deadly HIV/AIDS epidemic are those with inadequate information about it. This is where traditional initiation ceremonies can play a very important role because they centre on motivation and behavioral skills as critical factors that target for change and intervention efforts to promote preventive behavior.

### **3. STATEMENT OF THE PROBLEM**

Zambia is one of the countries in Sub- Sahara Africa worst affected by the HIV/AIDS pandemic. Just like in most parts of the world, women in Zambia are more vulnerable to HIV/AIDS than men. The estimated HIV prevalence rate among women (aged 15-49) is 16.1 percent, compared to a rate of 12.3 percent among men. Out of the 285,000 people living with HIV in Zambia 56 % are women and 44 % are men. For every two people on treatment, five more are newly infected, of whom three are women. Approximately 39.5% of babies born to HIV positive mothers are infected with the virus. In addition, about 8% of boys and 17% of girls aged 15-24 are living with HIV (United Nations Development Programme, 2011).

It is argued that the highest rates of HIV infection in Africa occur in regions of the continent where the predominant tribal or religious cultures do not practice initiation ceremonies (Kalaba, 2000) and that above 30% female HIV/AIDS infection rates are found in Zimbabwe, Botswana, Swaziland and Eastern South Africa, where such ceremonies are not practiced. Infection rates

remain below 5% in West Africa and other parts of the continent where initiation ceremonies for instance occupy a common place (Kalaba, 2000). However, in Zambia incidences of HIV/AIDS are high though these ceremonies are widely practiced in various parts of the country. Very little is known whether women ceremonies and rites are used to communicate HIV/AIDS information in Zambia.

In the same vein, two divergent views remain unresolved. Some scholars claim that traditional channels such as puberty rites and women ceremonies can reduce the spread of HIV/AIDS. This is supported by Kalunde (1992) who asserts that the majority of women consider initiation ceremonies important in the fight against HIV/AIDS and that their significance should not be overlooked. On the other hand, Kapungwe (1993) argues that in fact traditional channels of communicating information on HIV/AIDS can enhance the spread of HIV/AIDS.

To curb the disease therefore, there is need to recognize the importance of communicating HIV/AIDS information to women both curative and preventive using channels which are embedded in the cultural practices of various ethnic groupings in the nation. This is so because it seems that the anti- HIV/AIDS information, activities and programmes currently in place have so far predominantly confined to modern ways of communicating information. Although something may have been achieved through this approach, a lot more could be realized if traditional channels of transmitting sex information that involve women were identified and utilized to augment those currently in use (Kapungwe, 1993). Such avenues in Zambia include the different puberty rites of passage, *matebeto* (feast in honour of husband), kitchen parties, *chilanga mulilo*, (literally showing the fire), traditional weddings and other female ceremonies which could be effectively used in communicating information about HIV/AIDS. In fact, Elson (1992) argues that this time, affluent women across various demographic groups seem to popularize in kitchen parties in the modern setting where a woman is taught certain values of conduct in marriage before the wedding day. It is through information that women can be aware of how they are supposed to conduct themselves in and outside marriage to avoid contracting the disease. During such ceremonies, elderly women such as *Bana Chimbusas* (counselors/initiators) in Bemba and *Alangizi* (counselors/initiators) in Ngoni 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 role in the fight against HIV/AIDS cannot and should not be over looked. It is against this background that investigating women ceremonies and rites as a communication tool for HIV/AIDS information in Zambia is significant. This is because people undergoing rites or such ceremonies greatly need to be provided with information more especially on HIV/AIDS so as to curb the spread of the disease.

Very little is known especially in Zambia on whether or not puberty rites and women ceremonies are used to communicate HIV/AIDS and also whether such practices enhance or inhibit the spread of HIV/AIDS. In the absence of research and empirical data, it is difficult to promote this practice through which HIV/AIDS information can be communicated. It was therefore, imperative to investigate if women ceremonies and puberty rites are used as communication tools for HIV/AIDS information.

#### 4. RESEARCH QUESTIONS

The main objective of the study was to establish if puberty rites and women ceremonies are used to communicate HIV/AIDS information to women in Zambia. Specifically, the study wished to establish the kinds of puberty rites and ceremonies women are introduced to; kinds of information women receive during puberty rites and ceremonies; the HIV/AIDS information needs of women; and provision of HIV/AIDS information by elderly women to those who under-go puberty rites and women ceremonies. Four research questions, which were addressed are presented as follows;

- i. *What kinds of puberty rites and women ceremonies are women exposed to?*
- ii. *What kinds of information do women receive during puberty rites and women ceremonies?*
- iii. *What are the HIV/AIDS information needs of women?*
- iv. *Do the initiators (so called Bana Chimbusa or Alangizi) use puberty rites and women ceremonies to communicate HIV/AIDS?*

#### 5. METHODOLOGY

The study was both quantitative and qualitative in nature. The main data collection tools employed for primary data was a self-administered questionnaire for quantitative data and a semi-structured interview guide for qualitative data. One hundred and twenty (120) respondents conveniently and purposively selected participated in the study. These were drawn from Kalingalinga, Mtendere and Kaunda Square compounds of Lusaka, Zambia. In addition, there were three different initiation associations dealing with women ceremonies and rites related issues that also participated in the study and these include *Basunga Mukoshi* (keep the neck), *Ngoma Yamano* (drum of wisdom) and *Alangizi* (counselors/initiators).

#### 6. DEFINITION OF KEY TERMS

*Information:* This means data, signals, facts, views, opinions, ideas, events and news, to mention just a few, which are of significance to influence persons, actions, behavior and decisions a person makes when interrelating with others in any given environment (Lundu, 1998; 45).

*Human Immune Virus (HIV):* This is a virus that causes AIDS (UNAIDS, 2008).

*Acquired Immune Deficiency Syndrome (AIDS):* This refers to the weakening of the immune system making it vulnerable to diseases (UNAIDS, 2008).

*Traditional channels:* In this study, traditional channels are taken to mean cultural specific ways through which information is passed on from elderly people in society to the young ones in readiness for future roles like marriage. These may include initiation ceremonies and weddings among others (Kapungwe, 1993).

*Communication:* This refers to the passing on of various kinds of information among different people in society through the use of symbols or language (Leach, 1998).

*Puberty:* This is a period when a young girl becomes of age (Mukuka and Tembo, 2000).

*Alangizi*: These are traditional initiators or counselors.

*Basunga Mukoshi*: This means keeping the neck. The neck can be decorated with beads but the question is ‘what should be treasured most between the neck and the beads? This also applies in marriage that the marriage is what should be treasured and not the beads or not material things.

*Ngoma Yamano*: This implies a drum of wisdom. Once the drum is beaten, it means there is important information that is being communicated. This is also accompanied by words of wisdom.

*Chilanga-mulilo*: This is a ceremony in which a variety of food stuffs mostly cooked are displayed to show the in-law to be what meals he should expect to be served when he visits the in-law’s family. This is also a demonstration of a woman’s culinary skills and the message being passed on is that the woman the man intends to marry is able to prepare such dishes. This ceremony portrays economic scenarios that a family may pass through. For instance, plain salt, roasted pumpkin seeds, traditional peanut butter (*Icimpondwa*), roasted nuts are included among the food stuffs to convey the message that sometimes these may be the only accompaniment to the nshima available in the family and the man should eat without complaints.

*Matebeto*: This ceremony held in honour of the man in appreciation for the way he has looked after the woman. This takes place some considerable time after the marriage for. It could be 5 or even 10 years after the marriage depending on how well the man has impressed the woman’s family.

## 7. FINDINGS AND DISCUSSIONS

### 7.1 Age of the respondents

The analysis from the study indicates that 8.3% of the respondents were aged between 15 and 20 while 12.5% of the respondents were aged between 20 and 24. The study further revealed that 10.8% of the respondents were aged between 25 and 29 years, 31.7% were aged between 30 and 34 years, 20% were aged between 35 and 39 years, 4.2% were aged between 40 and 44 and 12.5% were aged between 45 and 49 years. The findings show that most of the respondents were between the age of 30 and 34 years. The findings are depicted in table one below.

*Table 1: Age of the respondents*

Age of respondents	Frequency	Percentage
15-20	10	8.3
20-24	15	12.5
25-29	13	10.8
30-34	38	31.7
35-39	24	20
40-44	5	4.2
45-49	15	12.5
<b>Total</b>	<b>120</b>	<b>100</b>

## 7.2 Education levels of respondents

An analysis of the respondents' level of education as shown in the table 2 below reveals that 25% of the respondents went up to primary level. While 20% were educated up to secondary level, 15% of the respondents were educated up to college level. Only 2.5% of the respondents were educated up to university level. 36.7% of the respondents indicated that they have never been to school. Thus, it is clear from the findings that the majority of the respondents are not educated.

Table 2: Education levels of respondents

Education levels	Frequency	Percentage
Primary	31	25.8
Secondary	24	20
College	18	15
University	3	2.5
None	44	36.7
<b>Total</b>	<b>120</b>	<b>100</b>

## 7.3 The kinds of puberty rites and ceremonies women are introduced to

Table 3 reports the findings on the kinds of puberty rites and ceremonies women are exposed to. The findings show that women are exposed to a wide range of puberty rites and ceremonies and these include puberty rites such as *Chisungu* (30.8%), *Nkolola* (15%), *Mwasikenge* (21.7%) and *Wali* (30%). Further, the study reveals that women are also exposed to such ceremonies as *Matebeto* (44.1%), *Chilanga Mulilo* (29.1%), Kitchen Parties (81.7%), Traditional Weddings (17.5%) and other puberty rites and ceremonies (19.2%) such as *Chinamwali*.

Table 3: Kinds of puberty rites and ceremonies women are introduced to

Kinds of puberty rites and ceremonies	Frequency	Percentage
Chisungu	37	30.8
Nkolola	18	15
Mwasikenge	26	21.7
Wali	36	30
Matebeto	53	44.1
Chilanga Mulilo	35	29.1
Kitchen Party	98	81.7
Traditional Wedding	21	17.5
Other (s)	23	19.2

Multiple response question

Initiation ceremonies like puberty rites are found in most parts of Zambia and are conducted nearly in every ethnic group in the country. Its continued presence in rural areas and its penetration into urban areas is a clear testimony of its tenacity. Lemba, Chishimba and Wotela (1996), observed

that majority of the Zambian women undergo the initiation ceremonies either at puberty or just before marriage. They further claim that, a considerable proportion of young people, particularly those under 20 years of age have to undergo the initiation ceremony.

Women ceremonies are popular in the Zambian culture. Each ceremony serves a different purpose. For instance, *matebeto* is a Bemba word which means a time when a married man is treated to a variety of traditional foods that are prepared by a selected group of women. These women are chosen by the wife to the man who is supposed to taste the varieties of food. Basically the reason for staging *matebeto* and preparing these foods is to thank the man for taking care of the wife. In fact, this ceremony can take place as many times as possible in a married man's life, even a 60 year old man can still be treated to *matebeto*. However, nowadays, *matebeto* is misunderstood to mean a ceremony conducted before a woman gets married. The traditional dishes that are prepared include indigenous foodstuffs such as finkubala (caterpillars), Katapa (cassava leaves), Kalembula (sweet potatoes leaves), dry fish, village chicken, okra (there is a variety including hibiscus leaves and wild leaves) bondwe and many others. These are prepared in a traditional way. *Chilanga Mulilo* is another ceremony similar to *matebeto*. The only difference is that the former takes place before the woman is married.

Further, there is another popular ceremony called *Kitchen party*. According to Kapungwe (1993), a kitchen party is ceremony held for a young lady who is about to get married. Presents mainly kitchen utensils are brought by different women who are invited to the occasion. In most African societies, *traditional weddings* are a common feature of everyday life. Young men and women get married with the help of the community especially older women. The celebration is organized on traditional basis without following the western method of conducting marriages. Beer and other beverages are prepared before the actual celebration day.

#### **7.4 The kinds of information women receive during puberty rites and women ceremonies**

During initiation ceremonies, the young woman is introduced for the first time in her life to a number of issues relating to sexual conduct which includes women therapeutically techniques for sexual enchantment, reproduction and ailments. In addition, young women are given instructions not only on how to enjoy sexual encounters and sexual intercourse but also how to keep their virginity, how to take care of their families once married and good behavior.

Mukuka and Tembo (2000) point out that during the preparation of the food at *matebeto*, the older and experienced married women pass vital information to the woman whose husband is going to taste the food. This information includes, among other things need for personal hygiene, respect for the husband, and how to prepare food and all this should take place in the presence of the mother to the lady in question so that the former sees to it that the daughter is given correct information.

During *Chilanga Mulilo* ceremony, a young lady is taught a number of things pertaining to the institution of marriage she is about to enter. Again the elderly women pass on vital information to the same girl about how to take care of herself in terms of hygiene, how to look after the family and her husband. But the most basic reason for the ceremony follows the interpretation of the term, which in English is an expression which signifies the importance of being able to prepare food for the family. Therefore, the lady is taught a variety of cooking methods and traditional recipe



preparation. It is believed that with all this information, a marriage is able to survive for a long time, which is the desire of the relatives and community at large given the lady.

In as far as *Kitchen Party* ceremony is concerned, the wife to be is talked to in a secluded place before the actual celebration day, say a month before. The type of information communicated to this young woman includes good manners such as respect for the husband, for instance, kneeling down when giving him food or water and remaining quiet when he is talking. The woman is advised never to answer back. The other information is about proper and decent dressing as well as the need to satisfy the husband sexually. On the actual day of the celebration, the woman receives kitchen utensils from different people and basically receives information on how to use those utensils. The information is transmitted mostly through song and dance.

In the case of a *Traditional Wedding* ceremony, elderly women take the bride through a process of teaching her the norms of marriage. And a lot of information is dispensed to the young woman including respect for the husband, proper conduct of a wife, how to take care of the children and basically how to satisfy a man in bed. All this is passed on before the actual wedding day.

## 7.5 HIV/AIDS information needs of women

The findings of this study reveal that women in Zambia have a wide range of HIV/AIDS information needs (Table 4). 78.3% of the respondents indicated that they require information on HIV/AIDS prevention. 82.5% indicated that they need information on transmission of HIV/AIDS. 65% require information on safe motherhood while 42.5% require information particularly on discrimination and stigmatization. 35% require information on hygiene and 72.5% require information on nutrition for those infected by HIV/AIDS. 84.2% of the respondents indicated that they require information on Anti-Retroviral Therapy while 66.7% require information on access to care, treatment and support. 92.5% of the respondents indicated that they require information on symptoms of HIV/AIDS and 10% require other HIV/AIDS information such as information on behavior change and Voluntary Counseling and Testing (VCT).

Table 4: HIV/AIDS Information Needs of Women

HIV/AIDS Information Need	Frequency	Percentage
HIV/AIDS prevention	94	78.3
Transmission of HIV/AIDS	99	82.5
Safe motherhood	78	65
Discrimination and Stigmatization	51	42.5
Hygiene	42	35
Nutrition for the infected	87	72.5
Anti Retroviral Therapy	101	84.2
Access to care, treatment and support	80	66.7
Symptoms of HIV/AIDS	111	92.5
Other (s)	12	10

Multiple response question

Indeed, women require much more information on HIV/AIDS. They are the majority and important contributors in all aspects of development. Yet, they are affected most by HIV/AIDS as compared to their male counterparts. In fact, women are not only the majority of the people infected with HIV/AIDS but also tend to be the majority caring for those suffering from the disease.

According to the Ministry of Works and Supply (2008), HIV/AIDS is preventable through access to information. The findings above reveal that women require information on HIV/AIDS transmission or contraction. Thus, it is important for women to be informed on ways through which HIV/AIDS can be contracted. These methods include sexual intercourse, receiving infected blood, kissing, pregnancy and birth, breastfeeding and traditional practices such as sexual cleansing, sharing needles, drug abuse and being unfaithful to one sexual partner. In addition, women need information on HIV/AIDS prevention. Such information include abstinence; sticking to one sexual partner; using condoms; avoiding infected blood transfusion, kissing, alcohol and drugs, traditional practices such as sexual cleansing and avoiding sharing needles and syringes.

Women in Zambia also need information on safe motherhood. This kind of information is particularly important for pregnant women infected with HIV/AIDS. It is important for such women to have information on medicines that can stop babies from becoming infected during birth. Considering the high levels of discrimination and stigma against those infected with HIV/AIDS, women need more information on combating discriminations and stigmatization. Discrimination and stigmatization according to the Ministry of Works and Supply (2008) hinder disclosure and inhibit efforts for prevention, care, treatment and support. Discrimination and stigmatization can also lead to isolation, aggression, depression and self-denial among the infected or affected women.

A healthy and safe environment free from the risk of communicable diseases and HIV/AIDS transmission is of paramount importance. Thus, women, both infected and affected with HIV/AIDS require information on hygiene. In addition, they need information on how to not only access nutritional support but also provide good diet to those infected with the disease. Further, the findings reveal that women need information on Anti-Retroviral drugs which according to Ministry of Works and Supply (2008) is a class of medicines that inhibit the growth and Multiplication of retroviruses like HIV and AIDS. This information is paramount to ensure prolonged life for infected women. Furthermore, women living with HIV/AIDS need empathy, care, treatment and support from their peers and society at large (Ministry of Works and Supply, 2008). Women require this information so as to provide psycho-social support and access treatment and care for themselves or infected family members through existing health facilities without discrimination. The findings of the study have further revealed that women require information on symptoms of HIV/AIDS. Major symptoms of HIV/AIDS that women should be aware of include persistent diarrhea, weight loss, lack of energy or fatigue, frequent low grade fevers and night sweats, skin rashes or flaky skin hard to heal, frequent yeast infections in the mouth or vaginal and short term memory loss to mention but a few.

## **7.6 Using puberty rites and women ceremonies to communicate HIV/AIDS**

The study further sort to elicit information on whether or not initiators use puberty rites and women ceremonies to communicate HIV/AIDS information. The findings of the study reveal that puberty rites and ceremonies are not used to communicate HIV/AIDS information. Emphasis is not only on sexual conduct, instructions on how to enjoy sexual intercourse especially on how to please a man in bed and sexual dances, respect for the husband, managing a home and other household chores and how to prepare meals. Little emphasis on issues of HIV/AIDS information that the women receive from the providers of initiation as revealed from this study justifies the argument by (Kalunde, 1992) that in traditional initiation ceremonies, there is a lot of emphasis that is placed on issues relating to sexual performance and satisfaction.

In the wake of the HIV/AIDS pandemic, there is need for initiators to use puberty rites and women ceremonies to communicate HIV/AIDS information. It is important to intensify efforts to fight the pandemic through local circumstances, ethics and cultural practices and values using languages most understood by communities. According to Morna and Khan (2000), the World Health Organization alleges that 40% of health is exchanging information. Many of the health problems especially in developing countries are particularly due to lack of access to (up to date) information, (World Bank, 2000, Fors and Moreno, 2001) and communication, (Morna and Khan, 2000). Thus, traditional channels of sex information and the fight against HIV/AIDS must not be overlooked and should be treated with absolute dignity and their inception in Zambia is to a greater extent. These channels are important especially when it comes to motivational behavior. They can be used to communicate HIV/AIDS information which is directly relevant to the practices so as to influence the way people behave. In fact, the UNFPA (2001) argue that traditional initiation ceremonies play a very important role because they centre on motivation and behavioral skills that target for change and intervention efforts to promote preventive behavior.

## **8. CONCLUSIONS AND RECOMMENDATIONS**

As presented in the paper, the major findings of the study revealed the following:

- In terms of the kinds of puberty rites and ceremonies women are introduced to, the findings of the study has revealed that women are introduced to a wide range of puberty rites and ceremonies. Puberty rites women are exposed to include *Chisungu, Nkolola, Mwasikenge, Wali and Chinamwali*. Further, ceremonies women are introduced to include *Matebeto, Chilanga Mulilo*, Kitchen Parties and Traditional Weddings.
- With regard to the kinds of information women receive during puberty rites and women ceremonies, these include women therapeutically techniques for sexual enchantment, reproduction, ailments, enjoying sexual intercourse, keeping their virginity, taking care of their families once married, good behavior, personal hygiene, respect for the husband, preparation of food , sexual dances, decent dressing and using kitchen utensils.
- In terms of HIV/AIDS information needs, women require a wide range of HIV/AIDS information needs including information on HIV/AIDS prevention, transmission, safe motherhood, discrimination and stigmatization, hygiene, nutrition for those infected, Anti-

Retroviral Therapy, access to care, treatment and support, symptoms, behavior change and Voluntary Counseling and Testing (VCT).

- In as far as use of puberty rites and women ceremonies to communicate HIV/AIDS information, findings of the study demonstrate that that puberty rites and women ceremonies are not used to communicate HIV/AIDS information. The information mostly emphasized information is sexual conduct, instructions on how to enjoy sexual intercourse, satisfying a man sexually in bed, sexual dances, respect for the husband, managing a home and other household chores and preparation of food. The initiators should use puberty rites and women ceremonies to communicate HIV/AIDS information and other opportunistic infections

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