

CULTURAL RESPONSES TO THE MANAGEMENT OF HIV/AIDS: THE REPACKAGING OF PUBERTY RITES

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Introduction

If there is one single disease that can be described as a concomitant of globalisation, it is HIV/AIDS because of its ubiquitousness, indiscriminate selection of victims, and the rate at which it is affecting the world's population *en masse*. Again, HIV/AIDS is a global issue of survival and care because it has caught the attention of the high and not so high-powered people in the world,¹ as well as and the concerted human efforts to also fight it with every vehemence.

In an earlier study (Sackey 1999), I observed that as biomedical health delivery services in Ghana become more technologically sophisticated as a result of increased global interaction, the cultural construction of disease and recourse to alternative and more familiar health delivery options also become more prominent. This presentation also seeks to use a cultural approach specifically to repackage traditional puberty rites in the combat against HIV/AIDS. Abstinence, which is being emphasized in the campaign against HIV/AIDS, featured prominently. The rites at puberty, a period in which boys and girls were formally educated in African traditional societies. The rites however, with the exception of few areas in the country, were proscribed as a result of social transformations, particularly with the advent of Christianity and Western education.

Of late, there has been a concerted public outcry by religious groups, chiefs, public officials and individuals for the restoration of puberty rites arguing that their abolition has created a vacuum in the moral lives of the youth as manifested in sexual laxity and associated problems of teenage pregnancy and spread of sexually transmitted diseases (STDs) and HIV/AIDS. For example Ghana's Vice-President Aliu Mahama is quoted to have said that, "We need to weed a path for our old moral virtues of responsible sexual behaviour to stem the tide of HIV/AIDS which is threatening to undermine the growth of this nation by attacking especially its youth who are the nation's most productive resource" (*Daily Graphic*, August 6, 2001: 17). Asamoah (2001: 3) laments the moral laxity of the youth. He thinks the vulnerability of the youth to HIV/AIDS is because of their "inability to control themselves of their sexual drive when they experience it". He therefore challenged people in the realm of psychology, religion, philosophy, preachers of the gospel, and lecturers, among others, to come up with ways to help the youth control their sexual drive.

But for the practice of female genital mutilation, incision, scarification and nudity accompanying the rites in some African societies, puberty rites were extremely beneficial and educative. I propose that aspects of traditional puberty rites in Ghana that deal with positive cultural values be resuscitated while irrelevant and archaic customs be left out. I contend that puberty rites can be used as an important tool against HIV/AIDS because in traditional society adolescents who had not yet gone through the rites were not permitted to become sexually active.

Methodology

Different approaches such as abstinence, faithfulness to one's partner, the use of condoms and other educational campaigns in the prevention and control of the disease have been in place yet the prevalence of HIV/AIDS in Ghana keeps rising. It is estimated that the rate of infection of 200 people per day would be 1.2 million by 2010 (*Chronicle*, Thursday August 16, 2001: 12). Therefore, alternative and more proactive, aggressive campaigns are needed.

My research intends to employ a cultural approach to repackaging aspects of traditional puberty rites as an alternative method in the management of HIV/AIDS. I define culture as an arrangement or agreement by a group of people on the mode in which they wish to make choices regarding their life style at any given time in their given environment. The culture approach will be more appropriate because culture is important in the socialization of the children and many Ghanaians also think the HIV/AIDS pandemic is a cultural issue attributing its spread to the globalising foreign cultural influences that are impacting negatively particularly on the youth. For example, the film and television industries have been accused of their "sexually corrupting and titillating scenes", which are enticing to the youth (Asamoah 2001: 3). The sexual explicit contents of night radio programmes such as "From me to you" on Unii FM, and *Wo ba ada ana?* (is your child asleep?) on Peace FM are few examples. Indeed, some HIV adverts have themselves been criticized as "vulgar" and "pornographic" (*The Standard* 30/9/01: 1; *Daily Graphic* 10/10/01: 13). It seems the more intensive the campaigns against HIV/AIDS becomes, the more sexually explicit the electronic media programmes get.

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This work which is an on-going project is aimed at studying 3000 Junior Secondary School children between the ages 12-16 years because it is the age-set at which puberty rites were performed in traditional societies and it is also within the age group 15-19 which is said to be the most vulnerable group for new HIV/AIDS infection in Ghana. The prevalence for this age group is 7.6% against the national prevalence of about 4% (National AIDS NACP Report 1999: 15). While the work studies both girls and boys, the first phase of the study looks at the rites for girls only because presently females are more vulnerable to the HIV/AIDS. Secondly, the focus is on females including young girls because the challenges of the HIV/AIDS epidemic have become most evident in sub-Saharan Africa, especially in women. Women are implicated in the different modes of transmission, and blamed and stigmatized for the spread of the virus (Esu-Williams 2000: 38-39). Girls are equally vulnerable because with the rising incidence of AIDS in adults some men are increasingly luring younger girls for sex with the notion that they are 'fresh and free' from HIV. It is therefore imperative to increase the HIV/AIDS awareness programme among the youth. Thirdly, the structures for puberty rites for girls already exist and will therefore need comparatively less efforts to restructure or revive than that for boys may be "invented". The second phase that will focus on boys will need fresh in-depth research to explore what Schroeder and Danquah (2000) think will help develop a systematic way of preventing the spread of HIV/AIDS and other sexually transmitted diseases among them.

The use of structured questionnaire, Focus Group Discussion (FGD) and newspaper reports are the main sources of data. For this presentation, 50 questionnaires have been collated and analysed. The FGD undertaken so far has yielded impressive results. Accra being the metropolitan capital and multi-cultural city of Ghana where puberty rites are hardly practised, the study therefore presumed that children will be ignorant, at least of the practical aspects of the rites. As anticipated the data gathered so far have corroborated this research premise. Remarkably, though these children had only abstract knowledge of the rites, they unequivocally described puberty rites as "obnoxious, indecent and stressful". These included the parading of the girls almost naked (bare breasted) in public, and the pain of scarification. They also knew about female genital mutilation (FGM) which is prevalent in the northern regions of the country but practically non-existent in the south. Later, I found out that the school cultural curriculum makes a sparse mention of puberty rites. However, after going through lengths discussing with them - agreeing with them on the negative and cruel aspects without underestimating also the positive and moral values inherent in the rites and their implications for managing the spread of HIV/AIDS and STDs - more than 70% of the children agreed to go through a kind of initiation devoid of nudity and cruelty. They understood that:

Many of the cultural values and practices of traditional Africacan be considered positive and can be accommodated in the scheme of African modernity, even if they must undergo some refinement and pruning to become fully harmonious with the spirit of modern culture and to function most satisfactorily within that culture. (Gyekye 1996: 174).

The first goal has thus been achieved and the next step is: How? Before considering these methodological issues, I shall look at some perceptions about the origins of HIV/AIDS in Ghana. Although, finding solutions to combat the disease is what is currently important, the views of people on the origins and changing perceptions of HIV/AIDS are also relevant in the endeavour. Perceptions are not meant to stereotype or blame any particular group of people for causing the disease.

Perceptions About Origins of HIV/AIDS

HIV/AIDS is Foreign and Female

The first victims of AIDS in the country were a foreign couple who had traveled to Ghana in search of herbal treatment in 1986. For this reason people initially gave the disease a foreign tag; it was remote, unreal and 'unghanaian'. Some people thought HIV/AIDS was an advanced form of gonorrhoea that Ghanaian prostitutes from Ivory Coast might have brought into the country. Hence the reference to AIDS as "Cote d' Ivoire" *babaso*, that is, Ivory Coast gonorrhoea. Shortly after that the first Ghanaian victim was identified as a young woman and consequently the disease came to be identified as a women's disease. Indeed to crystallize this conception, AIDS (Acquired Immune Deficiency Syndrome) was jokingly referred to as "Akosua Is Dying Slowly", Akosua being a female name in Ghana. Initially, the question that came to mind was why Akosua and not Akwasi or Asare or any of the male names? Was this disease being unduly gendered since AIDS is no respecter of gender? As my realisation about the disease improved, I found out that more females are at risk than men. According to a Ministry of Health report (HIV Ministry of Health /AIDS 1999: 36) women are two to four times vulnerable to HIV infection than men because of their anatomy, among other things. Similarly, women are more vulnerable to other sexually transmitted diseases, the presence of

which enhances the risk of HIV infection. From my own observations other areas of female vulnerability are as follows:

Sexual Favours/Harassment

In Ghana economic hardships or poverty and hunger might have driven women who generally had the ability to fend for the family to get the HIV. During the 1983/4 hunger period the citizens had to struggle and cue for almost everything especially the so-called essential commodities such as milk, sugar, flour that were controlled by men in top managerial position. Some of these men who misused their position to sexually harass and even seduce women and even young girls in exchange for food items could have been nurturing the AIDS virus unknowingly. Although this allegation is unsubstantiated, it is an untold truth that the 'bottom power' practice that became pronounced in the Acheampong regime (1970s) continues to characterize gender relationship in Ghana till date. Witness the several allegations of sexual harassment cases that we now hear on radios and others that have been launched since the establishment of CHRAJ (e.g. JOY FM radio, Breakfast Show, September 20&24, 2001). Even though the presence of HIV/AIDS had not officially been acknowledged then (1983/4), it was present in the other parts of the world and as a result of globalisation, especially the movement of people the diseases could have been here in Ghana longer than we would make believe. This brings us to the topic of Ghanaian "returnees" and/or "Burgers".

The "Burgers" / "Returnees" Factor

The hunger period of 1983/4 also saw the influx of mainly male returnees, that is Ghanaians who had been living and working abroad, into the country. The first category of returnees who usually came back from the Hamburg city of Germany were named Burgers and subsequently the name became synonymous with all residents from the whole of Germany, Netherlands and other parts of continental Europe. A Burger was a man who has lived in Europe for a period of time and has returned home with some acquired material goods, and foreign currency which transformed into hordes of the local Cedi currency at the Forex Bureau or Black Market. The Burger also dressed conspicuously donning lots of jewelry and cap or hat. Armed with wealth and such unique appearance, the Burgers were attracted especially to young girls, and as I learnt later, a few 'cash' and some 'burger talk' were sufficient to entice as many school girls and women as they wanted. It is said that some mothers even encouraged their young girls to befriend Burgers to bring money home.

The second set of returnees numbering about one million Ghanaian citizens were expelled from Nigeria in 1983. These, however, unlike the Burgers were deportees who could not bring any material gains yet these together with the Burgers could have been possible carriers of the HIV which did not manifest itself in the country until 1986. This is not unlikely because of the lengthy incubation period for AIDS which could be two to twelve years or even longer (HIV/AIDS in Ghana 1999: 6) Ministry of Health.

The Supernatural Factor

Some people think HIV/AIDS is a manifestation of the wrath of God against sexual promiscuity. Many radio and TV preachers have lambasted people living with HIV/AIDS as deserving of their punishment and promising fire and brimstone. Other people think the disease is a sign of Endtime prophecy, while others believe that HIV/AIDS is a *bonsam yare*, a disease from the devil, while others believe it is a curse. Thus infected people are stigmatized as sinful and outcasts who must be secluded. The religious interpretation was also

captured in a high-life song by Rex Omar imploring God to come and rescue his people from this wicked disease:

*Yare bone bi aba oman yi mu
Obiara nnim beebi a efir
Obirara nnim ano edur
Kum a na okum amanba
Ewurade eei, behwe hen so
Yenni obiara, Egya se wo amba ntem a
Wobe ba na hen so atew o.*

A terrible disease has entered this country
Nobody knows its origin
Nobody knows its medicine (cure)
But it is killing the citizens
Lord, come to our assistance
Because we don't have anybody (helper)
Father, if you delay (hesitate) in coming
By the time you arrive (send help)
The number of your children would have dwindled. (My translation)

Indeed, it was through this song that I first heard about the disease and its effects on my hospital bed in 1987. The song created the awareness about the existence of HIV/AIDS regardless of its origins and the fact that it has no cure. It alluded to the fact that it has a decimating effect on its victims and therefore needs urgent attention.

However, the singer as Ghanaian and African rightly looked up to God for help, or cure. He resorted to his cultural understanding of disease and healing, more so when there seemed to be no cure anywhere for it.

In African societies generally people tend to use religion as a primary, alternative or final recourse to healing. This cognition is further based on the idea that in African cultures religion and medicine are closely linked, and in their world-view religion must be able to provide human beings with answers and solutions to their existential problems of which health is paramount. In their world-view even though the material world of human beings and the spiritual world are distinct they are also interdependent and are constantly interacting. Thus it is believed that good human conduct is rewarded by the spiritual world with abundant rainfall, plentiful harvest, offspring and general prosperity, while adverse conduct is punished with diseases, epidemics, famine, drought and even death. It is therefore within this context that Ghanaians sought explanation for the presence of HIV/AIDS.

From the foregoing, it is imperative to intensify the crusade in the education and prevention of HIV/AIDS through a more proactive and aggressive advocacy engaging the youth as active participants in the struggle, and I think the refurbishing of puberty rites is one such method.

What Are Puberty Rites?

In all societies the different stages of an individual's path through life, that is birth, puberty, marriage and death, are accompanied by ceremonies that are known as rites of passage (van Gennep 1960). Among many Africans, puberty rites were performed for boys

and girls between the ages of 12-16 primarily to initiate adolescents into responsible adulthood. It was a period that also marked the beginning of formal education in traditional African societies and in some societies tests of endurance such as male circumcision, female genital mutilation, incision or scarification or fighting a wild animal were carried out. It was expected that at the end of the puberty rites the initiated young persons would be able to handle every obligation, duty or assignment that may later come their way. As already stated, the rites ensured, among other values, sexual abstinence until marriage. Although sexual activity was not allowed prior to the performance of the rites, the completion of the rites also did not give the young initiates unrestricted passport to sexual activity. Chastity was to be preserved until one is given up into marriage since it was a practice that a virginity test be established on the first day of the consummation of marriage (Sackey 1991 and 1993).

Even though the rites vary from society to society, van Gennep (1960) distinguished stages that are universal in the performance of the rites of passage. First is the preliminal or separation stage, where the initiation candidates are separated actually or symbolically from an earlier fixed point in the social structure for about 3-7 years depending on the ethnic group. Second is the liminal (transition) stage, in which the candidates are metaphysically being made into new beings. It is also during this time that formal education was imparted to the initiates, as well as tests of endurance. The post-liminal or reincorporation stage defines the actual status of the initiates and incorporate them accordingly into the society (see also Turner 1969).

While in some societies puberty ceremonies are performed for both boys and girls, in other societies they are performed only for girls. In northern Ghana, the rites are performed for both girls and boys, while in the south only girls undergo elaborate rites (Sarpong 1977). The simplicity or near-absence of puberty rites for boys in Ashanti as compared with that for girls is probably a reflection of the non-jural aspects of paternal ties (Sarpong 1977:7-11), and perhaps the strong emphasis on matrilineage where the survival of the whole society is dependent on its female members. Sarpong's theory then would presuppose that the patrilineal Krobo, whose survival, in contrast to the Asante and Akan generally, depend on its male members would have more sophisticated rites for boys than girls. Ironically, among the Krobo only girls undergo puberty rites that are even more complex than those of the matrilineal people. Although no specific reason has been given for this, it could be inferred from Schroeder and Danquah (2000:6) that even parents who object to their girls undergoing the rites "will not let their sons marry a girl who has not undergone the Dipo rites since it is believed that uninitiated girls are unclean and do bring a bad omen to the family."

In Ghana, two puberty ceremonies for girls that have withstood the test of time are *bragoro* among the Asante and *dipo* among the Krobo. While the *bragoro* is performed for individual girls for six days, the *dipo* is for a whole age-set group and it is more elaborate. Formerly, the *dipo* ceremony lasted three years but the duration of the rites has been drastically reduced to 11-12 days or barely one week because of Christianity, Western education, and social change.

Among the Asante the initiation takes place within the precincts of the home where she is confined for six days, while that of the Krobo involves the actual separation of the girls to a camp outside the home. It is during this period of confinement or liminality that transition from childhood to adulthood is said to take place through specific teachings, instructions and rituals. The teaching includes moral values cherished by the society, for example, respect, obedience, self control, communication and hygiene skills, training in the economic activities of the area, housewifery, First Aid in traditional medicine to be used as home remedies, nursing, nurturing and above all the ABC of sexual relations. In southern Ghana, with the exception of incision,

the rites are devoid of any bloody operations such as female genital mutilation which have implications for HIV infection. Apart from the formal education imparted to the candidates, the girls are also given ample time for recreation and games as a means to reducing psychological tension of transition. In both *dipo* and *bragoro* the girls are made to feel important in the society. The *bragoro* candidate is referred to as queen and the puberty songs are mostly in praise of the initiand (Sarpong 1977: 23, Sackey 1991). Both *bragoro* and *dipo* candidates are carried shoulder high at a certain point during the rites.

In these two societies the rites culminate with recourse to the spiritual world through libation and among the Krobo the peak of the celebration are the introduction of the candidates to the Nana Kloweki Shrine to be adorned with heavy accumulation of beads, and the climbing of the sacred stone. It is believed that a girl who has lost her virginity would not be able to climb the rock for the fear of death. While *dipo* girls are shaved, purified and decorated with heavy precious beads and paraded through the street bare breasted, *bragoro* girl is also shaved, purified and decorated but she rather sits in state and receive visitors and presents. Summing up the significance of the rites, Nana Frimpong Ware III (1990: 7) wrote:

a critical examination of the rites reveal that traditional society abhors pre-marital sexual relations among a particular age group. One would need special training and ethics to enter into that realm. Failure to do so, one is regarded as a social outcast.

Again among the Krobo and Akan a girl found to be pregnant or to have defiled her virginity before the rites are performed is ostracised from the society. In Asante such a person becomes a *kyiribra* and must undergo a *kyiribra* ceremony of purification and pacification together with his male "culprit" as Sarpong calls him, after which both are ostracised from society. *Kyiribra* which is considered a "moral depravity" (Sarpong 1977: 51) has both religious and social repercussion in the sense that it infringes the spiritual injunction of chastity until puberty rites have been performed as well as defiles the whole community. It is therefore necessary to offer sacrifices of appeasement and purification to avert any danger on the pregnant girl and her unborn child as well as to prevent social calamity. Secondly, the offence of premarital sex and subsequent pregnancy is a disgrace not only for the offenders but their families which are also humiliated publicly. The shame that went with victims of teenage pregnancy also affected their parents, and that made it quite imperative for the parents to ensure their girls' chastity (Frimpong Ware 1990, Fanning 1999).

Kyiribra was a ceremony to show the abhorrence of teenage pregnancy, as well as to serve as a deterrent for premarital sex. Indeed, Sarpong (1977) reports at the time of his research that the occurrence of *kyiribra* was rare and that the last *kyiribra* was recorded in 1961. Ironically, the Ashanti Region leads in the prevalence of HIV/AIDS in the country. Could this be an indication that the performance of *bragoro* and *kyiribra* ceremonies has waned which is why the sexual activity among the youth has increased?

Handling Puberty Ceremonies in Present Times

Should puberty rites generally be restored what mode or structure will they take since they differ among the ethnic groups? If we take Accra, for example, which is a multicultural city, are the rites also going to have a multi-cultural approach as well? What aspects of the rite would be retained and what would be left out? Would the rites carry the same meanings and significance if the initiates were clothed thoroughly? One of the main concerns of religious bodies including the mission churches and the spiritual / charismatic churches about the rites is the libation that is poured to the spirit beings. Would these religious bodies accept the rites if libation is left out? Or

would they allow libation if that would help minimise the incidence of HIV/AIDS? And to what extent will they be prepared to incorporate the rites into their church practices? Would the rites still be conspicuously African if the spirit beings are not propitiated? When would be the appropriate time to perform the rites since the age at which they are performed coincides with schooling? These and so many questions need to be seriously considered, and discussed at length with all stakeholders concerned, including the future initiates, before such a big move towards social transformation can be made. This is what this research seeks to do and the questionnaires retrieved from the youth have partly answered some of the methodological questions raised.

Research Analyses/ Suggestions

For this study I have collated and analysed fifty (50) of the research questionnaires made up of twenty-seven questions, though not every question was attempted. Out this number of respondents between the ages of 12 and 16, (one would have thought that more girls than boys will be sexually active at these ages) had already had sex. The highest ages of sexual prevalence were 13 and 14, although three of their female sexual partners were 10 years old. One 13-year-old boy had had sex with an older man.

Thirty-seven (37) answered positive to the question whether girls should go through puberty rites if it can prevent premarital sex and its resultant teenage pregnancy, HIV/AIDS and STDs. Nineteen (19) think the age for the rites should be set below twelve, while twenty-three (23) opted for twelve years and above. Twenty-four (24) thought the rites should be performed during the holidays while 15 would have them inculcated into the school curriculum. As to who should officiate at the rites the majority chose the traditional priest (15) as against relatives (13), and teachers (1).

Forty-eight knew that premarital sex could lead to teenage pregnancy and as well as HIV/AIDS and two, one of whom was 16 years old, were ignorant. All of the fifty (50) respondents agreed that abstinence is the most reliable method of preventing HIV/AIDS. Thirty-three (33) knew that puberty rites were used to check morality in the traditional societies. To the question regarding which aspects of the rites were abhorrent, twenty-nine (29) mentioned the baring of breasts in public as the most repugnant.

The above analyses show that the idea of reviving puberty rites ceremonies to suit modern trends is acceptable and the teenagers have expressed their willingness to cooperate at least on paper. Perhaps, the practical aspect could also be implemented with initially a small group. The group should be small to enable a longitudinal studies to be conducted on the same group after two four years to monitor how they have fared in life and also to test the premise that abstinence is the best method for the control of HIV/AIDS, STDs and teenage pregnancy.

In addition to the views of the children expressed above, I want to reiterate some suggestions I made elsewhere (Sackey 1993: 138-9) regarding how the rites could be performed should they be restored. Since the qualified candidates are all in school, the rites must be organised during the vacation period as the children have also agree on. This could span about four weeks in which they will learn all the positive instructions that are imparted to novitiates in a secluded place, like Girl Guide camps, or retreat centres, after which they will be rewarded with a bead or ring. In the USA and of late in Ghana young boys and girls who have formed 'chastity associations' and taken vows to abstain from sex until marriage wear special rings to remind them of their vow (The Standard August, 5, 2001:1). Also, in Makoni, Zimbabwe 2000 young women have been awarded "virginity certificates" for preserving their virginity by the traditional ruler of the

Makoni District, an area which has the highest incidence of HIV/AIDS in the country to "emphasize the value of abstinence" (*Daily Graphic* July 24, 2001: 5). It is remarkable that these measures taken by the two countries above are indeed inherent components of the puberty rites in African societies, especially Ghana.

Apart from helping to boost their image and confidence in life, initiation ceremony will also keep the youth occupied and refrain them from engaging in immoral activities during the long vacation period (Sackey 1993). Nowadays, some parents even opt to pay heavy sums of money for extra classes during school vacation to help them spend their vacation profitably. If part of the vacation is also used in initiation training the youth would gain better knowledge about their culture, which they will eventually grow into and take up responsible roles such as caring for their aged parents and other family members, as well as assisting during family crises such as death.

Combating HIV/AIDS should be a concern for everyone and this should include the churches as some (the mission churches) have already mounted some forms of AIDS campaign. In addition to bringing the awareness of the disease to the youth the churches can also organise lectures, film shows, plays, debates and other entertainments to keep the youth at bay during school vacation. They could incorporate in their catechetical instructions for confirmation candidates some of the useful traditional African training in moral values and self-discipline to enable them cope with the hazardous African life and live well-adjusted lives.

Fortunately the Asante and Krobo societies described do not perform female genital mutilation, which have dangerous and serious implication for HIV/AIDS because of the unsterilised instruments used in the operations and other dangers posed to female lives among other things. However, the shaving of the hair and making of incision marks that are performed during the rites described above are also possible causes for HIV/AIDS infection and other diseases and therefore must be stopped. I also propose the following interventions:

- Introduction of the study of HIV/AIDS into the school curriculum at nurseries, primary, secondary and tertiary institutions.
- The restructuring of the school curriculum to include the teaching and *performance* of puberty rites at all levels- primary, secondary and tertiary.
- Focus on attitudinal changes towards the disease, emphasising abstinence.
- Formation of youth clubs: youth participation in fighting the disease since they are the most active group and thus highly vulnerable
- Artists, media personnel especially directors of Television and radio programmes must avoid films and music, which are sexually explicit and seem to be deliberately or unconsciously propagating HIV/AIDS. Films and music should rather exhort positive cultural virtues
- Establish HIV/aids endowment fund for voluntary contributions.

The *dipo* custom has already seen some of the changes. For example, today girls as young as 2 or 4 years can be found passing through the *dipo* custom so that they can go to school and also be baptised as Christians (Fanning 1999: 26-33). It is also asserted that at that tender age the girls are innocent and not ashamed of their nakedness (Shroeder and Danquah 2000: 60).

Finally, if the performance of puberty rites were to be enforced sexual indulgence would be deferred and the youth would be protected from STDs including HIV/AIDS and as a corollary their general condition of health.

Note

¹ Witness the 26th Special Session of the United Nations General Conference on HIV/AIDS in New York in June 2001; then the African Heads of States meeting in Durban, South Africa, and the meeting of the G-8 leaders in Genoa, Italy in July 2001.

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