

A Study on Influence of Traditional Initiation Practices to Reduce Spread of HIV and AIDS in Chileka, a Rural Area in Blantyre in Malawi

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ABSTRACT

The study explored sustainable practices that would be useful in controlling HIV and AIDS without external support. The study aimed at finding factors that influence sexual behaviours in Malawi to be addressed using sustainable community structures to manage HIV and AIDS at low cost to address donor fatigue while preventing HIV and AIDS in the long run with full participation of all players sustainability.

One of cultural aspect is “initiation practice”, a form of education for cultural values, norms and beliefs. Cultural beliefs and practices help to transfer knowledge from generations to generations. The study looked at the influence of initiation practice in transmission of HIV and AIDS as a result of changes of sexual practices because 80% to 85% of HIV and AIDS cases result from risky sexual practices.

Local leaders, youths, men and women in the study area and informants were selected for the study. A combined retrospective and prospective study was conducted in ten (10) villages where initiation is practices as a tradition. A group of 50 elderly men and women including leaders of initiation practices and other local leaders aged between 41 to 70 years, 50 young men and women aged between 18 to 40 years. Data was collected using closed questionnaire for individual interview and open ended questionnaire for Focus Group Discussions.

Local leadership and governments need to understand HIV and AIDS prevention can only be successful through active participation of all societies and their beliefs. Community participation without their beliefs is passive participation where people pretend to participate when they are feeling time wasted. Integration of HIV and AIDS messages in initiation practices with linkage to school curriculum for appropriate age groups and related advocacy campaigns will be more efficient with greater impact that is sustainable and less expensive.

Existing community structures should be recognized and made integral parts of campaigns to prevent HIV infection and transmission using their own beliefs and practices within the confines of their dwelling units. Cultural practices do not need external resources to be transmitted from generations to generations. If ways are identified on how cultural practices can be integrated to HIV and AIDS or HIV and AIDS integrated into cultural practices, developing countries and even donor countries stand to benefit by saving and channel resources to other development needs.

Key words: HIV, AIDS, Blantyre, Malawi

INTRODUCTION

Nature and scope of the problem

Malawi is highly affected by HIV infection with highest rate amongst the

youths. High HIV infection in Africa with Malawi inclusive, prompted national and international attention for technical and financial support to control the situation.

With time, there is donor fatigue to support programs in Africa and Malawi. Despite the huge support for HIV and AIDS in Malawi, there are no sustainable structures to support control HIV and AIDS without external support. Local and international communities have clearly indicated that cultural practices influence sexual behaviours which promote transmission of sexually transmitted infections and HIV and AIDS.

Public Health focuses on health education to promote preventive programs which are less expensive and sustainable in managing communicable diseases which have no vaccines. Malawi being a developing country with low gross domestic product and majority of her citizens living below poverty line need to embrace low cost technologies for sustainability in preventing HIV and AIDS. Culture is believed to bring people and nations together to build trust that is required to manage difficult situations sustainably. Culture creates space where individuals expresses, explores and re-imagines difficult issues. This allows development of genuine understanding and the building of new communities, by the very people who are most affected making the program effective and sustainable.

Rationale of the study

Malawi, a landlocked country in Southern and Central Africa and has an area of about 118,484 square kilometres, one-third of which is Lake Malawi. Based on Human Development Index (HDI) of 0.404, the country ranks 165th out of 177 countries and is classified as one of the low human development countries. Furthermore, the HDI has declined from its level of 0.412 in 1995 to a level of 0.404 in 2003, indicating a drop in society's welfare. This might have been compounded by HIV and AIDS resulting into low productivity of the affected populations. The GDP per capita for Malawi is much lower than the average

values for low income and sub-Saharan Africa. Pro-rich inequities in health and healthcare are widespread in Malawi and widening despite the concerted efforts of government and development partners.

Malawi is likely to be affected by HIV and AIDS pandemic if no sustainable practices are developed and institutionalised should external support phases out due to various reasons faced by different bilateral partners. The study therefore aimed at exploring sustainable practices that will be useful in preventing and controlling HIV and AIDS using sustainable and inexpensive practices without depending on external financial support.

Brief information about previous work and what the Researcher now set out to do.

Some studies found that cultural practices promote promiscuity, which increases sexually transmitted diseases which is associated with increased risk of transmission of AIDS virus (such as testing of female adulthood in initiation by an adult male, sexual cleansing after initiation, stand in husband for child bearing etc). Initiation practices are linked with increased virus transmission. At the current time promiscuity seems to be the most important cultural factor contributing to the transmission of HIV in Africa and Malawi in particular.

Aims of the Study

The study aimed at identifying contributions of initiation practices as traditional cultural practices which reflect values and beliefs held by the community from generations to generations to sexual practices that influence prevention or transmission of HIV and AIDS.

Objectives of the study

To assess how initiation practices influence sexual practices and spread of HIV and AIDS in the society (Chileka, a study site).

MATERIALS AND METHODS

Materials

All Participants were asked to participate in the interviews that were conducted through individual interviews and Focus Group Discussions. One hundred and two (102) participants attended both individual and Focus Group Discussions to provide data on the influence of initiation practice in HIV and AIDS prevention.

Methods

Study Population

A sample of local leaders, youths, men and women and key informants were selected from the study population. Participants signed informed consent form, describing the study and assured participants of privacy and confidentiality that their answers would be confidential, and reminded them that they had the right to withdraw from the study at any time. The study involved qualitative research to elucidate patterns of behaviours, understanding and variability in these behaviours, and help to understand how social or policy environment influences people's perceptions and behaviours on sexual practices. A conceptual framework was applied to keep the research directed and dictated combination of questions asked such as ones based on experiences, behaviors, opinions, values, concerns, or knowledge. The questionnaire focused on historical and present practices of initiation practices and its influence on overall sexual behavior from adolescent to adult populations.

Administration of the questionnaire

Questionnaires were administered to individual and Focus Group participants. All the 102 questionnaires administered to individual participants and 4 questionnaires administered to 4 Focus Groups composed of male youths (FGD 1), female youths (FGD 2), male key informants- FGD 3 (male village heads, male initiation heads) female key informants – FGD 4 (female village

heads, female initiation leaders) were summarized and analysed. One-on-one interviewing allowed participants to determine direction of the interview and in-depth interview (IDI) generated empirical data as participants talked freely about their experiences and beliefs. This was useful when inquiring about sensitive information and when assessing individual's opinions and perceptions. Focus Group Discussion eliminated recall bias because participants reminded each other thereby providing opportunity for triangulation of data.

Data Analysis

The data was first coded and then entered and analyzed using the Statistical Package for the Social Sciences (SPSS) software. The data was then subjected to simple descriptive statistical analysis since the intention was not to generalize findings. Open-ended responses from some participants were separated and then integrated into the narrative summary.

Sampling and Data Collection for Study

The study used convenience sampling targeting traditional leaders because of their busy schedules, quota sampling for key informants groups because of size of their populations and simple random sampling for elderly women and men, and initiations practice leaders, and youths groups who have undergone initiations and not undergone initiations. Focus Group Discussion using open ended questions was used to gather data from all interviewee groups. The information collected from interviewees focused on history and current initiation practices, perceptions, beliefs, importance and impact to the community in relation to present marital status history, marriage age history, early pregnancy history, history of divorce and broken marriages, history of sexually transmitted cases in relation to present status of all factors under assessment.

Methods of Analysis and Conclusions

After collection of data, the data was entered and analysed using Epi-Info package and Statistical Package for Social Scientists (SPSS).

RESULTS / OBSERVATIONS

Results and Implications:

In-Depth Interviews

A structured questionnaire with close ended questions was administered to 102 participants in ten villages of Kalombola, Lemu, Mdala, Makanani, Manjero and Kumichongwe in TA Kuntaja and Mchere, Whayo, Chiwalo and Mtema in TA Kapeni (these are neighbouring villages for easy transportation and common practices). These participants were drawn from a wide socio-economic spectrum of the study area where respondents were selected randomly. The sample had respondents from different ethnic groups, religions or denominations,

age-groups, marital statuses, and education levels. Out of the total participants, 50.98 were youths aged 19 years to 40 years and 49.02 were adults aged between 41 years old to 64 years old. Amongst these participants 58.82 were female and 41.18 were male.

Table 1: Study Participants by Gender.

Female	60	58.82%	58.82%
Male	42	41.18%	100.00%
Total	102	100.00%	100.00%

95% Conf Limits
 Female 44.17% 72.42%
 Male 27.58% 55.83%

Source: study findings.

Knowledge on HIV and AIDS

During the individual interviews, it transpired that almost all participants had knowledge of HIV and AIDS through radio programs, health personnel and friends.

Table 2: Sources of information on HIV and AIDS.

Primary source of information of HIV and AIDS messages	Frequency	Percent	Cum. Percent
Friends	14	13.73%	13.73%
Health Personnel	8	7.84%	21.57%
Radios	80	78.43%	100.00%
Total	102	100.00%	100.00%

Source: study findings.

95% Confidence Limits,

Friends 5.70% 26.26% Health Personnel 2.18% 18.88% Radios 64.68% 88.71%

Influence of Initiation Cultural Practices in HIV and AIDS

Individual interview shows that some participants believed initiation influenced sexual practices positively while others believed it influenced sexual practices negatively. A small proportion believed that the initiation cultural practices had no influence to their sexual practice hence not important in HIV and AIDS pandemic and recommendations were made as the best approach to control HIV and AIDS in their communities based on perceived influence of initiation cultural practice on sexual behaviours.

Table 3: Perceived Influence of initiation cultural practices on sexual behaviours

How did initiation Cultural Practice Influenced your sexual behaviours	Frequency	Percent	Cum. Percent
Discouraged promiscuity	56	54.90%	54.90%
Encouraged promiscuity	44	43.14%	98.04%
No influence	2	1.96%	100.00%
Total	102	100.00%	100.00%

Source: study findings.
95% Conf Limits

Discouraged promiscuity	40.34%	68.87;
Encouraged promiscuity	29.35%	57.75%
No Influence	1.96%	100%

Table 4: Recommendations of possible Programs to Control HIV and AIDS.

what can be done to protect population from HIV and AIDS	Frequency	Percent	Cum. Percent
Initiation programs	68	66.67%	66.67%
No programs	2	1.96%	68.63%
Others i.e. Economic empowerment	6	5.88%	74.51%
Radio programs	26	25.49%	100.00%
Total	102	100.00%	100.00%

Source: study findings.
95% Conf Limits

Initiation programs	52.08%	79.24%
No programs	0.05%	10.45%
Others (specify)	1.23%	16.24%
Radio programs	14.33%	39.63%

Focus Group Discussions

The study administered 4 Focus Group Discussions to 4 separate groups consisting of male youths, female youths, male local leaders and female local leaders for different villages in two Traditional Authorities of TA Kuntaja and TA Kapeni with people from different cultural backgrounds. Such tribes are Yaos, Chewas and Ngonis who practice their cultural practices to maintain their identity.

Table 5: Villages and TAs where Focus Group Discussions were conducted by targets samples.

No.	Villages in	Focus Group	Villages in	Focus Group Discussion
	TA Kuntaja	Discussion Participants	TA Kapeni	Participants
1	Lemu	Famale Youths	Mchere	Male Youths
2	Manjero	Male Local Leaders	Kaipa	Female Local Leaders

Source: study findings.

Analysis of Initiation Cultural Practices

Initiation practice is an orientation of youths as they prepared for different age groups in their lives. Initiation practices prepare youths to become responsible citizens. Initiation practices may differ from one tribe to another, but their main purpose is the same, that is, to teach the children about values and norms which are highly valued. Focus group discussions found that although initiation practices targets both male and female youths, more emphasis targets the girl child to groom her for married adult life. It is believed that men

have fewer responsibilities in adult life and they also know a lot on their own such that people believe that a man does not need to be told what to do.

Initiation Practice and Sexual Behaviours

Focus Group Discussions participants believe initiation practices enables transfer of knowledge, norms and values of the society for youths from childhood to adulthood. Initiations practices are attended by both boys and girls although girls used to attend three or four stages to prepare them for adult life. Initiation practices provide opportunity for

girls, where adults not related to the girls, advice girls from childhoods to puberty, from puberty to adulthood. During initiation period one or more girls are taken for confinement within the village or clan for initiation normally lasting between seven (7) to fourteen (14) days where elderly women counsel the girl (s). For example, girls are advised not to put salt into food; to regularly wash herself and her underclothes, and on proper way of sitting in the presence of other people more especially males; good manners especially when interacting with male and female adults.; to avoid sexual relationships with men and boys before marriage or risk pregnancy out of wedlock.

The boy's initiation practice takes place in the bush. It involves boys of all ages starting from ten years to twenty years. Initiations of boys differ between Chewa tribes who practice *gule wamkulu* and other tribes who practice who practice *Jando* or *tsimba* but they all mean initiation for boys. The difference is that Yao tribe practice *Jando*, where boys undergo circumcision and the initiation lasts for one or two months to allow healing of the wound. The purposes of initiating boys are the same such as advising boys not to enter their parents' bedroom, not to eat straight from the pot, not to share fireside with their parents thereby keeping social distance, promoting order and good behaviours of the initiated boys to respect women, their parents and sisters. Advice of not to share bathing quarters (bath rooms) with their parents promoted hard work for initiated boys to construct own bathrooms in preparation for adulthood. Circumcision for boys aimed at protecting them from hurting themselves when they have sex in marriage and promote cleanliness.

Analysis of common Initiation Practices

Initiation practice is normally conducted once for boys aged between ten year and twenty years. Initiations for girls

followed stages based on age of the girls or circumstances in terms of pregnancy outside marriage and these are;

- i. First Stage of Initiation for Girls which are known by different names based on tribe (msondo, Zoma or Chiputu). It involves girls from 8 to 12 years of age where girls are taken to confinement for a period of one to two weeks, to counsel them for good behaviors.
- ii. Second Stage of Initiation for Girls which also is known by different names based on tribe (ndakula by Yao tribe or Masosoto by Lomwe tribes). It is conducted to girls at puberty to advise them to avoid having sex so that they do not get pregnant. In addition girl (s) are advised about personal hygiene especially during menstruations; not to be rude to elders; never to accept sex with her husband during menstruation; taught about the traditional taboos and beliefs of not adding salt to relish during menstruations; never to jump over the feet of a man / boy or hit him at the back because this may make the man / boy fall sick but this promoted respect and increased social distance between adolescent boys and girls.
- iii. Third Stage of Initiation commonly called Thimbwidza, which practiced for a girl who becomes pregnant before marriage. It is a punishment to both the girl and the parents for bringing shame to the society.
- iv. Fourth Stage of Initiation Practice conducted when a woman first becomes pregnant. It is associated with change from childhood through adulthood. When a woman is pregnant, elderly women from her relations and her husband relations come together to join the pregnant

woman. The elderly women help with domestic chores and advice on; food taboos, sexual restrictions, restrictions from making contact with other people and the post natal care. The husband is also warned against the danger of adultery. If one or both parents broke the taboos, they are told that the unborn child may be born dead or blind or will die afterwards.

When any of the graduates from the initiation stages for either boys or girls is found behave against teachings of initiations, he or she is invited to the next initiation function for severe punishment for being a disgrace the initiation and the leaders that they are breeding misbehaving graduates.

Overall Advantages of Initiation Practices

Advise to avoid sexual intercourse before ensured social distance between the initiated and their parents of opposite sex and this brought order in the homes. Advice for both boys and girls on how to carry out household, about good behaviours towards their spouses once married, respectful dressing by wearing clothing that covers their bodies, particularly from the knees up, against early sexual intercourse before marriage because of virginity testing which was also promoted by initiation leaders for girls brought order on sexual practices.

Overall bad Practices of initiation

Practices where initiation leaders for second stage initiation, use an egg or a wooden penis to force into the girl's vagina to accommodate any size of penis, genital mutilation to make penetration of penis and child bearing easy, reducing oil or blowing out where boys are encouraged to have sex after initiation, test of graduation and prepare girls for womanhood are some of the practices that are perceived bad and may influence risky sexual practices.

New Developments to Initiation Practices.

Adoption of religious beliefs and western culture, and experiences of economic hardships resulting into integration of all the four stages into one and only stage of girls initiation and this is no longer serving the purpose it used to save. All the lessons meant for girls of different age groups are taught to one age group thereby bringing misunderstanding which result into risky sexual practices since adolescent age group is the group full of experiments.

Initiation practices which combine religious beliefs discourages early sexual practices after or during initiation and also screen messages to exclude information on marriage and sexual practices. However the society claim that girls who attended initiation with religious information do not stay long in marriage due to poor sexual performances and are always divorced.

Decreased practice of conducting virginity testing which usually happened either during the first relationship days or the first day of married life where elder women from both side of the bride and bridegroom together with her (*phungu*) initiation leader could witness the virginity of the girl either during their first sexual intercourse or using water at the river

DISCUSSIONS

Researchers on culture and spread of HIV and AIDS have not zeroed on to specific cultural practice such as traditional initiation practice which has been studied in this project. Researchers who conducted studies in culture have always recommended withdrawal of cultural practices which are harmful but this study believes in reviewing of cultural practices where people will enjoy the same practices while supporting HIV and AIDS prevention without feeling ashamed. That is why the study's focus is on the influence of cultural practices to

identify both positive and negative influences in order to review and replace negative practices.

Knowledge of the study population on HIV and AIDS

Participants’ knowledge on HIV and AIDS transmitted through radio was 78%, health personnel 7.84% and peer talk by 13.73%. The peer talk may be misleading because it is not clear whether these talks resulted from well trained peers on HIV and AIDS. This is risky to the youths who are associated with risk behaviours to HIV and AIDS as evidenced in the research where 66.67% of youth aged between 19 to 40 had children outside marriage which means there was unprotected sex and this is a risk sexual behavior to HIV and AIDS. Although 100% of the study population has had access to HIV and AIDS information, 66.67 percent are not able to change their behaviours towards HIV and AIDS prevention such that 66.67% of the population has had unprotected sexual relationships which are a risk sexual behavior to spread of HIV and AIDS.

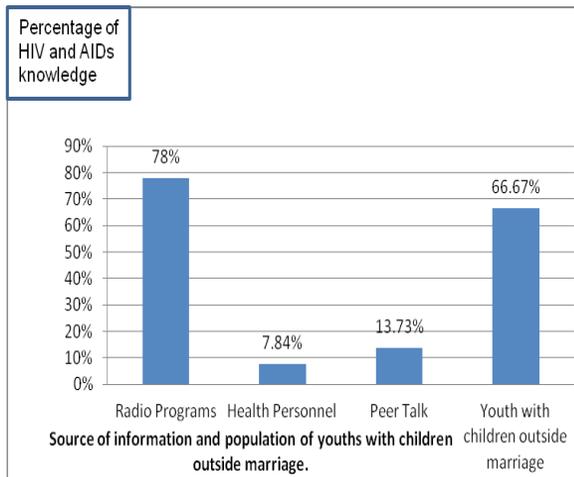


Figure 1: Source of Information and youth population with children outside marriage.

Influence of Initiation Cultural Practices in Sexual Behaviours and Spread of HIV and AIDS

Respondents believe initiation practices have different influences on sexual practices which in turn influences HIV and AIDS transmission. 43.14% of the individual interview respondents believe initiation practices encourages promiscuity, 54.90% discourages risky sexual behavior where 1.96% of the respondents believed initiation practices had no influence on sexual behaviours.

Different beliefs are directly related to findings of focus group discussions which faulted dilution of cultural practices due to adoption of religious beliefs and western culture, and experiences of economic hardships that resulted into integration of all the four stages into one and only stage of initiation thereby not serving the purpose it used to serve because what was meant for four initiation stages is combined into one initiation stage thus giving right information to wrong audience resulting into eroded sexual behaviours unlike in the past. The adolescent are full of experiment and the wrong information of sexual practices warrant their experiments resulting into childbearing outside marriage and multiple marital sexual relationships.

The adult population especially women have had little or no cases of extra marital affairs, cases of childbearing outside marriage due to regulated curriculum of initiation practices where right information was passed to right audience at the right age; virginity tests were a key to marriage and adolescent girls used to preserve themselves for marriage thereby withstand temptations of sexual experiments and escape child bearing outside marriage. The same behaviours of not experimenting progressed even in marriage where they could not engage in extramarital affairs and remain faithful which is the best practices in HIV and AIDS prevention.

No wonder some researchers before found that HIV and AIDS prevalence was high amongst the youths and lower in adults and this is the direct benefit of initiation practices with regulated curriculum.

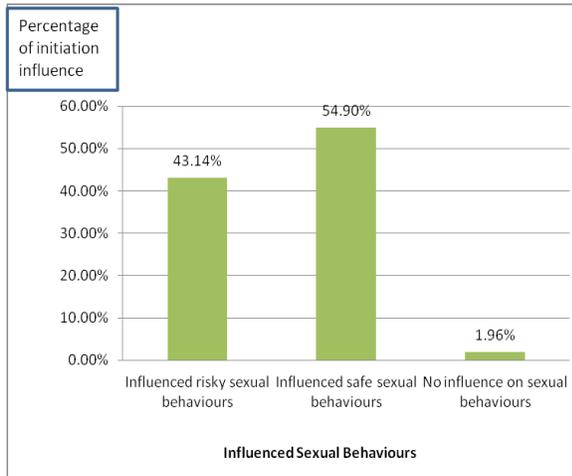


Figure 2: Influence of initiation practice in sexual behaviour.

Study Participants Recommendations

Views of study population show that 66.67% of the population preferred initiation program to control spread of HIV and AIDS, 25.49% preferred radio programs, 5.88% preferred other programs such as economic empowerment and 1.96% believed the situation cannot be controlled and as such no program could work. High percentage of respondents who preferred initiation program to control spread of HIV and AIDS directly correlates with high percentage of people (54.90%) who believed initiation practices promoted good sexual practices to control spread of HIV and AIDS. This means initiation practices with regulated curriculum to pass right information to right audience is the right to sustainably prevent HIV and AIDS.

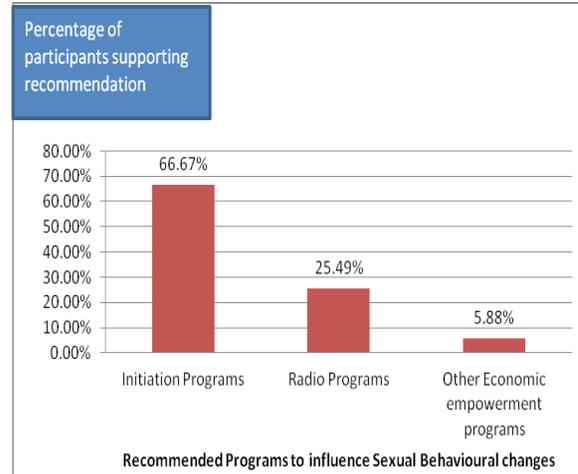


Figure 3: Recommendations to influence sexual behaviour change.

Initiation Practice and Sexual Behaviours

Right advice given to girls of right age groups enabled a good social distance from boys and men and this protected the girl child from early sexual practices and pregnancy. This confirms the belief that culture determines behaviours of individuals as they grow up. Advice of girls to avoid sexual intercourse before marriage instilled fear for sex and preserved the girl child for marriage and safe motherhood. The social distance between females and males in the society prevented social interaction thereby preventing early and multiple sexual behaviours in the society.

These behaviors molded the society and protected sexual relationships for married life and thereby prevent HIV and AIDS. Virginity test just before marriage motivated parents to jealously protect and control their girl children and initiated girls to withstand early sexual advances and experiments for the reward of marriage as a virgin and reputation of being a virgin during marriage.

Circumcision of boys and subsequent healing of the wound has been found to reduce probability of HIV and AIDS infection and Human Papiloma Virus that causes cervical cancer which

means initiated men have been contributing to HIV and AIDS prevention long time ago.

Although circumcision in Malawi is directly linked with Islamic religion for religious cleanliness, Yao and Lomwe tribe for cultural reasons, promotes the practice thereby increasing chances of preventing HIV and AIDS and associated cancer and STI (United Nations and Government of Malawi).

Integration of religious and initiation practices where early sexual practices were discouraged (sexual intercourse after initiation in a bid to remove / reduce oil but before marriage and sexual practice training for girls after initiation) have proved that initiation practice curriculum can be reviewed without superstitious consequences to the community. Inadequate source of knowledge for HIV and AIDS in the society means that the community has no ready source of information apart from the radio programs which does not reach every member of the society. Only the population with access to the radio can receive information but not when needed only when broadcasted. However radio programs are not sustainable and cannot be questioned or asked to clarify a point by the audience.

Initiation leaders can become effective sources of information if well trained in HIV and AIDS and can pass the information from generations to generations with little or no costs and this is sustainable.

Good Cultural Practices for prevention of HIV and AIDS

Some cultural practices and beliefs help to prevent transmission of HIV and AIDS in the communities especially in rural areas. Such cultural practices are circumcision amongst young men and faithfulness during pregnancy and abstinence after child bearing in the family.

Faithfulness during pregnancy and abstinence after child bearing

In many African cultures such as Ngonis, Yaos, Tumbukas and Chewas, when a woman is pregnant, an elderly woman advises the couple to be faithful to each other to protect both the unborn child and mother in case of pregnancy period, and both the new borne baby and the mother during the period after delivery, from dying. Hunter Wagner saw that the purpose of the advice or instructions were to protect the woman from sexual misbehavior thus risk sexual behaviors of the husband which supports prevention of HIV and AIDS and STIs.

Limitations of the work and scope for further work.

The study was limited in terms of financial resources and time. In order to ensure quality data, data was collected from convenience, quota and stratified random samples of female and male youths, initiation leaders, male and female adults. The study involved retrospective study of initiation practices focusing sexual perception and sexual behaviours of graduates of initiation practices in the past.

Possibilities of biases such as; recall bias were expected from individual interviews but the focus group discussion helped triangulation of data collected. Information bias in measuring exposure to initiation practices or outcome resulting in data being not comparable due to variability of knowledge as the study involved people who attended and did not attend initiation practices. Response bias due to differences between those who volunteered for the study as compared to those who did not and were randomly drafted into the sample for study. The individual questionnaires involved question concerned with private life of bearing children outside marriage and whether one has had extra marital affairs. The assurance from the beginning of the study that the responses will be purely used for the

research finding and no other person will know who answered what apart from the interviewer, interviewee and the person analyzing data was enough to enable active participation.

Confounding Factors

The study found that some factors (smoking, alcohol, drug abuse and gambling by women and men, social exposure to illicit sexual materials), other than the ones being studied are associated with risky sexual behaviours (dependent variable) and with the factor of initiation practices being studied (independent variable).

Confounding factors contributed to risky sexual behaviours amongst the study population. High risk behaviors which cause personal and community risks to HIV and AIDS usually begin in late childhood, pre-adolescence, or adolescence and continue into adulthood. The educational role in prevention of these illicit behaviours and confounding factors is a vital element of the local community leadership, family leadership, school health program and central governments.

SUMMARY AND CONCLUSIONS

HIV and AIDS prevention programs in developing countries faces serious challenges due to loss of human productivity and high medical costs for treatment which rely on the donor community support. With economic meltdown, developing countries are at risk of losing financial and human support which will hit developing counties if no sustainable practices to contain HIV and AIDS pandemic are identified and developed further. Culture as a community information bank is passed from generation to generations. Despite many quarters identifying harmful cultural practices, there are some practices that have already contributed positively to prevention of HIV and AIDS. Cultural practices do not

need external resources to be transmitted from generations to generations. If ways are identified on how cultural practices can be integrated to HIV and AIDS or HIV and AIDS integrated into cultural practices, developing countries and even donor countries stand to benefit by saving and channeling such resources to other development needs.

Successful and low cost approaches will enable developing countries meet Millennium Development Goal of reversing HIV and AIDS and also associated diseases such as Malaria, Tuberculosis and other communicable diseases which are also opportunistic infections to HIV and AIDS. The HIV and AIDS free society will effectively, directly or indirectly contribute to active participation of communities for Millennium Development Goals.

Therefore HIV and AIDS prevention long term strategies can build on strength of knowledge, beliefs and norms of culture established and sustained by inexpensive cultural practices and beliefs. While there is little research on influence of culture on HIV and AIDS in particular, the study confirm with confidence that culture has built strong and trusted base for information sharing in rural setups.

It is believed that “culture isn’t just the songs we sing or the dances we do. It’s the colours we see, the way our voices are produced in our throats, what we feel when we think the word ‘mother’ or ‘table’ or ‘sea’. It’s how our world looks through a special prism – but it’s also the prism from our first consciousness until our last, we should sing every song and dance every dance from every part of the world as we go on our journey to become the men and women we are”. This testifies that although initiation practices has some shortfalls in preventing HIV and AIDS, reviewing the initiation practices curriculum to build on its strengths, communities and nations will be

able to sustainably prevent HIV and AIDS pandemic and build a health nations for all.

Local leadership and governments need to understand that HIV and AIDS prevention can only be successful through active participation of all societies and their beliefs. Participation of community members without their beliefs is passive participation where people pretend to participate when they are actually feeling time wasted. Integration of HIV and AIDS messages in initiation practices with linkage to school curriculum for appropriate age groups and related advocacy campaigns will be more efficient with greater impact that is sustainable and less expensive.

Existing community structures should be recognized and made integral parts of campaigns to prevent HIV infection and transmission using their own beliefs and practices within the confines of their dwelling units. The elderly, traditional custodians of culture ought to be targeted and enlisted as key spokespersons who have finally understood the dangers in their cultural practices which may predispose people to HIV infection.

Implications of study results and their practical importance and usage

Culture can undoubtedly change individual lives and sexual practices through social and sexual beliefs and norms. The change in individual lives can be positive or negative depending on curriculum of teaching norms, values and beliefs. Therefore culture can be used as a tool to solve social and health problems such as HIV and AIDS.

Sexual practice contributes to spread of HIV and AIDS and also one of the tools for procreation and continuity of the society. Sexual relations are not avoidable and culture believes in sharing sexual knowledge and practice from generation to generation for the continuity of society. One of the cultural practices that help to

pass knowledge and information from generation to generation is initiation practices for youths on how they can behave in the society. The study focused on influence of initiation practices on sexual behaviours and practices that contributes to increased or reduced spread of HIV and AIDS in the society.

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