INTRODUCTION

According to Namibia’s national population census, the total population of the country stood at 2,113,077 people distributed over its 14 political regions (NSA, 2014). Of this, 43.1% of the population inhabited urban areas, and 56.9% lived in rural areas. The average household size in Namibia is 4.4. The population under the age of 15 stands at 760,707 (36%) while the population aged 15 years and above is 1,352,369 (64%). The employed population, which includes part-time and seasonal employment, stands at 690,019 (70.4%) and the total population that is unemployed is 290,762 (29.6%) (NSA, 2014).

Human immunodeficiency virus and acquired immunodeficiency syndrome (HIV/AIDS) is regarded as one of the biggest threats to economic development in sub-Saharan Africa. HIV is acquired through the transmission of bodily fluids such as blood, vaginal fluids and semen. It is mostly contracted through sex (both heterosexual and homosexual) that involves the exchange of bodily fluids between individuals. Once it has entered the body, it compromises the individual’s immune system and weakens the body’s ability to fight diseases. In its most advanced stage, it develops from a viral infection to a disease that can lead to disability and death. Sub-Saharan Africa has the highest HIV prevalence, globally, and is termed the worst affected region and is widely regarded as the ‘epicentre’ of the global HIV epidemic.

In 2012, Swaziland had the highest HIV prevalence rate of any country in the world (26.5%). HIV prevalence is also particularly high in Botswana (23%) and Lesotho (23.1%). With 6.1 million people living with HIV in South Africa – a prevalence of
17.9% – it has the largest HIV epidemic of any country. The remaining countries in southern Africa have an HIV prevalence between 10% and 15% (ICASA 2013).

It is believed that polygamous relationships, as well as multiple concurrent partners, are the key drivers of HIV transmission in these countries. Sexual networks of men seem to be both extensive and socially accepted (CDC, n.d.). Many adults and children are directly or indirectly affected by HIV/AIDS. Statistics of the Centers for Disease Control and Prevention (CDC) reveal that HIV remains the number one cause of death in Namibia (23%), followed by cancer (8%), strokes (7%), lower respiratory infections (5%), diarrhoeal diseases (5%), tuberculosis (5%); ischemic heart disease (4%); diabetes (3%); interpersonal violence (3%) and malaria (3%). Source: Global Burden of Disease Compare: http://viz.healthmetricsandevaluation.org/gbd-compare, 2010.

Although Namibia has made tremendous efforts in providing life prolonging antiretroviral therapy (ART) as well as mother to child transmission drugs, HIV/AIDS remains a challenge to contain and as a result, remains a priority area in Namibia's Fourth National Developmental Plan (GRN, 2014).

Like many other African countries, Namibia is a multicultural democracy, and each cultural group has its own methods of life orientation at different stages, and perceptions, beliefs and myths, which in turn shape human behaviour. According to Sharpley (2010), ‘traditions, norms, beliefs and values are inherited by contemporary societies from previous generations through the sociological vehicle called culture.’ I concur with Sharpley (2010) in assuming that there is a correlation between the content of traditional life-skills programmes (which are not written) and HIV infection in Namibian society. Sharpley (2010) states that:

‘As adults, it is not just what we verbally articulate that directly impacts our world and more specifically our children, but our actions which are dictated by our world which in turn has been impacted by our past and present experiences, as well as our exposure to the world beyond our world.’

One form of transmitting information, knowledge and skills regarding the world of adults to the youth in Namibia is through traditional life-skills and counselling programmes at various stages of life. Such programmes not only provide precious indigenous knowledge carried over from generation to generation, but they also provide a sense of belonging, ownership and accountability to those that participate in them. This chapter provides a description of how various sampled cultural groups in Namibia provide essential culture-specific information, and also how information on HIV/AIDS is included or excluded from such education and rites of passage involving adolescents and young adults.