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Transitions to adulthood: Examining the influence of initiation rites on the HIV risk of adolescent girls in Mangochi and Thyolo districts of Malawi

Joanna Skinner*, Carol Underwooda, Hilary Schwandta and Assana Magombob

aDepartment of Health, Behavior & Society, Center for Communication Programs, Johns Hopkins University Bloomberg School of Public Health, Baltimore, MD, USA; bDepartment of Health, Behavior & Society, Center for Communication Programs, Johns Hopkins University Bloomberg School of Public Health, Lilongwe, Malawi

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Although some cultural practices have been identified as a determinant of HIV transmission, research investigating how specific practices affect HIV risk is lacking. In Malawi, initiation rites, in which young people attend ceremonies around the time of puberty, have received little attention. In this qualitative study, we explored whether communities in southern Malawi perceive initiation rites to be an HIV risk factor for girls. Twelve focus group discussions were held with adolescents and adults in a rural community of Thyolo district and a peri-urban community of Mangochi district. Community members observed that certain aspects of traditional initiation rites propel girls into sexual roles expected of adulthood, without facilitating their adaptation to the emerging landscape of HIV, thereby increasing HIV risk. HIV prevention programming needs to address the role of initiation rites in adolescent girls’ vulnerability to HIV and help young girls navigate the conflicting messages they receive from a wide range of channels about expected sexual behavior.

Keywords: girls; adolescents; HIV/AIDS; initiation; Malawi

Introduction

In sub-Saharan Africa, HIV/AIDS is having a devastating effect on girls aged 15–24 years, who are up to eight times more likely than their male peers to be HIV positive (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2010). In Malawi, prevalence among young women aged 15–24 years (5%) is more than twice that among their male counterparts (2%). Prevalence among young people is highest in the southern region, where 7.5% of young women and 2.4% of young men 15–24 years of age are HIV positive (National Statistical Office [NSO] and ICF Macro, 2011). Given the impact that the HIV epidemic is having on girls in this region, adolescent girl-specific risk factors urgently require our attention.

Adolescent girls’ sexual behavior takes place within a complex web of social and cultural influences (Harrison, 2008) – as is recognized by the social–ecological perspective. This perspective views individuals as nested within a system of sociocultural relationships – families, social networks, communities, nations – that are influenced by and influence their physical environments (Bronfenbrenner, 1979; Kincaid, Figueroa, Storey, & Underwood, 2007; McLeroy, Bibeau, Steckler, & Glanz, 1988; Stokols, 1996). This approach draws attention to the role of extra-individual factors in health outcomes (Rose, 1985), and yet does not ignore the individual. Rather, individuals’ decisions and behaviors are theorized to depend on their own characteristics as well as the social and environmental contexts within which they live.

In this framework, sexual behavior is shaped through personal experiences and influenced by cultural assumptions, expectations, roles, and practices (Boyce et al., 2007; Parker, 2009). The impact of community-level influences may differ based on the expected behaviors of young men and women (Stephenson, 2009). To understand the sexual behavior of adolescent girls and subsequent HIV risk, it is, therefore, essential to understand local norms and practices that shape sexuality (Boyce et al., 2007; Parker, 2009). The research conducted to date to understand the sociocultural influences on adolescent sexual behavior has been rather limited, particularly in Africa (MacPhail & Campbell, 2001).

Initiation ceremonies are a sociocultural forum during which adults convey to young people community-held attitudes and beliefs about sexuality together with a code of behaviors deemed appropriate for the transition to adulthood. For the most part, these sociocultural ceremonies coincide with the physiological stage of puberty, demarcated for girls by the onset of menarche. Van Gennep (1908), in the “Rites of Passage,” identified a pattern of initiation that includes “rites of separation from the asexual..."
In Malawi, participation in initiation ceremonies varies by region and ethnicity. In the southern region, 57% of girls aged 12–19 years have undergone initiation — higher than in other regions of the country. The majority of Yao girls (75%) and Lomwe girls (60%), the dominant ethnicities in the southern region, have participated in initiation ceremonies (Munthali & Zulu, 2007).

During initiation, girls are taught about personal hygiene, how to show respect for elders, how to take care of the family, and how to please their future husbands, including sexually (Malawi Human Rights Commission [MHRC], 2005; Malisha, Maharaj, & Rogan, 2008; McCready et al., 2008). Attending initiation is considered an important symbol of becoming an adult and an opportunity to teach young girls about expected roles and behaviors in the next phase of their life. Youth who do not attend risk being socially isolated in their communities (Malisha et al., 2008).

In settings where HIV prevalence is high and transmission is primarily sexual, the extent to which, and how, initiation influences adolescent sexual behavior is important to understand; yet, research on this topic is thin. This study uses qualitative data to examine the link between initiation practices and implications for adolescent girls’ vulnerability to HIV from the perspective of community members in southern Malawi.

Methods

The findings were drawn from a qualitative research study conducted in November and December 2008 in purposively selected communities in Botswana, Malawi, and Mozambique. A comparative analysis of the findings has been published elsewhere (Underwood, Skinner, Osman, & Schwandt, 2011). This article focuses exclusively on the findings from Malawi due to the unique nature of initiation rites in that country.

Focus-group discussions (FGDs) were used to promote interactive dialog and encourage participants to examine and reflect on their own priorities. Six FGDs were held in a peri-urban area of Mangochi District and six in a rural community in Thyolo District. In each site, one FGD was held with each of the following groups: adolescent girls (two cohorts — ages 10–14 years and 15–19 years), adolescent boys (ages 15–19 years), adult women (ages 20–49 years), adult men (ages 20–49 years), and community opinion leaders, including local officials, headmen, religious leaders, teachers, and so on. Eight to twelve people participated in each focus group for a total of 120 participants.

Participants were purposively recruited through traditional leaders and local community organizations using age and sex as the main recruitment criteria. No names or personal identifiers beyond age, sex, and occupation of participants were recorded.

Discussion guides for youth and adults were created to provide structure to the FGDs based on the social–ecological perspective and findings of a literature review on girls’ vulnerability to HIV in southern Africa. The guides included questions to explore participants’ perceptions of the most vulnerable groups in their community and then delved into the issue of girls’ vulnerability in more depth by asking which adolescent girls are most vulnerable to HIV and why. The guides used prompts to explore knowledge of and attitudes toward initiation rites and their relationship with HIV risk. Each FGD lasted approximately two hours and was facilitated by same-age, same-sex peers, except for the youngest group who had same-sex, older teen facilitators.

Ethical approval to conduct the study was obtained from the Institutional Review Board at the Johns Hopkins Bloomberg School of Public Health and the National Health Science Research Committee in Malawi. The support of community leaders was also obtained at the local level. Oral informed consent was obtained from adults before they took part in the FGDs. Minors were invited to take part in an FGD only after obtaining the oral consent of a parent or guardian as well as their own oral assent.

All FGDs, with the consent of the participants, were audio taped, the recordings were transcribed verbatim in Chichewa, and translated into English. Data sorting and analysis were carried out using ATLAS.ti software, guided by the thematic content analysis approach (Green & Thorogood, 2004). The codes used in the analysis were both pre-determined, from the conceptual framework, and based upon the participants’ own words, through careful reading of all the transcripts and field notes. A structured coding scheme was discussed and developed by the research team, which included Malawians and Americans. All transcripts were then re-read by two researchers and final codes were agreed upon, addressing any discrepancies through discussion. On the basis of these final codes, one researcher coded the content. The coded data were first analyzed to examine group-specific experiences and perspectives. Matrices were then created in each thematic area to allow for comparisons between communities and between groups. The four authors of this article conducted
the data analysis; team members in Malawi reviewed the manuscript. Disagreements about interpretations were resolved through discussions; only conclusions that garnered consensus are included herein.

**Results**

**Major analytical themes**

The key question explored in the research was the relationship between initiation rites and HIV risk, for which five main themes were identified: (1) Sexual risk behaviors in initiation rites; (2) Transition to adulthood; (3) Consequences of non-participation; (4) Changes in initiation rites; and (5) Recommended changes to initiation rites.

**Sexual risk behaviors in initiation rites**

Practices carried out during the initiations, particularly those related to sex, are rarely openly discussed outside of the ceremonies. During the ceremonies girls are taught how men and women have sex, either through drawings or by acting out sexual intercourse, “the girl lay down on the ground and an older woman on top and they instruct the girl what to do” (Peri-urban, adult woman).

The most common aspect of initiation rites that respondents linked to HIV risk was the tradition of *kusasa fumbi* (“cleansing the dust”), *kuchotsa fumbi* (“removing the dust”), or *kutayamafuta* (“spilling the oil”). In order to “cleanse the dust,” initiates are encouraged to have sex soon after the ceremony. This practice was noted by all but one of the groups: Girls who have gone through the ceremony organized by elders are told to sleep with boys soon after they have graduated from the initiation ceremony and they call it ‘kuchotsa fumbi’ (removing dust). (Rural, adolescent boy 15–19 years)

Some respondents noted that the girls are encouraged to have sex with new initiates of the opposite sex, whereas others referred to having sex with anyone, “girls are even instructed not to refuse sex with anyone who comes their way first” (Rural, adolescent male).

The adolescent groups, particularly in the peri-urban area, demonstrated awareness about the HIV risk associated with cleansing the dust. Although the adult groups were aware of HIV, none of them explicitly linked HIV risk to this practice:

… when they come out of their initiation ceremonies, they are told to have sex with the opposite sex in order to shake off dust but while doing that a person can contract HIV. (Peri-urban, adolescent girl 15–19)

**Transition to adulthood**

In the participants’ narratives, the initiation ceremony clearly demarcated childhood from adulthood. The traditional rite of passage is intended to transform the obedient, subservient and virginal child into an assertive adult. A key component of adulthood, in this narrative, is sexual experience, which is thought to “remove the dust” of childhood to reveal an adult. The girl is expected to acquiesce to sex to demonstrate that she has truly come of age:

When they have gone through this rite of passage some girls when it is evening time are sent some boys or even men who enter the girls’ room as a “hyena”… They say they want to see whether the girls have really grown up by having sex with them. (Peri-urban, adult woman)

This practice forms part of their transition to adulthood and entry into the sexual world, a chance to demonstrate that they are now part of adult society:

I want to talk on the cleansing (kusasa fumbi). When a girl has reached puberty stage she is told that she is now a grown up person and she can have sexual relationships with anybody. (Rural, opinion leader)

The adolescent groups pointed to the detrimental effects of initiation rites on the dynamics of parent–child relationships. Several rural male adolescents pointed out that parents no longer think of their daughters who have been initiated as young girls and, as a result, essentially leave them to make decisions without parental guidance.

The peri-urban adult groups all discussed the impact that initiation had on adolescents’ self-concept. In particular, they recognized their own culpability in turning children into defiant “adults” since it is the rites, and adult support for their continuation, that lead young people to think of themselves as adults:

Let us be honest, these rites are to blame because we most of the times tell our children there that they are now grown up persons. (Peri-urban, adult man)
In Thyolo, those who do not go for initiation are called *alukhu* ("people who eat using the back of the hand"). Boys and girls who have not gone through the ceremony are looked upon as outcasts and erstwhile friends refuse to associate with the unintiated as they are still considered children:

Whenever a person, be it a girl or a boy, has not gone through initiation he or she is not regarded as a member in society. (Rural, opinion leader)

**Changes in initiation rites**

Findings from the peri-urban site suggest that initiation rites may be changing in part because of the emergence of HIV. Although many respondents asserted that cleansing the dust is still practiced, others believed that initiation ceremonies do not promote this custom.

Several of the adults and opinion leaders in this site indicated that initiation ceremonies advise young people to avoid premarital sex and to not "sleep with men carelessly," although some maintained that this advice went unheeded:

The youth are advised on how to take care of themselves and not to indulge in premarital sexual activities after their initiation ceremonies. But after they come out of those ceremonies they go wild as if they have been told to do so. (Peri-urban, adult male)

A few peri-urban respondents noted that some community members have taken action to change initiation rites, particularly the practice of cleansing the dust. No such changes were noted in the rural site:

There is another group called "Nchanda ni Nchanda". The group had put up a rule that anyone forcing girls to spill oil should be reported to this group. (Peri-urban, adult woman)

**Recommended changes to initiation rites**

Among the respondents who expressed concern over the link between initiation rites and increased vulnerability to HIV, some peri-urban participants proposed taking action to modify or stop those practices that are putting youth at risk, such as by teaching "the initiation counselors...about HIV in order to protect the youth" (Peri-urban, opinion leaders) or by educating young girls about puberty and sex in a new way:

I wish women here could summon all the girls and advise us. These women should be well cultured and brilliant not those who teach sarcastic words at initiation ceremonies. They should advise us on pregnancy and about HIV. (Peri-urban, adolescent girl 15–19)

Parents in particular were perceived to be responsible for making necessary changes. The potential for initiation ceremonies to become places of education about HIV was also highlighted.

**Discussion**

It is important to understand how initiation rites as a cultural practice in southern Malawi influence adolescent sexual behavior and HIV vulnerability. Although the link between initiation practices and exposure to higher risks of sexually transmitted infections, including HIV, has been documented (MHRC, 2005), research on this topic from the perspective of community members is sparse. In this qualitative study, participants expressed disagreement as to whether initiation rites per se are protective or problematic for young girls; however, there was wide agreement that the specific practice of "cleansing the dust" increases HIV risk for adolescent girls by encouraging sex among initiates.

This study found that many community members in southern Malawi continue to perceive initiation rites as critical to young people's transition to adulthood; however, community members observed that certain aspects of initiation rites propel girls into sexual roles without facilitating their adaption to the emerging landscape of HIV, thereby increasing HIV risk.

Since the emergence of the epidemic, messages about sexual behavior that young people in Malawi are exposed to have multiplied, and are often contradictory. Religious institutions were a primary venue noted for discouraging sex, as were school and community AIDS clubs, parental counseling and HIV prevention programs. However, perceived social norms, peer pressure, and exposure to radio were seen to encourage youth to engage in sex. Young people are not passive recipients of this information, but rather critically reflect on these contradictions, actively interpreting them as they construct their sexuality (Dilger, 2003). Initiation ceremonies therefore form just one part of the often-conflicting messages on sexuality that adolescents receive and interpret.

HIV prevention programs have not provided adequate guidance to youth on how to interpret the different viewpoints, expectations, and traditions about sexuality in a way that is responsive to their needs (Harrison, 2008). Moreover, HIV prevention messages designed for adolescents are often simplistic
and fail to engage adolescents in critical reflections about the consequences of their decisions.

Implications

The relationship between initiation rites and HIV risk signals an urgent need to address these practices in HIV prevention efforts. There is a need to stimulate community dialog about the HIV risk posed by post-initiation sexual behavior. Such action is most effective when it is embedded within the local cultural context and initiated by community members themselves. The practice of cleansing the dust is perceived by community members not just as “sex” but as a symbol of a young person’s entry into adulthood. Any change in initiation ceremonies is likely to fail if it does not incorporate this cultural meaning.

Initiation ceremonies have the potential to serve as a platform to reach adolescents with HIV prevention messages (Groce, Mawar, & MacNamara, 2006; Munthali & Zulu, 2007) but remain an untapped avenue. Only a few programs have utilized this approach, but findings have not been published (Groce et al., 2006). HIV prevention messages should be tailored to the different needs of adults and young people. For example, messages could encourage adults to maintain protective parental guidance during and after initiation and increase risk perception of cleansing the dust. For young people, messages could be built around shifting self-identities and the transition to adulthood. Any messages shared through initiation ceremonies or other avenues must consider the alternative messages that adolescents receive about sexuality and assist them in actively processing and interpreting contradictions.

Limitations

Due to the qualitative nature of this study the results are not generalizable. In particular, the practice of initiation rites in Malawi is regionally specific and the findings herein are based on research carried out in the southern region. Extensive discussion took place among the study authors to establish a detailed coding scheme; one author coded the data. Given that the discussions on initiation practices were part of a broader focus group on girls’ vulnerability, further dedicated research on initiation would be useful to assist communities reconstruct initiation rites to provide girls with a safe passage to adulthood.

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