

## SEXUALITY EDUCATION, GENDER AND HEALTH ISSUES RELATED TO PUBERTY RITES FOR GIRLS

**Dr Thelmah X Maluleke**

D Litt et Phil

Department of Public Health and Centre for Youth Studies, University of Venda

**Correspondence:** Tmaluleke@univen.ac.za

**Keywords:** puberty rites; *vukhomba*; sexuality education; gender; sexual health

### ABSTRACT

*It is well documented that initiation or puberty rites for girls are about sexuality, sex education, and sexuality education. However, very little has been revealed about the content of the sexuality education. This article aims to describe the content of sexuality education and sexual health information given to girls during the puberty rites (vukhomba); to identify gender and health issues within the rites; and to determine the reasons that encourage girls to attend the initiation. The study was designed as a qualitative, exploratory, descriptive and contextual research project. The ethnographic strategy was used to gain access to the "vukhomba" to view and describe the rites from an emic perspective. The ethnography strategies allowed the researcher to describe the content of the sexuality education in the "vukhomba" from the community's point of view. The findings were that sexuality education in the puberty rites for girls is limited to personal hygiene, maintaining virginity, self-control and social morals.*

### OPSOMMING

*Navorsing het aangetoon dat inlywings- of puberteitsrites vir meisies gerig is op seksualiteit, sekonderrig, en seksualiteitsopvoeding. Baie min is egter bekend oor die inhoud van seksualiteitsopvoeding. Hierdie artikel het ten doel om die inhoud van seksualiteitsopvoeding en seksuele gesondheidsinligting wat tydens die puberteitsrites (vukhomba) aan meisies gegee word, te beskryf; om geslags- en gesondheidsake binne die rites te identifiseer; en om vas te stel wat dit is wat meisies aanspoor om die inlywing by te woon. Die studie is ontwerp as 'n kwalitatiewe, ondersoekende, beskrywende en kontekstuele navorsingsprojek. Die etnografiese strategie is gebruik om toegang tot die "vukhomba" te verkry, om dit waar te neem, en die rites vanuit die perspektief van 'n deelnemer te kan beskryf. Die etnografiese strategieë het die navorser ook in staat gestel om die inhoud van seksualiteitsopvoeding in die "vukhomba" vanuit die perspektief van die gemeenskap te beskryf. Die bevindinge was dat seksualiteitsopvoeding in die puberteitsrites vir meisies tot persoonlike higiëne, die behoud van maagdelikheid, selfbeheersing en sosiale moraliteit beperk is.*

## INTRODUCTION

Since the United Nations' declaration on sexual health, many countries have introduced sexual health as a subject, through sexuality education. Different terms are used, for example, sex education (Fine, 1988:29) and sexual health education, to refer to sexuality education (International Federation of Red Cross and Red Crescent Society, [Sa]:5).

"Sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs and values about identity, relationships and intimacy. It encompasses sexuality development, reproductive health, interpersonal relationships, affection, intimacy, body image and gender roles. Sexuality education addresses the biological, socio-cultural, psychological and spiritual dimensions of sexuality from the cognitive, affective and behavioural domain, including the skills to communicate effectively and make responsible decisions" (National Guidelines Task force, 1992:3). Sexuality education in this context aims to provide accurate information about sexual health, and assist the youth in acquiring skills that will help them make decisions. Furthermore sexuality education develops the interpersonal skills of the youth and helps them to exercise responsibility regarding sexual relationships (National Guidelines Task Force, 1992:3).

According to Koontz and Conly (1994:1), sexuality education aims at addressing the sexuality health needs of the youth. That is, it improves the knowledge and understanding of sexual development, human reproduction and healthy sexual behaviour among the youth. Addressing the sexual health needs of the youth requires the use of comprehensive approaches. Sexuality education should be linked to contraceptives, counselling and services. Efforts should be made to address the social context of adolescent sexuality and eliminate harmful traditional practices like female genital mutilation.

The National Guide Task Force (1992:3) suggests six areas of concentration that should be included in comprehensive sexuality education. These are human development, relationships, personal skills, sexual behaviour, sexual health, and society and culture. According to the National Health and Population Department (1992:4), sexuality education takes place

anywhere and at any time. It is a socialisation process that expresses values, attitudes, personal knowledge and feelings surrounding sexuality.

In many countries, including South Africa, the majority of sexually active adolescents lack access to reproductive health education. Some schools in South Africa have sexuality education programmes, but the majority of the South African youth have no access to them. A comprehensive sexuality programme for schools has been developed and it forms part of the curriculum. It is known as "The Life Skills and HIV/AIDS Education Programme in Schools" and has been developed by the National Department of Health and the Department of Education. Some people argue that the inclusion of sexuality education in the South African schools' curriculum will make the girls become promiscuous (Crewe, 1996:8). This, however, is not consistent with the findings of a study conducted by the World Health Organization in thirty-five countries where sexuality education does not encourage earlier sexual activity, but delays it, leading to safer sexual practices (Koontz & Conly, 1994:2). It would therefore be interesting to determine what sexuality education is given during the puberty rites for girls, and whether it has any influence on the sexuality of the initiated girls.

Researchers who have done some work in South Africa on the initiation of girls, for example Junod (1962:175) and Schapera (1946:100), suggest that puberty rites for girls are about sexuality education, though the content of what is taught is not known, as high secrecy is maintained. After reviewing the literature on sexuality education, it has become clear that sexuality education is important for the development of the youth. In an area like the Limpopo Province, where teenage pregnancy and HIV/AIDS are on the increase, sexuality education should be available for all youth, at school and out of school, to address their sexuality health needs. They should have knowledge and understanding of sexual development, human reproduction and healthy sexual behaviour. As puberty rites already address some aspects of sexual health, having more information on the sexuality education in the rites would strengthen the sexuality education given there and limit sexual problems that young girls experience.

This article is a continuation of the study discussed in the previous article titled "The views of women in the Limpopo Province of South Africa concerning girls' puberty rites" (Maluleke & Troskie, 2003).

## **STATEMENT OF THE PROBLEM**

It is well documented that initiation or puberty rites for girls are about sexuality, sex education, and sexuality education. However, very little has been revealed about the content of the sexuality education. Stayt (1931:106) mentions that in the puberty rites girls are taught the cultural rules of etiquette and obedience, and given sexuality education. Schapera (1946:100) also suggests that girls are warned not to sleep with boys before marriage. It is not clear whether this information is given to girls only during the puberty rites or whether it is taught to all girls in the community.

The fact that teenage pregnancies and HIV/AIDS are increasing in the areas where the research was conducted, could be an indication that either the warning against sleeping with boys is not stressed during puberty rites, or that initiated girls do not practise what they have been taught. Furthermore, it could be an indication that the sexuality education during the rites is inadequate and does not meet the needs of teenagers of this era. According to the International Confederation of Midwives and World Health Organization (2000:6), during the initiation rites the initiates are taught about sex and encouraged to become sexually active. Encouraging sexual activity among young people increases the risk of spreading sexually transmitted diseases (STDs) and HIV/AIDS in the community.

It would therefore seem that, as there is still an increase in HIV/AIDS and teenage pregnancy in the areas where the research was conducted, the purpose of the initiation rites as discussed above is not achieved.

No literature could be found that compared initiated and non-initiated women, their sexual behaviour, teenage pregnancy rate, sexual health, self-esteem, and status in the society. It is also not known whether there is a difference in the submissive, obedient and subservient behaviour of initiated and uninitiated women towards men. Nor is it known whether the sexuality education given within the puberty rites has an

impact on teenage pregnancy, STDs and achieving control over one's own body. It is not within the scope of this article to make a comparison between the initiated and the uninitiated.

Having more information and reliable knowledge about the sexuality education content of the puberty rites, however, can shed light on what needs to be done to improve the sexual health of teenage girls in the community. Furthermore, the problems caused by lack of health care facilities could be relieved if teenage girls were given correct sexuality education during the puberty rites. This article discusses the content of the sexuality education and sexual health information given during the rites, gender and health issues related to puberty rites and the reasons that encourage girls to go through the rites.

## **PURPOSE OF THE STUDY**

The purpose of this study was to:

- explore and describe the events and activities of the puberty rites; and
- describe the content of the sexuality education given to girls in the puberty rites for girls.

## **OBJECTIVES OF THE STUDY**

The objectives of the study were to:

- determine the content of the sexuality education and sexual health information given during the rites in order to identify their strengths and weaknesses;
- identify gender and health issues related to rites; and
- determine the reasons that encourage girls to go through the rites.

## **SIGNIFICANCE OF THE STUDY**

This study comes at an important time when, in South Africa, an initiative to introduce sexuality education in schools is under discussion. It is important to study traditional sexuality education in order to prevent confusion between the sexuality education given at schools and that given during the puberty rites. Knowledge about the rites would also assist in finding ways of utilising these available community resources for the benefit of the youth. If sexuality education is introduced in schools, only young people who are at

school will benefit. Young people who are out of school will not benefit. In South Africa, especially in rural areas and poor communities, there are school-age children who are not at school and will miss-out on sexuality education.

## RESULTS AND DISCUSSIONS

### Reasons that encourage girls to become initiated

The findings suggest different reasons that encourage girls to attend the rites. Some girls attend the rites because it is a respected cultural event. To some the rites are just a vehicle for material gain, for example, getting new clothes, furniture, blankets and linen. Curiosity also plays a major role in persuading girls to attend puberty rites. Literature suggests that girls are initiated in order for them to gain respect in the society. Cory (1956:27) does not discuss the reasons that make girls attend initiation, though he suggests the purpose of puberty rites and describes them as ways of creating new and useful members of the tribe.

There is no evidence that suggests that girls were forced into the initiation in the area of the study. However, according to Khupiso (2000:4), in some areas of South Africa some girls were abducted and forced into initiation.

As a cultural event, the rites seem to be gradually losing their meaning, because the majority of girls were initiated for material gain and the young uninitiated girls want to be initiated for material gain. The initiated women and initiated elders raised some concern about girls being initiated for material gain, because the real reason for it, respect and honour, gets lost. What is interesting about this is that, although people are dissatisfied with the reasons for initiation, they continue sending their children and even having Christian puberty rites to cater for those who do not want to attend the traditional rites.

Some girls attend the rites for acceptance by their initiated peers, curiosity and entertainment during school holidays. The rites have the ability to bring together women of different age groups and social standing to work together towards achieving the same goal, which is to initiate girls. It gives them a feeling of greatness

and power to perform rituals that are exclusively for women, and to use language that is not generally used in the community. Although men, including traditional leaders, consider the language offensive, they have no way of addressing the issue, as the rites are culturally not within their jurisdiction.

The puberty rites are viewed as a milestone. Many girls attend in order to grow and gain the respect of the society. They do not want to be called children forever, but to move to the respected position of being an adult in society. According to Richards (1956:18) the puberty rite is an indication that the girl has reached full physical development and has reached sexual and social maturity. After initiation, the initiated girl is expected to assume full adult activities and responsibilities. "Experiencing the initiation rite is passing the border. Therefore a woman who does not experience initiation will stay on one side of the border, and is considered as an outsider, a *cipelelo*. She is kept outside the women's world" (Rasing, 1995:101). *Vukhomba*, like *chisungu* among the Bemba, is a cultural celebration to acknowledge that the girl has reached sexual maturity (Richards, 1956:180). Reaching sexual maturity implies that the girl has also reached social maturity and is now fit to assume adult activities in society. According to Elam (1998:1), puberty rites are ways in which society celebrates the transition from childhood to adulthood. They are used for shaping the initiate to the kind of adult society expects her to be.

### Strengths and weaknesses of sexuality education in puberty rites for girls

In the study, it was revealed that sexuality education in the puberty rites for girls is limited to personal hygiene, maintaining virginity, self-control and social morals. However, virginity is encouraged for male satisfaction, therefore making it a gender issue, because males are not encouraged to be virgins.

Although enjoyment of sex was not explicitly mentioned, it is implied in many songs. An example is "*Ndzi tsakisa hi yona*" ("I like and enjoy it", meaning the penis). The teachings in the rites are done through singing, poems, demonstrations and *managa* (figurines) that are shown to the initiate on the last night of the initiation. These are effective learning methods used in the promotion of health.

Sexuality education in the rites covers the most important aspects in the prevention of HIV, which is abstinence, but does not teach initiates about HIV/AIDS. The content of a sexuality education programme should be in line with the current issues facing young people, for example, HIV/AIDS.

Another strength of sexuality education in the rites is that it is done in a non-threatening environment and the correct names of the reproductive organs can be used. Self-control in sexuality is one of the basic elements of sexual health.

The songs that ridicule men's reproductive organs could be a way of dealing with male oppression. This is similar to the strategy that the oppressed people of South Africa used to deal with their political oppression. They used ridiculously obscene words in their songs to refer to their oppressors. According to Richards (1956:20), during puberty rites women, who under normal circumstances are expected to be submissive and humble to men, are allowed to be quite outrageous or arrogant towards men in the ceremony, shouting obscenities or even attacking them.

Some of the initiated girls experienced the sexuality information learnt during the puberty rites as inadequate. They wanted to learn more about the female body, how it functions, and how to prevent pregnancy. According to Darroch, Landry and Singh (2000:1), teaching young people about their physical and sexual development delays the first sexual relationship and increases the use of contraceptives by those who are sexually active.

Although abstinence is encouraged in the rites, there is no evidence that indicates a difference in teenage pregnancy between the initiated and uninitiated teenage girls. Information given in the rites is unclear and not easy to understand. For example, an initiate was told not to play with boys, which means that the girl should not have sex with boys. It might be easy for a girl to misunderstand this statement.

The study also revealed that virginity testing used to be performed and was discontinued because of witchcraft allegations against the puberty rites elders who were performing it. Since virginity is not checked before initiation, the sexuality education might be com-

ing rather too late, because the initiate might already be sexually active. For example, there were initiates who were found to be pregnant during the initiation. Furthermore, sex education in schools seems to be unacceptable to the initiated members of the community, who feel that its rightful home is in the initiation rites. The rites, however, do not fully prepare the girl to face all the challenges of life.

The puberty rites do not prepare the initiate for child-bearing. Furthermore, they do not consider the needs of women throughout their lives. This is different from the findings of Richards (1956:18) where the initiation ceremony was said to focus on nubility, fertility and motherhood.

The rites could be used for sexuality education provided the opportunities that prevail are utilised more effectively. These opportunities include the reinforcement of what is learnt, a non-threatening environment as all participants are women, and the creativity among participants in the initiation. This can be seen in the songs and figurines used for teaching and teaching aids respectively.

There is evidence that many girls do not have access to information concerning menstruation until they have menses themselves. This ignorance exposes the girl to embarrassment and misery. There is a difference of opinion among the puberty rite elders, about the girl's gaining knowledge about menstruation before she starts to menstruate. This is due to the fact that some elders view the girl's crying after she has discovered that she is menstruating, as a natural response.

### **Gender and health issues related to the puberty rites**

The puberty rites do not challenge gender inequalities in the society. They reinforce women's roles and stereotypes. During the rites, women temporarily acquire recognition and status in the community, but once the ceremonies are over, they unfortunately go back to the low status prescribed by society.

The initiation of girls is done in the evening when women have completed performing their multiple roles. In other words, the rites take into consideration women's multiple roles, though they do not challenge the status quo.

The rites do not address human rights, though taboos are used to prevent violence against women. They do not make the initiates aware of their reproductive rights, for example, the right to make decisions concerning reproduction free from discrimination, coercion and violence. The undressing of the initiate in front of the puberty rites participants violates her right to privacy.

The puberty rites seem to be important in uniting the initiated in the community. They empower women to claim their position in society. Rites strengthen loyalties between the members of the group and allow the initiate to move from one group (uninitiated) to another (initiated) (Richards, 1956:18).

There is no evidence that in this puberty rite there is female genital mutilation or the insertion of foreign objects (horn) into the initiate's vagina. Furthermore, no evidence was found suggesting that stretching of the labia minora takes place in the rite.

The second day of the initiation poses a threat to the health of the initiate, for example eating food without washing hands. The undressing of the initiate by the mentor is also a health hazard, as the mentor does not wear gloves when removing the underwear of the initiate, which could be soiled with blood. Another health problem is the smoke that the initiates are exposed to by day and by night. This could result in chest problems.

There is limited knowledge about HIV/AIDS, and other STDs among the initiated girls, initiated women and the elders. Incorporating education on HIV/AIDS and STDs in the rites would be of value to the community.

After reviewing the findings of the research, an intervention programme was developed. The draft intervention programme was presented to the *vukhomba* elders, initiated women and initiated girls.

## CONCLUSION AND RECOMMENDATIONS

Puberty rites give women a sense of belonging and respect in their community. They give them temporary group power in the community during initiation. However, as individuals, they remain powerless and still open to abuse. The rites act as a deterrent to the public abuse of women, because men are afraid of the group power

women have during initiation. However, if the abuse of women is done privately and is not reported, the perpetrator might go unpunished.

The sexuality education in the rites covers the most important method of prevention of HIV, which is abstinence, but does not teach initiates about HIV/AIDS. Although the puberty rites have a sexuality component, the content of the sexuality education needs to be in line with the current issues facing communities and young people, for example, HIV/AIDS. Further research is needed to study the different puberty rites.

As the rites are cultural events that are available every three months, they can be used to promote health and the empowerment of women. There is a need for information on sexual health to reach all girls in the country. Many women and girls in the rural areas could gain access to information on sexual health during their participation in the puberty rites.

Since the rites bring initiated women and initiated girls together, they can act as a place for the promotion of health and health education for different age groups. Furthermore, the initiated girls can be used for peer group teaching not only during the initiation, but also in the community and at school. The rites can also be used for disseminating new health information, for example, outbreaks of disease and immunisation campaigns.

The Department of Health and Welfare in the Limpopo Province should ensure that co-operation is established between the puberty rites elders and health services. This will ensure that cultural rites can be used to promote women's health.

## REFERENCES

- BRINK, HI 1996: Fundamentals of research methodology for health care professionals. Kenwyn: Juta.
- BROERSE, JEW 1998: Towards a new development strategy. Delft: Eburon.
- CORY, H 1956: African figurines: Their ceremonial use in puberty rites in Tanganyika. London: Faber & Faber.
- CRESWELL, JW 1994: Research design: Qualitative and quantitative approaches. Thousand Oaks: Sage.
- CREWE, M 1996: Why is the subject of sex education for youth so difficult to deal with? A journey to honesty. **Sexual and Reproductive Health Bulletin**, 3 September 1996:8-9.

DARROCH, JE; LANDY, DJ & SINGH S 2000: Changing emphasis in sexuality education. **Family Planning Perspectives**, 32(5):1-9.

ELAM, J 1998: A cross-cultural comparison of puberty rites and ceremonies for females. **The Oxford Review Web Site**, <http://www.emory.edu/OXFORD/Publications/Review/puberty.html>.

FINE, M 1988: Sexuality, schooling and adolescent females: The missing discourse of desire. **Harvard Education Review**, 58(1):29-53.

HUDELSON, PM 1994: Qualitative research for health programmes. Geneva: World Health Organization Mental Health Division.

INTERNATIONAL CONFEDERATION OF MIDWIVES & WORLD HEALTH ORGANIZATION 2000: Frontier of Midwifery care: STDs/HIV/AIDS in safe motherhood. Pre-congress workshop 19-22 May 1999 Manila, Phillipines.

INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES [Sa]: An introduction to sexual health. International Federation of Red Cross and Red Crescent Societies.

JUNOD, HA 1962: The life of a South African tribe; 2nd edition. New York: University Books.

KHUPISO, V 2000: Teens tell of abduction and forced circumcision. **City Metro**, 30 January: 2.

KOONTZ, S & CONLY, SR 1994: Youth at risk: Meeting the sexual health needs of adolescents – Questions and answers. **Population Action International**, April:1-3.

MAIER, B; GORGEN, R; KIELMANN, AA; DIESFELD, HJ & KORTE, R 1994: Assessment of the district health system using qualitative methods. London: Macmillan.

NATIONAL GUIDELINES TASK FORCE 1992: Guidelines for comprehensive sexuality education. Washington DC: Sex Information and Education Council of the US.

NATIONAL HEALTH AND POPULATION DEPARTMENT 1992: Annual Report. Pretoria: National Health and Population Department.

RASING, T 1995: Passing on the rites of passage: Girls' initiation rites in the context of an urban Roman Catholic community on the Zambian Copperbelt. Amsterdam: African Studies Centre.

RICHARDS, AL 1956: Chisungu: A girl's initiation ceremony among the Bemba of North Rhodesia. London: Faber & Faber.

SCHAPER, I 1946: Bantu speaking tribes of South Africa: An ethnographical survey Cape Town: Maskew Miller.

STAYT, HA 1931: The Bavenda. Oxford: Oxford University Press.

STREUBERT, HJ & CARPENTER, DR 1995: Qualitative research in nursing: Advancing the humanistic imperative. Philadelphia: JB Lippincott.

WORLD HEALTH ORGANIZATION 1994: Qualitative research methods: Teaching materials from a TDR workshop. Geneva: WHO.