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# Operational Research on Transformative Education on Sexual and Reproductive Health and Rights During Adolescents' Initiation Rituals, Nampula, Mozambique, 2022

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## Abstract

**Introduction:** teachings during adolescent initiation rituals have been identified in Mozambique as one of the causes of adolescent pregnancy, a determinant of the high maternal and neonatal mortality rates in the country. Those pregnancies cause school dropout and premature marriage. Research developed in Nampula, "Alert Community for a Prepared Hospital", identified the rite leaders and counsellors as relevant agents to achieve the goals of sexual and reproductive health education for adolescents. Lúrio University's partnership with the University of Saskatchewan in Canada obtained funding for this research. Meetings were held with local partners and with the actors involved in the rites. The organisers of the ceremonies are the resource persons for a transformative education intervention on adolescent sexual and reproductive health and rights.

**Objective:** to assess the education provided in the initiation rites of adolescents about sexual and reproductive health and rights.

**Methods:** exploratory descriptive qualitative study, using the interview, carried out in the premises of the Lúrio University Campus in October 2022. The recommendations of the Declaration of Helsinki were respected, and the study had the approval of the Bioethics Committees for Health at Lúrio University and the University of Saskatchewan.

**Results:** 17 organisers were interviewed, 15 men and 2 women, with an average age of 54 years, mostly with primary schooling and peasants, living in various neighbourhoods of Nampula. The interviewees show significant differences, but also some homogeneity in the teaching given, although limitations are found on sexual and reproductive health, with the subject of contraceptives being scarcely broached. The teaching on interpersonal respect is mentioned; however, this orientation shows gender inequity.

**Conclusion:** this group of rite organisers is a traditional class of broad social impact but reveals little knowledge about sexual and reproductive health and rights. Informing this group and educating the rituals counsellors will be necessary to achieve adolescents' behaviour changes.

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## Introduction

Some teachings during the adolescent initiation rituals (AIR) have been identified in Mozambique as one of the causes of adolescent pregnancy, a determinant of the high maternal and neonatal mortality rates in this country.<sup>[1]</sup> These pregnancies are often the cause of school dropout and forced marriage, determinants of family poverty.<sup>[2]</sup> A participatory implementation research developed in Natikiri, Nampula, between 2016 and 2020 (Alert Community for a Prepared Hospital - ACPH),<sup>[3]</sup> identified the AIR officers and counsellors, as relevant agents to achieve the objectives of sexual and reproductive health (SRH) education for adolescents, as this is a valid platform for community education. The partnership of the Faculty of Health Sciences (FHS) of Lúrio University (LU) with the University of Saskatchewan (US) of Canada secured funding from Grand Challenges Canada (Global Health Stars, R-ST-POC-2205-52405) for this participatory operational research. Several meetings were held with the administrative and traditional authorities, local education and health institutions, non-governmental organisations, with the counsellors and advisors of the rites and with the organisers of the ceremonies ("Aluko" for boys and "Mwali" for girls), known as the "Porch Owners". They are responsible for drawing up the lists of adolescent participants, at the request of their parents or guardians, and for requesting authorisation for the ceremonies from the administrative authorities. To prepare an effective intervention for transformative education in sexual and reproductive health and rights (SRHR) for adolescents, it is essential to know the content dispensed in these traditional ceremonies by those responsible for them.

## Objective

To assess the education provided to adolescents on SRHR by the organisers of the AIR.

## Methods

Exploratory descriptive qualitative study, using the interview of a group of resource people (traditional organizers of AIR), within the framework of a participatory operational health extension research. Carried out at the premises of the Marrere Campus of LU, in the city of Nampula, Northern region of Mozambique, in October 2022. Participants were informed about the objectives and methods of the study and signed an informed consent form (ICF), responding to unknown interviewers, for about 20 minutes, in Portuguese (Mozambique's official language), or in Macua (local language) according to their preference, in a private place, to members of the research team, who also signed a scientific commitment term, an ethical

declaration and a declaration of absence of conflicts of interest. All recommendations of the International Medical Association Helsinki Declaration (2013) were observed, and the study had the approval of the LU Institutional Bioethics Committee for Health (05/Feb/CIBSUL/22) and the US Biomedical Research Ethics Board (3212).

## Results

17 organisers were interviewed, 15 men and 2 women, with an average age of 54 years, ranging from 28 to 72 years (the two women were both 71 years old); 3 were illiterate, 12 had completed primary education (including the two women), 1 completed secondary education and none completed higher or technical-vocational education. Most are peasants (9), 5 have a profession (driver, tailor, locksmith, guard, mason), 1 is a religious leader ("Ché" in a mosque), 1 is retired and one woman is an AIR counsellor. All are residents of various districts of Nampula municipality (Marrere 6, Muahivire 5, Natikiri 2, Murrapaniua 1, Namutequeliua 1, Muhala 1, Mucoache 1).

Considering the experience and practice of AIR the interviewees show significant differences: the average time of experience in the organisation of AIR is 15 years, but varies between 1 and 50 years; the number of ceremonies organised per year varies between boys and girls, with a minimum of 1 and a maximum of 50; the place of organisation of the ceremonies is mostly at the home of the organisers, but for boys, it sometimes happens in a place in the countryside (forest or "bush"); the number of adolescents participating in each ceremony varies between 1 and 130, being generally higher for the boys; the ages of the adolescents participating vary between 8 and 21 years, but two organisers do not know the ages of the participants.

About the teachings given, there is some homogeneity in the main contents. The most emphasised subjects were respecting one's elders, parents, and family; good behaviour at mealtimes; collaborating in housework; not entering one's parents' room. Others mentioned not leaving school, not marrying before the age of 15, hygiene, menstruating girls should not perform certain activities (salting food, serving water or food, sleeping with their partner), circumcision has a positive impact on sexual health and the circumcised boy is more respected, sanitation, caring for the sick, good coexistence in the community, respecting one's partner (boys and girls), working hard, bringing up children, respecting the teachings given and tradition, treating the dead.

The teachings on sexual and reproductive health are more limited and three organisers do not mention them. Most of the group talks about menstrual hygiene, waiting until 18 to have sex, boys are not ready to start sexual activity after AIR, menstruating girls should not have sex, not being promiscuous to avoid sexually transmitted diseases (STDs) such as human immunodeficiency virus (HIV) infection, syphilis, and gonorrhoea, taking good care of women, using condoms, good hygiene, good nutrition, and having a registered nurse to do circumcision correctly.

The theme of contraceptives is not addressed by 9 interviewees and the other 8 mention: not getting pregnant because there are contraceptives, the use of condoms is important, condoms and other contraceptives are accessible at the "hospital" (health centre), how contraceptives are used.

The teaching about respecting one's partner is mentioned by 13 interviewees: respecting the difference, respecting the partner when getting married, taking good care of each other and the house, knowing how to talk about problems, not cheating, when the woman doesn't want to have sex, she shouldn't be forced to; however, this orientation is stronger for the woman in relation to the man. Four interviewees (one woman) do not address this issue.

## Discussion

This group of AIR organisers is diversified (in age, length of experience, number of AIRs organised per year and number of adolescent participants), showing, however, some common characteristics (middle-aged adults, with low levels of education and poor command of the official language - Portuguese, mostly peasants or with informal economic activity). Considering their residence in a suburban environment, we estimate that they are representative of this traditional class at provincial level.

The teachings given, the circumcision of boys (there is no female genital mutilation in Mozambique), constitute interventions of social education that are highly valued by the communities in general, though not very consistent in terms of contents of sexual and reproductive education. STIs are superficially broached, contraceptives are lightly dealt with, and abortion or violence are never mentioned. Respect for the other is overvalued for the man, even indicating that the woman should always obey, demonstrating gender inequality. This situation derives mainly from religious determinants, mainly in the dialectic of animism with monotheism,<sup>[4]</sup> even though in this northern region of the country, there remains a traditional culture of matriarchal matrix.

Today it is demonstrated that behavioural interventions in adolescents for the use of family planning, when the barriers and the options to circumvent them are identified, increase the use of contraceptives.<sup>[5]</sup>

Representing an important event in the lives of adolescents, it is unique, isolated from a changing social context. The behavioural change that must take place here also needs a facilitating framework for adolescents, especially at the school and health services level (Adolescent and Youth Friendly Service, AYFS),<sup>[6]</sup> but also from the attitudes and behaviour of parents.<sup>[7]</sup>

We consider a limitation of this study that some participants were aware of the participatory implementation research developed in Natikiri (ACPH) and its key messages, albeit superficially, which may have influenced the responses on SRH. Similarly, the fact that the interviews were conducted on FHS premises may have influenced those responses.

## Conclusion

This group of 17 organizers of AIR represents a traditional class with wide social impact, intervening in about 900 adolescents per year and performing the circumcision of boys. It reveals, however, little knowledge about SRH, and scarcely touches on contraception. It is necessary to provide information to this group, reinforced by the education of the AIR counsellors, who directly educate their adolescents during the ceremonies.

## Abbreviations

CIBSUL - Lúrio University Institutional Bioethics Committee for Health.

FHS - Faculty of Health Sciences.

AIR - Adolescent initiation rituals.

AYFS - Adolescent and Youth Friendly Service.

SRHR - Sexual and reproductive health and rights.

SRH - Sexual and reproductive health.

STD – Sexually transmitted disease.

LU – Lúrio University.

US - University of Saskatchewan.

HIV - Human immunodeficiency virus.

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