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## **Empowering Adolescent girls to make informed decisions on Safe Sex practices and Family planning during initiation ceremonies in Eastern Province, Zambia**

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**Background:** Early sexual debut and early marriage are often linked to traditional initiation ceremonies that prepare adolescent girls for adulthood despite ongoing campaigns. These ceremonies commonly involve sex education focused on pleasing a partner, which may encourage early sexual activity among teenagers. Given the high risks of early pregnancy, limited contraceptive access, and HIV/STIs, integrating comprehensive sexual and reproductive health education and rites presents a vital opportunity to improve health outcomes. This study aimed to explore opportunities to include Sexual Reproductive Health and Rights (SRHR) information during traditional initiation ceremonies for adolescents to make informed decisions on Safe sexual practice and use of contraception.

**Methods:** The study used a qualitative approach with a diverse group of participants, including ten girls—two married, two single, two attending school, and two out of school. Additionally, seven initiators participated, five from urban (Chipata) and two from rural (Mambwe). One leader from each of the two districts, Chipata and Mambwe, represented community leadership. The sample also included one teacher and three parents. Furthermore, two adolescent focal point persons from each district were interviewed. A focus group discussion was conducted with adolescent girls to gather in-depth perspectives. Thematic data analysis was conducted using the exploration component of the EPIS framework as a lens of analysis.

**Findings:** Girls participating in initiation ceremonies are taught a range of topics, including life skills, moral education, marriage preparation, physical grooming, and sexual practices. The teachings regarding sexual practices emphasize how to please a partner in bed, often through demonstrations, while stressing the importance of secrecy and silence surrounding these subjects. These lessons reinforce prevailing cultural norms, focusing on hygiene, respect, confidence, discipline, and marriage-related social roles. After the ceremonies, many girls report experimenting with sexual activity, which often changes their perception of when they are ready for marriage. The secrecy embedded in these traditions leads to decreased communication with parents and increased withdrawal, highlighting cultural taboos around discussing sexual matters openly within families. While some women initiators support integration to empower girls with accurate health information and promote safer behaviors, the majority express concern. Common fears include that access to family planning may encourage promiscuity or cause infertility—beliefs deeply rooted in cultural values. Community leaders, as custodians of cultural practices, generally endorse SRH integration but emphasize the need for respectful and sensitive approaches. Parents, who control the timing of initiation, are key stakeholders requiring engagement.

**Conclusions:** Integrating SRH information into initiation ceremonies provides an important opportunity to address gaps in adolescent knowledge about safe sexual practices and family planning, potentially reducing rates of teenage pregnancies and unsafe sexual behaviors. This study showed mixed views, with most indicating resistance to integrating the SRH services in the Initiation rites.

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