CHAPTER 4

'Harmful Cultural Practices' and AIDS

Global Policies on Gender-Based Violence, AIDS and Harmful Cultural Practices

The UN Secretary General highlighted in a report in 2012 that 'the Political Declaration on HIV/AIDS recognised the harmful effects of unequal gender norms and practices and pledged concerted action to eliminate gender inequalities' (UN 2012, p. 19). In the 2011 UN Political Declaration on HIV and AIDS: Intensifying our efforts to eliminate HIV and AIDS (UN 2011) member states agreed to 'pledge to eliminate gender inequalities and gender-based abuse and violence, increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection' (UN 2011, p. 8). This policy suggests that, in order for women to reduce the risk of contracting HIV, gender-based violence needs to be addressed. Although this declaration does not name specific harmful cultural practices, it mentions the 'harmful effects of unequal gender norms and practices' (UN 2011, p. 9).

In its resolution 2003/45 of 23 April 2003, on the elimination of violence against women, the Commission on Human Rights affirmed that the term 'violence against women' meant any act of gender-based violence that resulted in, or was likely to result in, physical, sexual or psychological harm or suffering to women, including, among others, crimes committed in the name of honour, and traditional practices

© The Author(s) 2019

S. Page, *Development, Sexual Cultural Practices and HIV/AIDS in Africa*, https://doi.org/10.1007/978-3-030-04119-9_4

harmful to women, including female genital mutilation, early and forced marriages, female infanticide and dowry-related violence and deaths. It strongly condemned such violence. It emphasised that violence against women and girls, including female genital mutilation and early and forced marriage, could increase their vulnerability to HIV infection. The Commission called upon states to condemn violence against women and girls and not to invoke custom, tradition or practices in the name of religion or culture to avoid their obligations to eliminate such violence.

In this resolution we see that the terms or categories of violence against women and gender-based violence have both been adopted. We also see that specific practices are listed that are deemed harmful to women with the suggestion that these practices may increase women's vulnerability to HIV/AIDS. This resolution is more detailed than the political declaration on HIV/AIDS and calls on member states to condemn violence against women and not to invoke 'custom, tradition or practices in the name of religion or culture to avoid their obligations to eliminate such violence' (UN Commission on Human Rights 2003, p. 4). These global policies show how cultural practices, gender-based violence and AIDS emerged as key development priorities. The UN General Assembly in its January 2002 Resolution on Traditional or Customary Practices affecting the health of women and girls called upon all states to ratify or accede to the Committee on the Elimination of Discrimination against Women (CEDAW), and to adopt national measures to prohibit traditional practices.

The emergence of harmful cultural practices in global development conventions and policies came about at the 1993 World Conference on Human Rights. The UN Declaration on the Elimination of Violence Against Women (UN 1993) made the link between gender-based violence and harmful cultural practices and defined violence against women as 'any act of gender-based violence that results in or is likely to result in physical, sexual or psychological harm or suffering to women' (UN 1993, p. 1). Under article 2 it stipulated that violence against women should be understood as:

> (a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence

> related to exploitation; (b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution; and (c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs. (p. 2)

On 7 February 2000 resolution A/RES/54/133 was adopted by the UN General Assembly: 'Traditional or customary practices affecting the health of women and girls'. The resolution:

> Emphasises the need for technical and financial assistance to developing countries working to achieve the elimination of traditional or customary practices affecting the health of women and girls from United Nations funds and programmes, international and regional financial institutions and bilateral and multilateral donors, as well as the need for assistance to non-governmental organisations and community-based groups active in this field from the international community. (UN 2000, p. 4)

In other words, international donors are encouraged to provide technical and financial assistance to developing countries to eliminating traditional practices because they affect women's and girls health. Second, it called upon member states:

> (a) To ratify or accede to, if they have not yet done so, the relevant human rights treaties, in particular the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child, and to respect and implement fully their obligations under any such treaties to which they are parties;
> (b) To implement their international commitments in this field, inter alia, under the Beijing Declaration and the Platform for Action of the Fourth World Conference on Women, the Programme of Action of the International Conference on Population and Development and the Vienna Declaration and Programme of Action adopted by the World Conference on Human Rights;
> (c) To collect and disseminate basic data about the occurrence of traditional or customary practices affecting the health of women and girls, including female genital mutilation;
> (d) To develop, adopt and implement national legislation and policies that prohibit traditional or customary practices affecting the health of

women and girls, including female genital mutilation, and to prosecute the perpetrators of such practices;

(e) To establish or strengthen support services to respond to the needs of victims by, *inter alia*, developing comprehensive and accessible sexual and reproductive health services and providing training to health-care providers at all levels on the harmful health consequences of such practices;

(f) To establish, if they have not done so, a concrete national mechanism for the implementation and monitoring of relevant legislation, law enforcement and national policies;

(g) To intensify efforts to raise awareness of and to mobilise international and national public opinion concerning the harmful effects of traditional or customary practices affecting the health of women and girls, including female genital mutilation, in particular through education, the dissemination of information, training, the media, the arts and local community meetings, in order to achieve the total elimination of these practices;

(h) To promote the inclusion of the discussion of the empowerment of women and their human rights in primary and secondary education curricula and to address specifically traditional or customary practices affecting the health of women and girls in such curricula and in the training of health personnel;

(i) To promote men's understanding of their roles and responsibilities with regard to promoting the elimination of harmful practices, such as female genital mutilation;

(j) To involve, among others, public opinion leaders, educators, religious leaders, chiefs, traditional leaders, medical practitioners, women's health and family planning organisations, the arts and the media in publicity campaigns with a view to promoting a collective and individual awareness of the human rights of women and girls and of how harmful traditional or customary practices violate those rights;

(k) To continue to take specific measures to increase the capacity of communities, including immigrant and refugee communities, in which female genital mutilation is practiced, to engage in activities aimed at preventing and eliminating such practices;

(l) To explore, through consultations with communities and religious and cultural groups and their leaders, alternatives to harmful traditional or customary practices, in particular where those practices form part of a ritual ceremony or rite of passage;

(m) To cooperate closely with the Special Rapporteur of the Sub-commission on the Promotion and Protection of Human Rights on

traditional practices affecting the health of women and the girl child and to respond to her inquiries;

(n) To cooperate closely with relevant specialised agencies and United Nations funds and programmes, as well as with relevant non-governmental and community organisations, in a joint effort to eradicate traditional or customary practices affecting the health of women and girls;

(o) To include in their reports to CEDAW, the Committee on the Rights of the Child and other relevant treaty bodies specific information on measures taken to eliminate traditional or customary practices affecting the health of women and girls, including female genital mutilation, and to prosecute the perpetrators of such practices. (UN 2000, p. 4)

This is significant as member states are asked to adopt and implement policies presented by the UN to reduce harmful cultural practices.

UNFPA makes the link between women, human rights and AIDS on its website:

> Violence against women has been called the most pervasive yet least recognised human rights abuse in the world. The Vienna Human Rights Conference and the Fourth World Conference on Women also gave priority to this issue and Violence against women is both a cause and consequence of AIDS. Research has confirmed a strong correlation between sexual and other forms of abuse against women and women's chances of contracting HIV. Male (or female) condoms are irrelevant when a woman is being beaten and raped. Moreover, forced vaginal penetration increases the likelihood of HIV transmission. In addition, the fear of violence prevents many women from asking their partners to use condoms, accessing HIV information, and from getting tested and seeking treatment, even when they strongly suspect they have been infected. Many women are in danger of being beaten, abandoned or thrown out of their homes if the HIV-positive status is known. If HIV-prevention activities are to succeed, they need to occur alongside other efforts that address and reduce violence against women and girls. (UNFPA 2013)

In 2000, a conference report produced by the United Nations' Educational, Scientific and Cultural Organisation (UNESCO), identified a number of key 'cultural features' of relevance in HIV prevention, treatment and care in Central and Southern Africa. These were identified as:

Individual-Based (premarital sex, extra marital sex, infertility, forced sex, sex for pleasure, life skills, fatalism, poverty, unemployment and migration); Family-Based (extended families, forced marriages, widow inheritance, domestic violence, gender relations, female genital mutilation and unemployment); Community Based (complacency, discrimination, fears and stigma, social exclusion, traditional healers and medicine, perception and interpretation of illness, illiteracy, poverty, herbal medicine, crime, alcohol and substance abuse); and Institutional Cooperation—Religious institutions and leadership, cultural leaders, NGOs and decentralisation. The report states:

> These country assessments have revealed important advancements in the use of the cultural approach to health development. The Conference has noted that cultural factors can be used to mitigate the impact of HIV/AIDS, if effectively integrated policies and programmes are focused at individual, family, community and at national/international levels. Pilot and case studies have shown that interventions at these levels can make significant improvement in the fight against HIV/AIDS. (UNESCO 2001, p. 7)

The paragraphs above demonstrate how global policies address issues of gender-based violence, harmful cultural practices and AIDS and how the UN has called upon member states to adopt measures to address them. What is confusing and blurred in these policy documents is exactly how the links are or are not understood between Harmful Cultural Practices, Gender-Based Violence and AIDS. The documents often (as shown above) claim these practices are detrimental to gender equality and breach human rights. Confusingly, many declarations and resolutions exist that focus on 'gender-based violence', 'harmful cultural practices' and 'HIV/AIDS', without clearly articulating the link between them. This is unhelpful for national governments that are expected to implement these policies.

How Did Malawi Respond to Global Policies?

At the 63rd UN General Assembly session in 2008 agenda item 56 was on the Advancement of Women. Under this heading the committee discussed: (i) Trafficking in women and girls; (ii) Intensification of efforts to eliminate all forms of violence against women; (iii) Eliminating rape

and other forms of sexual violence in all their manifestations, including in conflict and related situation; and (iv) Improvement of the status of women in the United Nations system. In Malawi's statement to the UN on this agenda item, gender-based violence was highlighted as a problem for women and girls in Malawi, which, according to the statement, reinforces the subordination of women and promotes sexual abuse which leads to injury, HIV infection and unwanted pregnancies. The statement also highlighted one of the challenges Malawi faced as it is:

> weighed down by gaps between commitment and implementation coupled with continuing contradictions between customary laws, national laws and international commitments. (United Nations Malawi 2008, p. 2)

This section shows that at the international level, policies are explicitly identifying harmful cultural practices as an obstacle to women's empowerment and reducing women's vulnerability to AIDS. It has also shown how, pressure from international frameworks to deliver policies is juxtaposed with the national political landscape in Malawi in which, as this chapter highlights, national laws seem to reflect the elitist views of a few. International policies differ to implementation at the national level revealing differences in the way actors at these levels perceive the AIDS and harmful cultural practices narrative. At the national level complex internal hierarchies are at play out of which flow rather distorted narratives on who is to blame and why for Malawi's high prevalence of HIV. I will now look at policies on harmful cultural practices, AIDS and gender-based violence in Malawi highlighting this disjuncture between how they are talked about in global documents and national frameworks.

National Policies on Harmful Cultural Practices and AIDS in Malawi

In this section I show that the Government of Malawi oversimplifies links between AIDS, violence and harmful cultural practices. I also show how the Government drafted new legislation on AIDS to eradicate harmful cultural practices because of the imagined link between harmful cultural practices and AIDS. The legislation emerged as a response to pressure from international donors as shown above.

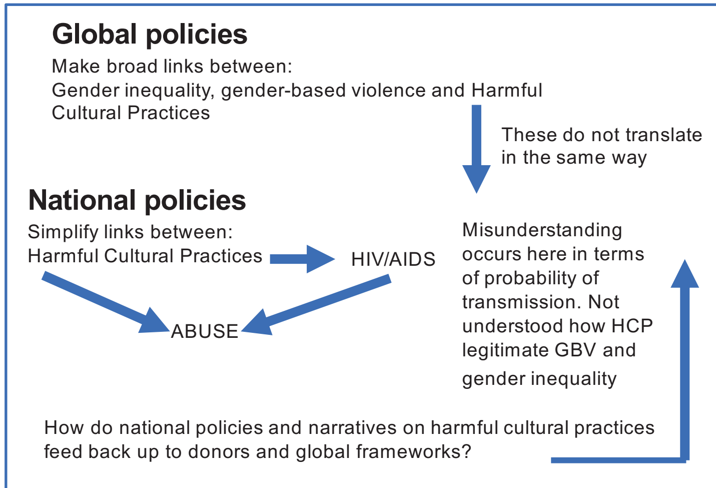

Fig. 4.1 Difference between global policies on gender-based violence, harmful cultural practices and AIDS and those at the national level (*Source* Author)

In Malawi's national HIV policy. It states that:

> Some customary practices increase the risk of HIV infection. Among these are polygamy, extramarital sexual relations, marital rape, first aid to snake-bite victims, ear piercing and tattooing (mphini), and traditional practices such as widow- and widower- inheritance (*chokolo*), death cleansing (*kupita kufa*), forced sex for young girls coming of age (*fisi*), newborn cleansing (*kutenga mwana*), circumcision (*jando* or *mdulidwe*), ablution of dead bodies, consensual adultery for childless couples (*fisi*), wife and husband exchange (*chimwanamaye*) and temporary husband replacement (*mbulo*). (GoM 2003, p. 21)

In Fig. 4.1 I show that at the national level a direct link is made between sexual cultural practices and increased risk of HIV infection. This is different from the UN's interpretation. At the international level, we saw earlier with the UN political declaration on HIV/AIDS that the links are not articulated so clearly and where the concern is not so much that

practices directly lead to sharp increases in HIV rates, but that they sustain an environment in which women are vulnerable to violence. Sexual violence is known to lead to higher transmission rates—not the practices themselves.

The following statement highlights the direct link the Malawian government made about harmful cultural practices and AIDS:

> Government, through the NAC, undertakes to do the following:
>
> - in partnership with civil society including religious leaders, sensitise traditional leaders and their subjects on the dangers of customary practices such as death cleansing (kupita kufa), forced sex for young girls coming of age (fisi or kuchotsa fumbi), newborn cleansing (kutenga mwana), consensual adultery for childless couples (fisi), wife- and husband-exchange (chimwanamaye), temporary husband replacement (mbulo), and sucking of blood (to help snakebite victims), all of which practices may lead to HIV infection.
> - ensure that traditional leaders stop or modify unsafe customary practices to make them safer in order to prevent HIV transmission, or promote alternative customary practices which do not place people at risk of HIV infection. (GoM 2003, p. 21)

In 2006 a special Law Commission was set up in Malawi to develop a new piece of legislation on AIDS. In 2008 a report entitled 'Report of the Law Commission on the Development of HIV/AIDS Legislation' was published. In this report it states:

> At the UN General Assembly in June, 2001, Heads of Governments agreed that strong leadership at all levels of society is essential for an effective response to the epidemic: leadership by Governments in combatting HIV/AIDS is essential and their efforts should be complemented by the full and active participation of civil society, the business community and the private sector; and that leadership involves personal commitment and concrete actions. Following these recommendations of UN General Assembly, the NACP [National AIDS Control Programme] was replaced by a new institution, the National AIDS Commission (NAC) in July, 2001, which was constituted as a public trust. (Malawi Law Commission 2008, p. 8)

This demonstrates that as a result of the UN General Assembly Special Session on AIDS in 2001, the Government of Malawi decided to make a fundamental shift in the way that AIDS was being addressed in the country, establishing the NAC to report directly to the Office of the President and Cabinet. This was done with 'a view to bringing the highest political office to commit fully to fighting the epidemic and to ensure Government oversight activities at the highest political level' (Malawi Law Commission 2008, p. 8).

According to the report, the basis for HIV reform was a result of two submissions made to the Law Commission: one from the Department of Nutrition and HIV/AIDS calling for a legislative framework to govern AIDS issues and one from the NAC calling for a legislative institutional framework to allow it to function. The special Commission was established for several reasons including developing a new piece of legislation on AIDS. The report explains why:

> The Commission opted to develop a new piece of legislation on HIV/AIDS principally because the Commission considered the issue of HIV/AIDS as a cross-cutting multi-sectoral issue and as such inappropriate to be tackled under the existing piece of legislation. Secondly, the Commission considered that the proposed law on HIV/AIDS combine issues of prevention and management of HIV/AIDS. (Malawi Law Commission 2008, p. 9)

This is an important point as the Commission refers to HIV/AIDS prevention. However, perhaps as a result of global development policies and the call by the UN for member states 'to develop, adopt and implement national legislation and policies that prohibit traditional or customary practices affecting the health of women and girls' (2000, p. 2, see also, p. 77), influenced the Government of Malaw's decision to draft a new piece of legislation on AIDS to change specific cultural practices.

I interviewed a lawyer from the Law Commission who holds a Master's degree. He told me:

> This reform has come about as a result of various international fora including Cairo ICPD 1994 and Beijing Platform for Action, 1995. It is also stated in the Constitution under Chapter IV human rights Sections 20 and 24. In 1994 a new constitution was introduced including a Bill of Rights. This was a period of new thinking in which human rights needed to be unpacked. (P23)

When I attended a Parliamentary Committee Meeting on AIDS that was considering the proposed legislation, a Lawyer from the Malawi Law Commission stated that the UN raised issues of criminalisation that he thought were pertinent and should be included in the legislation. The Chair proposed that the points made from the floor were taken into consideration and included in the proposed legislation at the Secretariat. The MPs agreed. (Journal entry, 13 January 2009)

The report states:

> The vulnerability of women and girls to HIV/AIDS is aggravated by certain cultural and religious practices. The Commission further observed that such practices not only violate the dignity of females but are usually practiced without the express consent of women and befall females mainly on the basis of their sex or marital status. The Commission observed that while the rights to participate in a culture of choice is protected under the Constitution, in most cases, women participate in cultural practices without given fee consent due to high dependency on men as wives, mistresses and children. The Commission noted that beyond exacerbating the spread of HIV/AIDS, these harmful practices violate women's rights and also denigrate as such. To this end the Commission concluded that these practices were discriminatory against women. (Malawi Law Commission 2008, p. 33)

The customs and practices in question include widow inheritance, widow cleansing, sexual relations associated with initiation or rites of passage and swapping of spouses, among others. Most of the cultural practices involve sex.

The Commission noted the State's obligation to introduce legislation, in particular relating to culture, for the purpose of guaranteeing the exercise and enjoyment of human rights and fundamental freedoms on the basis of equality of the women (see article 3 of the CEDAW). The Protocol also urges State parties to prohibit and condemn all forms of harmful practices which negatively affect the rights of women and which are contrary to recognised human rights standards (Article 5 CEDAW). With respect to sexual and reproductive rights, the Protocol urges State parties to observe a number of rights of women in connection with AIDS including the right to self protection and protection from sexually transmitted infection including AIDS: and the right to be informed of the health status of her partner, particularly if he is infected with AIDS Article 14(1). The Commission observed that during consultations

participants were generally in agreement with the prohibition of practices that are perceived to spread HIV infection. Participants, however, were divided on the issue of polygamy (p. 34).

Section 24 of the Constitution required the State to pass legislation to eliminate customs and practices that discriminate against women and this legislation was passed in 2010. The National AIDS Policy outlaws customs and practices that perpetrate the risk of infection with HIV. The Commission recommended that any person who subjects another person to a harmful cultural practice shall be guilty of an offence and liable to a fine of 100,000 Malawian Kwacha and imprisonment for five years. Under the 'First Schedule' 18 so-called harmful practices are listed. These are: 1. Chimwanamaye (wife and husband swapping), 2. Fisi (forced sex for young girls coming of age; consensual adultery for childless couples), 3. Hlazi (bonus wife), 4. **Chijura mphinga**,[1] 5. Kuchotsa fumbi (a girl having sex with a boy to 'remove the dust' (MHRC), 6. Chiharo (wife inheritance), 7. Kuika mwana Kumalo (when a girl falls pregnant she is asked to sleep with a man in order for the child to grow well), 8. Kujura nthowa (to open the way), 9. Kulowa kufa (a man sleeps with a woman whose husband or son had just died, to put to rest the spirit of the deceased) (MHRC), 10. **Kulowa ku ngozi**, 11. Kupimbira (young girls are given in marriage to wealthy old men as payment for their parents' debts or for other purposes—MHRC), 12. Kupondera guwa, 13. Kusamala mlendo, 14. **Kutsuka mwana**, 15. Mbirigha (bonus wife) (MHRC), 16. Gwamula (young men invade kuka (girls' dormitory) at night and force the girls to have sex with them) (MHRC), 17. Bulganeti la mfumu (pimping of a young virgin to a visiting traditional leader), 18. **Mwana akule**.[2]

The lawyer (P23) carried out most of the preparatory work for two pieces of proposed legislation; one on gender equality and one on AIDS. He told me that the pieces of legislation differ as follows: (1) gender equality is related to harm with respect to women in terms of women based purely on their sex. This may include STIs. (2) HIV/AIDS is related to harm with respect to HIV infection.

Cultural practices, he said, have to be covered under both laws. The idea is not to have a case by case study but that the issue of cultural practices falls 'within realm of social regulation'. I asked about evidence to inform decisions to implement the two laws. He said it is not an issue of evidence-based research but rather 'an issue of risk'. This is interesting given my emphasis on the lack of evidence. He clearly says it's not

necessary. We talked about the probability of transmission of HIV. 'The truth is in our Commission they told us that it is not very likely from one sexual act'. He said that 'statistics are figures that may just apply to you'. In other words if there is one per cent chance of contracting the disease then you may be the one per cent. He pointed out that the issue is also about age of sexual debut. 'Therefore infants may not take levels of precaution'. As a result there is an 'exposure element' which is taken into account rather than the actual risk. In other words children have the right to be protected from all risk—however high or low (P23).

We talked about different types of '*fisi*'—Initiation '*fisi*' and conception '*fisi*'. He said for the initiation '*fisi'* prohibition and regulation both come into play. 'If you are caught then you are punished'. I asked what is the punishment? 'Punishment is imprisonment but if the *fisi* is HIV+ then the punishment is more severe.' I asked about the Commission to which he referred. It was set up in 2007. It comprised an academic who is 'a PLWHA'; a Pathologist; a Priest; a retired civil servant; a representative from NAPHAM; the Head of NAC; a Minister, a representative from Ministry of Justice, a Law Commissioner and two lawyers from the Law Commission. He described it as 'an ad hoc group that has now disbanded'. Members' selection was based on 'relevance and expertise and involvement in the subject' (P23).

I then asked which type of law do 'cultural practices' fall under? This appeared to be a contentious issue. Some agreed and some disagreed that it falls under criminal law. In terms of developing the proposed legislation the Commission adopted three approaches: not to ignore criminal law approach; look at human rights approach and address public health law. There is a law on public health, which was introduced in 1948, that does not include AIDS. The public health law does deal with all curable diseases which he described as 'explosive diseases' i.e. tuberculosis, cholera. He said that HIV is different – 'the manifestation of the disease is different' (P23). He said a largely accepted hypothesis by the Parliamentary Committee is that a 'fusion' between public health and criminal law is needed (P23). Here we see how AIDS has been treated as an exceptional disease, to which I have referred in Chapter 3.

He explained there are turbulent times in Parliament regarding passing of laws and big problems as during the last five years not many bills have been passed. I asked where the idea came from to implement such reforms. The idea for the new legislation came from the gender-related laws reform programme, which originally came from the Law

Commission. There are three parts to this programme: 1. Inheritance and succession, 2. Report of the law commission on the review of the laws on marriage and divorce, and 3. Gender equality.

The Law Commission drafts reports, which are then presented to government. They are 'gazetted'—an endorsement process by government which means they are now a public record. The Cabinet then looks at the document and makes a decision. The document is then presented to Parliament as a government bill, and given a first reading then a second reading. It then goes to the legislature because it has been adopted by government, and an arm of legislation then enacts it. I asked when does he expect the legislation on cultural practices will be passed. He said he thought it may happen after the elections in May 2009 (the law was passed in 2010). At the time there were many bills waiting to be passed. For example, the Criminal Law Bill had been waiting to be passed since 1998. The lawyer went on to provide his critique of the bills. He made two points. First, he said Malawi is not a heavily regulated country. There is a certain freedom to do what one wants beyond the law. He says even if a law is passed it does not mean it is enacted upon but 'looks good in statute books'. Second, he added that there is a strong donor influence to 'do this and do that' and that is why certain pieces of legislation are being drafted (P23). This is an important point as it demonstrates the key role donors play in influencing national policy. Further, whereas there is evidence that there is a process of policy scrutiny there seems very little evidence that such a process has any tangible outcomes on changing policy.

He talked about issues of regulating HIV testing and counselling. He mentioned a discussion concerning a law to introduce compulsory testing for pregnant women. He said the 'NGOs were up in arms'. He talked about another donor approach, couple testing—that women need to get tested with their husbands. But he said what is really happening is that women are 'hiring spouses' to attend the clinic with them. However, it is totally implausible that these men, even if they came to the clinic, would be tested. This probably reflects the practice of families hiring *fisi*.

He said there are positive aspects of cultural values but there seems to be 'a quest to destroying everything'. He is not specific about who is doing the destroying but given the context of the conversation he seems to be applying responsibility to donors. He continued by explaining that 'There is also a pressure to modernise and things are moving faster than

society is. If you kill a practice you erase a value and create a vacuum which is difficult to fill'. He said 'What is the principle behind it? How does it affect everyone else?' He felt the country should bring in regulation rather than prohibition. He talked about law reform and what law reform actually means. He described it as 'urban legislation – legislation for the elite'.

He started to explain *Chokolo*. He said that *Chokolo* is defined as the person who is inherited whereas *Chiharo* is the actual practice. He gave an example of a brother's death. If his brother dies he is responsible for the wife. Some men choose to have sex with the wife which is 'chauvinistic'. However, not all men do and the man may just provide financial support. So if *Chokolo* is prohibited the wife stops receiving support. He said there is a need to be open-minded.

He told me he attended a meeting in Blantyre, which was trying to 'sensitise' chiefs on cultural practices. During the meeting the chiefs said that they have changed the cultural practices. Then while he was having a one-to-one with a chief, the chief whispered in his ear 'Why are you trying to take away our privileges?' Privileges here could mean that men have carte blanche to have sex with young girls or women who have started their first menses. The chief is referring to taking away their privileges by not allowing them to have sex with young women. Another person interviewed said: 'But also the traditional leaders themselves, although they might hide information, sometimes they can slip off the tongue and tell you some stuff' (P25). Traditional leaders may not be telling the truth but instead telling those who visit the villages what they think they want to hear, e.g., that the practice is no longer carried out.

One problem with the piece of legislation is how to monitor it as implementation and monitoring is difficult given the secrecy surrounding sexual cultural practices.

P5 Interview with a Member of Parliament, PhD

> Aaah I was there for a long time and even when we had our own way of coordinating our activities on HIV/AIDS, we were forced to abandon that and take the approved structure by the World Bank and create the National Aids Commission in the way it is now. Aaa, soo, international NGOs have played a big role in fact they call it policy dialogue but it was not really a dialogue but it was a monologue aah so, that's one.

> I think aaah, eeeh there has been a lot of international pressure on what the programme on HIV/AIDS should be, aaa, there is also much concern about HIV/AIDS and money of course came from rich countries and big international organisations. And really the agenda was dictated by the international world.
>
> Yaah, when we started the fight against HIV/AIDS the most difficult community that I met were the religious community, the faith-based community later on that's how it was labelled. I conducted a workshop for them, in 2000 I think, February, I was lucky because then I was vice president so I could add some power to command (laughter). And I chaired it myself. I said I wanted bishops, the highest echelon of Christianity as well and the Islamic organisations and they responded. We were in the Capital Hotel for eleven hours, I said nobody is going out; no one is going out, if you wanted tea it would be brought in and in that room toilets are inside there, so you just go at the back (laughter). So it was tough, but at the end we, we had an agenda at the end we had twelve points that we said we should discuss I don't remember all of them but they thought I was making it wrong, of course one point about condoms which could, and therefore, Catholic bishops could not … but we agreed that you know, alright, this on the pulpit, we are not saying that you go and talk about condoms but also respect our responsibility as government to inform the population so don't preach against us. (P5)

The passage above P5 says that international NGOs influenced the policy process and that the World Bank exerted pressure to create a NAC. The statement from this respondent fits within my argument concerning donor influence on the policy process (see Chapter 3 where I provide a critique of the World Bank and Structural Adjustment Policies and aid conditionality). For example the MP describes how the Government of Malawi was forced to abandon their own plans and replace them with a structure approved by the World Bank. What would have been interesting to know is what would have happened if the Government of Malawi had decided to continue with their own plans. Would funding have been withdrawn by the World Bank? Because the World Bank injects significant funds in Malawi in the prevention of HIV and AIDS, the Government of Malawi may have been careful not to offend or challenge the donor. Furthermore, because the Government of Malawi lacks financial power it may only play a limited role in policymaking. This passage also throws doubts on the assumption in policy analysis that national governments are completely in control of their public policymaking processes.

A respondent working for ActionAid who has a Bachelor of Arts degree made several important points (see P36 interview with a Policy Advisor): women not knowing that a law exists because they are illiterate; problems with accessing information as well as dealing with the judicial processes and the perpetrators. She highlights that even if policies were implemented to protect women from violence, the women may be unaware of the laws that are there to protect them. She also highlights the difficulty for women to proceed with court cases as she says those making decisions are men and these men will protect other men and not listen to women and see their issues as 'gender nonsense'.

P36 Interview with a Policy Advisor

Because a piece of legislation doesn't do anything if you don't report it, and if I don't know about it, it doesn't do anything. So there is that gap, that major challenge in terms of implementing and most[3] of the people that we deal with they are illiterate, they can't read. So that's one challenge in terms of the gap. Filling the gap between the policies that are there and the grassroots that cannot read. And the other challenge is women's actual participation, actual participation in terms of women knowing that these laws are there to protect them. And sometimes you find that ya, we don't have a lot of justice delivery mechanism ya, where you should walk ten kilometres to access justice. I mean, it becomes a challenge because if I'm raped, it means it's already a problem and for me to walk ten kilometres to and fro and it's a frustrating process because you are told come back! come back! Come back, you know, the following day. So people give up easily. So we don't have local Justice delivery systems that are effective. And you find that the chiefs are mostly men, men who would want to protect their fellow citizens…, men –who have perpetrated aah… So there is that challenge in terms of getting the chief's buy in to protect women. To use the law to protect women. To understand the laws but also to protect women to be pro-women because some of them they don't listen they just no! this is gender nonsense. You know they… they… they switch off. Ya. And then the other challenge in terms of, the police. The police they don't have capacity especially for the case. You find that when you report a case it takes very long for you to get to the court. So it's not like instant. And sometimes you get threats from the person who has perpetrated you and there is no protection. The protection is not forthcoming so you are afraid you withdraw the case or you know you get tired. You get frustrated in the long run. So there is that I don't know what you can call it. That disconnect in terms of what the law can say, can provide in terms of provision and what really happens on the ground. (P36)

The P25 interview with a Programme Officer, UNAIDS, illustrates the challenges governments face to implement policy at the national level. She says that the Ministry of Women wanted a piece of legislation drafted on cultural practices but as she highlights it would be difficult to implement it because of the traditional leaders' forum. This highlights the challenges governments face working with national groups, in this case the traditional leaders' forum, who exert a considerable amount of power.

> Having legislation is one thing but we are grappling with the actual translating of these laws into practice and actually being able to apply them. Usually when they are drafting these laws they have a special commission which is supposed to consult whatever; so I think there might be a group of people who are already doing that, I haven't been consulted. Even in the Ministry of Women I think they wanted to have as a piece of legislation on cultural issues. Maybe they had to do something - the ministry, because of too many of the cultural practices that, I mean I am talking from the perspective that I find. It's a good idea but somewhere let's look at how best we are implementing the legislations that are in place right now, you know, then go further if we see that there is no other way because otherwise the traditional leaders forum it's like we are killing ourselves in the foot as well, you know, because we think we're hoping that this group can be of influence on a lot of communities because they have a lot of power. But can we come with the legislation unit, yes, now saying ok the state is saying this but if you do it, it will go further down because the leaders feel like they are left out, you know. So, they can be able to address cultural issues without really having to go, unless they are completely, probably out of context, you know, they are really not doing anything. (P25)

A lawyer told me about her own research on polygamy:

> When you look at the sort of statistics I found, you find that in some cases polygamy was highly practiced in areas where they had said it is illegal. Whereas in the countries where they had said it is legal, in some cases you saw that the percentages of polygamy were low. So I say to myself, what could be the ratio. And I also made an analogy, which is not in my thesis, with female genital mutilation; in some areas they tried to go the legislative way and ban it, but to find that the prevalence rate of female genital mutilation was actually higher than in the areas where they had said ok, let's not legislate against it. Now, the law commission will tell you 'what was the missing point?'; the missing point is, and this is what we say the

law commission, you cannot really successfully legislate on culture, practices that are embedded on culture unless you adopt a very comprehensive or holistic approach, whereby that kind of legislation should be complemented by other non-legislative measures. I am sure you have already looked at this kind of issue in your study, to say 'do we have an inspective civic education mode for this kind of practice?' civic education, empowerment, because, if we talk of civic education per say where at least the majority of the population you are targeting is educated then they will begin to appreciate the issues to say 'oh, probably this is why this kind of practice should be abandoned'. Civic educate them so that they begin to appreciate the issues, so that we don't just impose on them to say this is that, ought to stop it. Empower them because you most variably find that where these kinds of practices are highly practiced because people believe in some value that is attached to them. So, for example, polygamy, female genital mutilation, it's all a means of securing marriage, I need to stay in marriage; but if people are empowered economically and with information they begin to see that probably a marriage is not all there is, I can survive outside of a marriage, you know. So, I said in my thesis that we need a holistic approach which should complement the legislation element. Other than that, we just drive the practice underground and it is heavily practiced and it is risky and dangerous, because now that you've made it illegal, people will no longer come into the office and say you see they did this to me and it offers all room for all kinds of abuse. So, that's how I looked at it, and in our submission to the Malawi Law Commission we said as much.

Then the other issue is, we look at international human rights instrument, what have they said the CEDAW, the Protocol, to the African charter of women, you will see that the emphasis is on eliminating harmful cultural practices, in some instances modifying. I will emphasise harmful, you know, first you have to do the kind of research you are doing then you will conclude is this harmful. After that stage, you'll say what's the best way of handling the issue; elimination or modification. So for example, in Kenya, on the issue of female genital mutilation, they did a pilot study where they said 'should we eliminate female genital mutilation? Their answer was to look at the values that underpin the practice. And they found that it was actually an avenue where girls were given the necessary information as they get the rite of *passage to womanhood*. So they said, we cannot do away with this because it's actually a source of informal education, most of the girls in the rural areas do not go to school anyway; so if we find a grouping where we can put them together and give them the right information. They modified the practice in that they were to have the initiation ceremonies without the cutting but including HIV/AIDS messages into the information package, and it was actually improved now to

> say, the current issues in the society. So, at the end of the day, you had these girls who would go out into the public and say we've been initiated and be acceptable culturally, but without the harmful element. I am not sure if the Malawi Law commission did that kind of approach, to examine each and every cultural practice and to say this is harmful in this regard, let us recommend for its modification, or there is nothing we can do to this except for its elimination, I'm not sure if that was done; we made that kind of submission to them (they receive all sorts of submission, and what they do with them we really can't tell, you can only do so much). (P26)

In this section I have shown how international frameworks are difficult to implement on the ground and how the Government of Malawi has struggled to balance the expectations of the donors with their understanding of Malawian perspectives. Complex legislation emerges which has little resemblance to realities on ground and is certainly not supported by evidence. The legislation does however satisfy donors who are happy to see money channelled into programmes conceived to realise the laws.

The Malawian Elite

In this section I look at the role of the Malawian elite in constructing policy on AIDS and sexual cultural practices and how they position themselves in the development industry in relation to international donors. Literature in the international development field about national elites is difficult to find. There is not much on those who are the conduits of resources and information from the offices in the capital of international organisations such as World Bank, USAID, DFID, World Vision to their branch offices. Elites control the flow of information between INGOs and national government departments. The country nationals are crucial—the big donors cannot do anything without them, and alternatively the big donors rely on people in their national offices for information (e.g. what programmes are needed, what programmes that they implemented were successful what not) (Swidler and Watkins 2009). International donors develop policy and fund programmes based on very little information about what goes on in Malawi, which is a concern – this is the case even when the INGOs do have district-level offices.

Malawians who work in the development field can be described as elites (Watkins and Swidler 2009; Myroniuk 2011). They stand out from the average Malawian as educated to secondary and tertiary levels.

They are involved in the distribution and implementation of millions of pounds on aid; they are also those on whom international expectations fall to decrease the transmission of HIV (Myroniuk 2011). They are part of a small, relatively well-off economic and social strata. The response to the AIDS epidemic in Malawi was a flood of NGOs (Morfit 2011). These NGOs required educated staff: thus, funding from international donors that passed through NGOs substantially increased the opportunities for jobs in the AIDS sector. In order to qualify for a position one must be able to speak English and be literate. The research of Swidler and Watkins (2017) categories the elites into three groups: national elites who staff NGOs in the capital, district elites who are engaged in implementing NGO projects in the districts, and interstitial elites who have secondary school but have difficulty finding a job with a stable salary.

This next section describes how the national and district elites maintain jobs and their status by framing narratives of the causes of the AIDS epidemic. The jobs of the civil servants are secure, but the jobs in the NGOs are not: an NGO may be closed because the NGO has no more funding, or they may vanish because of corruption.

In an interview with a national elite at the NAC, I asked him what his job entails. He said, 'Facilitating partnerships, mainstreaming, capacity building'. I asked what does this actually mean? He said it means 'Providing guidance, development of policies and strategies on those areas and providing technical assistance in those areas and monitoring how effective those are' (P35). This interview illustrated the pivotal role of elites as they act to transform donor policies and to turn these policies into programmes on the ground.

I interviewed a Communications Officer working for GOAL based in Blantyre. He has a Bachelor of Arts Degree. He was born in the city because his father used to work for a company that involved moving from one place to another so time and again they made a point to see people, his grandparents. When I asked "where did you go to secondary school?" He said: 'I think it was just natural but uh since from standard 1 you don't have a choice your parents say go to school so we get to standard 8 and then you proceed to secondary school'. What is striking about his response is he says it was just natural. He is telling me that he is elite as he took it for granted that he would go to secondary school. He then tells me:

> Since graduation I have worked for two organisations the first one was Malawi Writers Union. It was an arts and culture organisation. I worked as a Project Officer. Later on I was editor for an arts and culture magazine which they introduced while I was still there. I worked there for two years. Afterwards then I joined GOAL. (P1)

When I asked him about his job, I hear development jargon—'cross cutting, middle managers, communication mechanisms'.

P34 Partnership and Liaison Officer

> P34 has worked at NAC for five years. Prior to NAC he worked for Plan International as a Programme Coordinator on livelihoods and HIV/AIDS. He was also a local United Nations Volunteer (UNV) at UNDP. He said he 'got paid handsomely' doing emergency fieldwork – he then corrected himself to say 'more correct to say 'humanitarian affairs'. He worked at UNDP for one and a half years based in Nkhata Bay. The UNV contract was for two years; the maximum time one can be a volunteer. But he left early to 'follow his wife' as she had a permanent job. He said his time at UNDP was 'enriching'. Malawi at the time was experiencing a hunger crisis. He said 'I was at the forefront providing situational analysis for whole country'. He holds a Bachelor's degree. After UNDP he worked for USAID as a regional coordinator in Lilongwe working on electoral monitoring -this was five years ago. He was working on the electoral support system and remained in the post for six months only. When I asked him why he only worked for six months he said the contract was only for nine months so he left to find another job. He also worked for Plan International and UNDP in related fields. I asked him why the NAC. He said two things. One because of the area of focus – HIV/AIDS. He said UNDP was a 'vulnerable continuation'. He also said that the perks at NAC are higher than USAID and the contract longer – three years. He said the salary is higher and that it is possible to renew contract after three years. He said he wants to stay at NAC. He added that the organisation has to be interested in keeping you as well.

In both these cases two issues are apparent. The high demand these elites are in from international stakeholders and the short-term nature of their work. These same two factors characterise the career of my next respondent.

Case Study of a Programme Officer

Education and career of a Programme Officer working for GOAL Malawi

P7 and his colleague greeted me at the bus depot in Balaka. The office was closed as it was Christmas holidays but he was happy to meet me on his day off. We made our way to a motel to hold the interview. P3 from GOAL Blantyre suggested I meet with P7.

P7's father is from Zomba and his mother is from Machinga but both parents are now in Machinga. He attended secondary school and then got a degree in nursing. He worked at a private hospital for two years, then moved to take a position at an NGO where he was involved in and HIV/AIDS project and HIV/AIDS activities like Prevention of Mother To Child Transmission (PMTCT), home-based care and then he was responsible for an Infection Prevention Programme, and he was heading that department at a district hospital. He said he was with the NGO working "hand in hand" with the hospital trying to support them. He was also responsible for the ARV programme.

After close to three years the programme (the mission) which they were running came to an end. The Mission was closed so he moved to GOAL Malawi to work on an HIV/AIDS programme. Initially he was responsible for PMTCT, HIV Testing and Counselling and Home-Based Care for a district in southern Malawi. When asked how he felt about the programme coming to an end he said he had a good experience, he was exposed to many activities as far as HIV/AIDS programme is concerned but then at the end he heard that the mission was being closed when the project came to an end. It was a shock to him as he asked himself 'what am I going to do?' I need to find another job, I need to move out of this place, I have to go somewhere. I don't know what it will be like so finding a new job—it wasn't a nice experience.

I asked a staff member at NAC in terms of Behaviour Change Interventions do you think NAC is having an impact? He said, "It is probably best to talk to the people in Behaviour Change Interventions but so far so good as there are high levels of awareness about behaviour for example faithfulness". He also said that cultural dimensions underpin behaviour and that what we do is rooted in cultural beliefs. I asked him what he meant by cultural beliefs. He said, "There are so many in Malawi. Originally farmers had very good intentions – mostly to focus

on the family but those norms and beliefs had to be redefined due to HIV. Because of levels of education especially in rural settings it is difficult to change cultural beliefs. The main problem of cultural beliefs is education, which form part and parcel of life. In urban areas they have changed them but if you go to villages they still exist and he said that the reason for that is because of levels of education". I asked him how he knows that. He said, "It is difficult to see and to interact with people. They say these are people from NAC let us tell them what they want to hear". A woman from Nsanje said 'these men are lying. Once these visitors go back, we will continue those practices' (P19). By blaming the uneducated villagers he is placing himself apart as a member of the urban and educated elite. The explanations provided by the elite not only help them secure longer contracts by ensuring donors fund more long-term programmes but also maintain the social hierarchy that keeps them in positions of decision-making power.

Narratives of Blame Among the Malawian Elite: 'Harmful Cultural Practices Spreading AIDS'

In this section I analyse interviews, training manuals and policy documents to evidence how the links between AIDS and harmful cultural practices are understood by the Malawian elite. Several pertinent issues are addressed in this section: how the 'Malawian elite', how they (the Malawian elite) perceive rural communities as backwards; the way the elites distance themselves from the villagers therefore demonstrating their 'eliteness'; their backwardness is given as the reason for cultural practices and are in turn blamed for the spread of HIV; this as argued previously is a distortion of reality.

I conducted an interview with a Cabinet Minister, who explained:

> There are initiation ceremonies that take place; the ceremonies like hyena. When somebody reaches puberty they initiate sexual intercourse. In relation to the cultural practices you find that young girls have their sexual debut at a very tender age. And that in many cases the new infections are higher in young girls. And it is because most of them are having the sexual intercourse with older men who may have already been infected so that is the *direct link between that and this one*…..Now when you look at that to be very honest with you in terms of policy, we are a little bit lagging behind. Because you do not expect a person like me to go out and deal

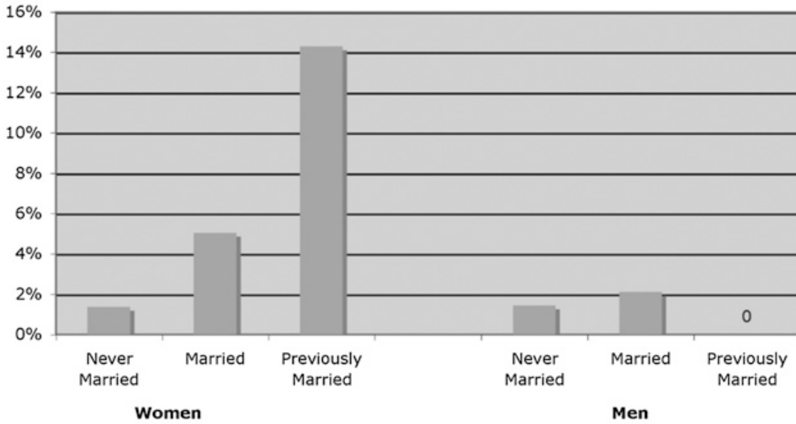

Fig. 4.2 HIV prevalence by gender and marital status (% HIV-Positive) among respondents aged 15–24, Malawi (*Source* Watkins [2010] based on data from the Malawi Diffusion and Ideational Change Project [MDICP 2004])

> with those things. You need the traditional leaders like the chiefs, the traditional initiators, the traditional counsellors to deal with the problem. Let them understand it is an issue, let them understand that it is contributing to the spread of the disease of the HIV virus. (P41)

There are many inaccuracies in this passage; firstly, and as shown previously, while the incidence of new infections among people 15–24 is indeed higher among women than men in that age group, incidence among married women in that age groups is substantially higher. On the contrary, infections are higher among married and previously married women and there is now considerable evidence, both from Malawi and elsewhere in Sub-Saharan Africa, that marriage is a major risk factor for HIV—see Fig. 4.2 (UNAIDS 2004; MDHS 2010; Mkandawire-Valhmu et al. 2013).

A survey carried out by the MDICP at the University of Pennsylvania found that among respondents age 15–45, in three rural districts the prevalence rate for unmarried women was 1.5% while for married women it was 6.1% (MDICP, 2004). The probable explanation for lower HIV prevalence rates among unmarried women is that sex is infrequent; thus, given the low probability of transmission in a single act of intercourse, she is relatively unlikely to become infected.

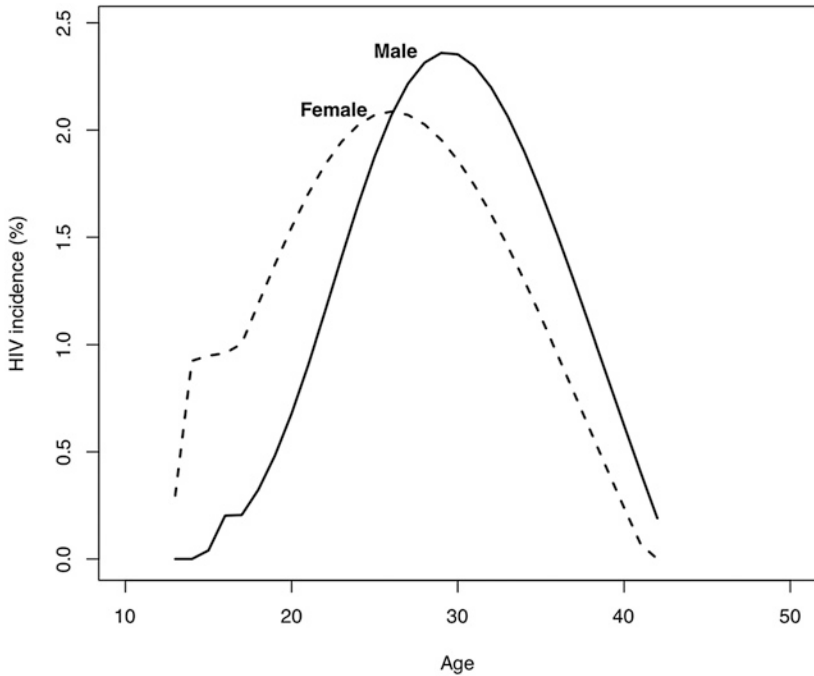

Fig. 4.3 HIV incidence by gender and age, all ages above age 15, Rural and Urban Malawi, demographic and health survey data, 2005 (*Source* Cited in Watkins [2010] Prepared by Patrick Gerland, United Nations Population Division, from DHS survey data)

Figure 4.3 shows incidence: what is highlighted from this figure is the importance of looking beyond ages 15–24. As demonstrated, women in Malawi appear to be more vulnerable to HIV when younger compared to men at older ages. This is probably due to men providing money or gifts that cost money, such as food and clothing, to wives, girls, sex workers, who are more likely to be HIV positive (Watkins 2010, p. 151).

Watkins made a comparative analysis of sex ratios of prevalence and incidence in other countries in sub-Saharan Africa where prevalence is high. She concluded that the basic transmission probability of HIV in a single act of intercourse varies little across countries. Her study compared Zambia and Tanzania, both countries bordering Malawi.

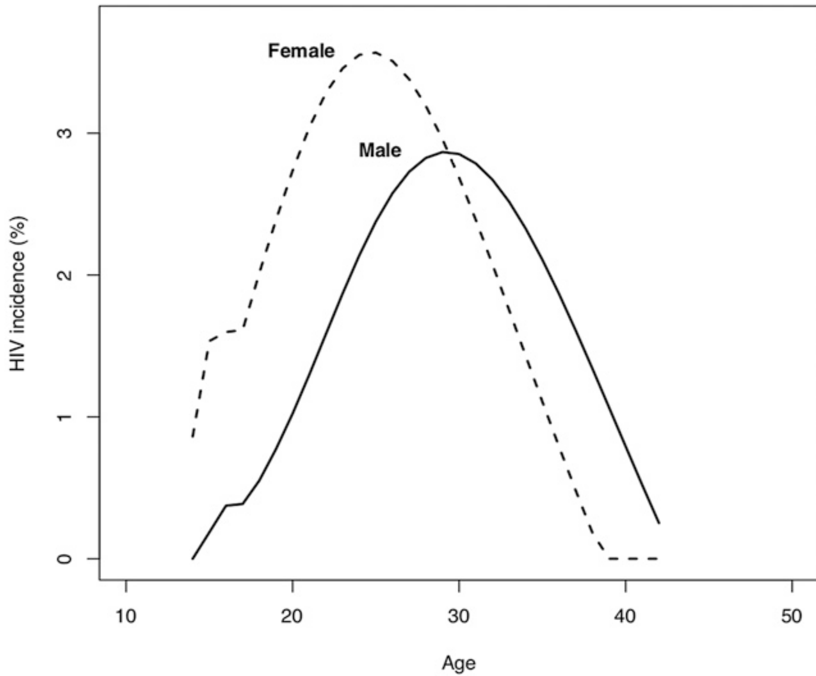

Fig. 4.4 HIV incidence by gender and age, all ages above age 15, Rural and Urban, Zambia, demographic and health survey data, 2001–2002 (*Source* Cited in Watkins [2010] Prepared by Patrick Gerland, United Nations Population Division, from DHS survey data)

She illustrates how Zambia and Tanzania are similar to Malawi in that there is a crossover in incidence, an age after which men are more likely to become infected than women—Figs. 4.4 and 4.5 (2010, p. 152).

A Cabinet Minister, P41, said most initiates are having sexual intercourse with older men who may have already been infected. The Minister, however, is incorrect. Although young Muslim male initiates are expected to have sex following the initiation period—which includes male circumcision—they are expected to have sex with Muslim girls in their own age group.

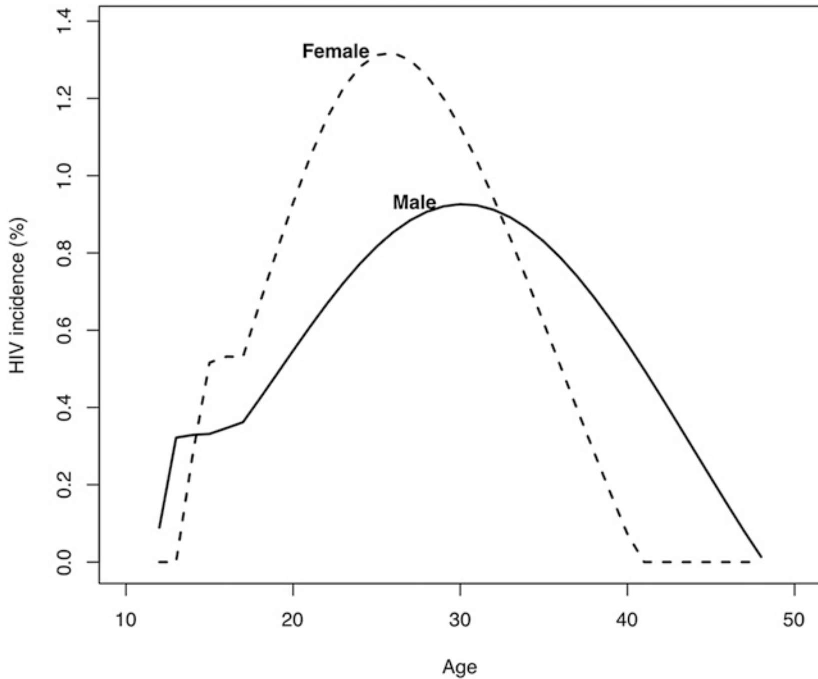

Fig. 4.5 HIV incidence by gender and age, all ages above age 15, Rural and Urban, Tanzania, demographic and health survey data, 2004–2005 (*Source* Cited in Watkins [2010] Prepared by Patrick Gerland, United Nations Population Division, from DHS survey data)

Interestingly the Cabinet Minister goes on to talk about policy, that Malawi is 'lagging behind' and that a person like her is not expected to deal with 'those things'. Rather, she puts responsibility of curbing the *fisi* practice back to the village chiefs to deal with the problem, that they should understand that the practice is contributing to the spread of HIV. I pointed out to the Minister that the NAC has policies in place to address HIV prevention and cultural practices. I said that I did not think anyone knew the extent to which the practice takes place in the country. She responded:

> We have scanty information. That is why as an office we are saying we want a comprehensive nationwide study. So that because each district is unique in terms of cultural practices in its own way so we want to deal with them within that uniqueness. You can't say one jacket fits all the districts because of the background, the practices, the behaviours, they are totally different. (P41)

The Minister calls for evidence to inform policy decisions. And indeed, a survey was subsequently carried out in collaboration with NAC. However, the report of the survey results—if there was a report—was never circulated (Susan Watkins conversation with Agnes Chimbiri, the director of the survey).

P41 Interview with a Cabinet Minister

> Previously Malawi as a nation was a secret nation. A secret in that we didn't have TVs we didn't have videos. We didn't have pornography. We didn't have some of these things they are coming in as new things. So you have certain behaviours and changes that have come in or practices that have come in that were not there. In terms of policy as an office we are now moving where we have already developed a proposal where we want to do a comprehensive study on cultural practices from Nsanje to Chipita for every district. And document them. Having documented them we will form a chiefs' council or a chiefs' committee then we will form the initiators' committee, the traditional birth attendants' committee then we use these committees to identify those who have an education and train them on addressing the cultural practices. So that we identify the good ones that we can use. For example soon after delivery three months must pass before having sexual intercourse…….That's a cultural practice but it is a good one. It allowed the woman to recover fully but at the same time it was protecting against sexually transmitted diseases and the man was told the minute you have sexual intercourse with another woman the child is going to die. And which man was willing to let the child die? You see. There were those. And these are the good cultural practices. So we wanted them in their own set up to identify the good cultural practices the harmful cultural practices and promote the good ones. Let me say not really discard. But let's say modify the harmful ones so that they can work better.
>
> What we see, in districts where HIV was lower, it's a rural district, it's developing quickly and the prevalence is rising. And behind that we know it is the cultural practices. The prevalence in young people, the new

> prevalence in young people still remains quite high at 18 per cent we know it is because of the cultural practices. So we are more than ready to do the practice but to inform policy. We are not looking at it to inform HIV national response. No. Because this is where our donor partners get confused. When we put out our proposal they will see we are already giving our money. Yeah but NAC is not solving the global issues of Malawi. It is doing work that is looking at coordinating the implementation of the national response. But from the global aspects we have to look at these like er these sociocultural aspects. We can't not just deal with within the closed component we have to look at it from a broader perspective. (P41)

What is clear in in the interview with the Minister above is the direct and over simplified link being made between Harmful Cultural Practices and HIV transmission as well as the assumption that the cultural practices are to blame for the increase in HIV prevalence rates in rural areas.

The P25 interview with a Programme Officer below demonstrates how a Malawian elite is making the assumption that these 'negative' practices take place in rural areas thus distancing herself from the villages and demonstrating her 'eliteness'. It also shows how she thinks the village chiefs are to blame as she says the chief said that they themselves are perpetuating these cultural practices. she says 'stakeholders meet all people who are dealing with women and HIV/AIDS issues'.

P25 Interview with a Programme Officer

> Basically, I think there is going to be, I am not sure because there is a consultant that has been hired to give an inception report on how best we can be able to 'cause you know cultural issues the moment you go to the communities and start saying 'ok, we've come here we want to know the negative cultural practices, they are not going to tell you. It's something that is really sort of a secretive thing within the community. Ok, there has to be somebody who is living within the community to be able to, after sometime to be able to get this kind of data. However, we do have some leaders that are coming out openly; we have some chiefs, nowadays, that are really acknowledging that these things are happening. For instance, we have this Kwataine, he is a chief in Ntcheu where the stakeholders meet all people who are dealing with women and HIV/AIDS issues; he actually came out and said 'you know, let's not hide, indeed these things are happening in our communities, and some of them it's even us the chiefs that are perpetuating these cultural practices, so we need to do something about it ourselves. So we just want to get at least some information trying to use focus

> groups, not focus groups, one on one interviews with the leaders within the communities that are doing initiation ceremonies. Yeah. We want to get their opinion because they are very instrumental in terms of knowing cultural issues, but mmm many are major key players within the community in all sorts of issues. Aah, they are the role models within the communities that we could try get them and try to hear from them; their views. But also the traditional leaders themselves, although they might hide information, sometimes they can slip off the tongue and tell you some stuff. So, we don't want just to interview everybody, you know. (P25)

When I interviewed the District AIDS Coordinator in Balaka he told me that during a proposal writing training, CBO members were asked to mention some of the cultural practices that are practised in their areas. When I asked why he said:

> We feel that maybe some of the cultural practices are contributing to the spread of HIV/AIDS. So maybe we want to see if they know that these cultural practices can contribute to the spread of HIV/AIDS, how can they end those cultural practices or how they can tackle those problems. (P13)

Again the oversimplification is clear. I asked him why he felt the need to talk about cultural practices and he laughed. I said is it in your policy or mandate to say I need to ask them about cultural practices? He said we do that just because it's a mandate of the job, it's a mandate of the job to tackle each and every issue that can contribute to HIV/AIDS. I asked him where did his understanding of the issues come from? He didn't understand my question so I rephrased it and said if you think cultural practices contribute to the spread of AIDS, why do you, where have you learnt that they do. He said:

> You know, there are some things you don't need to learn, but you can just think and prove yourself that when doing this this can happen, when doing this this can happen. But I will say that I have attended a number of workshops whereby people share experiences and whatsoever, in so doing it's when I have known some of these things. (P13)

When I asked him where he said 'a number of workshops, maybe some of them maybe review meetings conducted by NAC, some of them maybe some of the stakeholders'. I asked him when people talk about the cultural practices which ones do you think are contributing to the

spread of AIDS? He said 'maybe the initiation ceremony and *kuchotsa fumbi*, (in *Chichewa it is kulowa kufa*)'. I said, how did you hear about these practices. He said:

> Yeah, no no, it's like just because people have been saying much on these cultural practices so that maybe people should stop this. So it's not even maybe to hear without asking, but these policies are been done aaah, down down down down so that maybe a lot of people should not see that people are doing there that just because people have already said no stop this, no stop this. So these are happening but in dark corners. I said so like in secret? He said yeah yeah in secret. (P13)

In interviews with members of the medical profession the hazy understanding of harmful cultural practices was clear. Given how little clear knowledge of harmful cultural practices, prevalence and nature of the practices exist it is further strange that harmful cultural practices have been brought so centrally into policies on AIDS.

I spoke with a director of a small CBO and asked his definition of the *fisi* sexual practice. He told me there is *kutchosa fumbi* and *fisi:*

> 1. *Kutchosa fumbi* – Initiation ceremony. Give counselling to young girls who have just grown up to give them advice and how they can live with elders and the like. Sometimes they do advise them to have sexual intercourse with the boys in the villages. So it's like to see if they can have pregnancies and a child. It's like to test/check if they can have a child. After that ceremony they get boys or men to have sexual intercourse with those young girls. The girls are aged 12-18. 2. *Fisi* – You get married, man is failing in home to have a child. So you consult another man so he can have a child within the family. It's a consultation issue. It is not usually ladies but men sometimes. (Journal entry, 11 November 2008)

Initiation

Subsequently, UNFPA conducted a survey in Malawi (and in other countries) to assess the problem of harmful cultural practices called Safeguarding Young People Programme: Cultural Practices Study (UNFPA 2015). UNFPA-Malawi's Call for Proposals for this study stated "most of the cultural initiation ceremonies that young people are expressed to violate their rights and are risky and a form of abuse" (UNFPA 2015, p. 6). This study is important and resonates

Table 4.1 Received information on the following topics at initiation

Content of information	*Overall N= 283 N (%)*	*Males N= 98 N (%)*	*Females N= 185 N (%)*	*P-value*
Growing up and changes in the body for girls	152 (53.7)	39 (39.8)	113 (61.1)	**<0.001**
Growing up and changes in body for boys	115 (40.6)	45 (45.9)	70 (37.8)	0.2
Sexual feelings and emotions	112 (39.6)	33 (33.7)	79 (42.7)	0.1
Sexual intercourse	75 (26.5)	25 (25.5)	50 (27.0)	0.7
Conception	21 (7.4)	2 (2.0)	19 (10.3)	**0.01**
Pregnancy	76 (26.9)	7 (7.1)	69 (37.3)	**<0.001**
Child birth	24 (8.5)	2 (2.0)	22 (11.9)	**0.004**
Being a parent	24 (8.5)	1 (1.0)	23 (12.4)	**0.001**
Contraception	43 (15.2)	5 (5.1)	38 (20.5)	**<0.0001**
Safe sex	42 (14.8)	10 (10.2)	32 (17.3)	0.1
Sexually transmitted infections	97 (34.3)	24 (24.5)	73 (39.5)	**0.009**
HIV/AIDS	107 (37.8)	25 (25.5)	82 (44.3)	**0.001**
Respecting elders	80 (28.3)	30 (30.6)	50 (27.1)	0.6

*Percentages calculated using the total number of subjects who participated in initiation ceremonies; statistically significant differences in bold

Table 4.2 New knowledge provided during initiation ceremony

Type of information	*Felt the information provided during the initiation ceremony was different from what already knew*			
	Total initiated N=283 N (%)	*Males, N=98 N (%)*	*Females, N=185 N (%)*	*P-value*
Growing up and changes in the body for girls	62 (21.9)	18 (18.4)	44 (23.8)	0.3
Growing up and changes in body for boys	52 (18.4)	16 (16.3)	36 (19.5)	0.5
Sexual feelings and emotions	59 (20.9)	19 (19.4)	40 (21.6)	0.6
Sexual intercourse	28 (9.9)	6 (6.1)	22 (11.9)	0.1
Conception	10 (3.5)	1 (1.0)	9 (4.9)	0.09
Pregnancy	39 (13.8)	9 (9.2)	30 (16.2)	0.1
Child birth	14 (5.0)	2 (2.0)	12 (6.5)	0.1
Being a parent	11 (4.0)	2 (2.0)	9 (4.9)	0.2
Contraception	38 (13.4)	8 (8.2)	30 (16.2)	**0.05**
Safe sex	17 (6.0)	3 (3.1)	14 (7.6)	0.1
Sexually transmitted infections	55 (19.4)	15 (15.3)	40 (21.6)	0.2
HIV/AIDS	57 (20.1)	17 (17.4)	40 (21.6)	0.4
Respecting elders	59 (20.9)	24 (24.5)	35 (18.9)	0.3

*Percentages calculated using the total number of subjects who participated in initiation ceremonies; statistically significant differences in bold

Table 4.3 List of items liked during initiation ceremonies

Type of activity	*N (%)*
Gained new knowledge	45 (15.9)
Trained to respect elders	34 (12.0)
Dances	18 (6.4)
Good food	16 (5.7)
Being circumcised	15 (5.3)
Given new clothes at the end of the ceremony	13 (4.6)
Safe sex education	12 (4.2)
Not afraid/belonging to *nyau*	11 (3.9)
Made new friends	11 (3.9)
Given money at the end of the ceremony	9 (3.2)
Learned about their culture	8 (2.8)
Learned how to take care of themselves during menstruation	7 (2.5)
Sex education	5 (1.8)
Gained respect in the community after attending the ceremony	5 (1.8)
Trained on abstinence	5 (1.8)
Happy to attend the ceremony	5 (1.8)
Well taken care of by initiator during the ceremony	4 (1.4)
Was allowed access to other initiation sites after the ceremony	3 (1.1)
Attendance resulted in change of behavior	3 (0.4)
Gained sense of belonging because friends had already attended the ceremony	2 (0.7)
Learned about body development	2 (0.7)
Obtained more information on HIV	1 (0.4)
Taught to work hard at school	1 (0.4)
The advice was similar to what was learnt at school	1 (0.4)
They followed the rules of Islamic teaching	1 (0.4)
Was not beaten or slapped	1 (0.4)
Was the youngest and was therefore getting a lot of attention	1 (0.4)
Liked the way the advice was given	1 (0.4)

*Percentages calculated using the total number of subjects who participated in initiation ceremonies

with my findings as it shows that it was precisely because UNFPA at the international and national level belived that girls suffered from sexual cultural practices that the study was carried out. However this study found that central to inititation is to transition to adulthood. The core of the initiation is to learn how to be an adult: adult advisers tell the initiates what they should and should not do now that they are adults. In Tables 4.1, 4.2, 4.3 and 4.4 we see that children looked forward to the initiation and *fisi* were never mentioned. Virtually all were pleased with initiation—the man reason for liking the cerermony

Table 4.4 List of activities not liked during initiation ceremonies

Type of activity	*Overall N= 112*[a] *N (%)*
Beating/bullying	28 (22.4)
Obscene language used during the ceremony and in songs	17 (12.8)
Being forced to have sex after the initiation ceremony	14 (11.2)
Long duration	11 (8.8)
Being naked during the ceremony	5 (4.0)
Songs and dance	5 (4.0)
Pain following circumcision	4 (3.2)
Rudeness of initiators	4 3.2)
Too much sex information	4 (3.2)
Early wake up time	4 (3.2)
Being smeared with mud	2 (1.6)
Told not to chat with boys	2 (1.6)
Being asked to dig a pit to be buried alive	1 (0.8)
Cold bathing water	1 (0.8)
Dropping out of school	1 (0.8)
Not being given food	1 (0.8)
Late bedtime	1 (0.8)
Not given detailed education information	1 (0.8)
Asked to drink medicine	1 (0.8)
Not allowed to bath	1 (0.8)
Stealing	1 (0.8)
Exposing young children to sex information	1 (0.8)
Told to get married	1 (0.8)
Was advised while too young	1 (0.8)

[a] *N* is number of responses, not number of respondents. Respondents could give more than one answer
*Percentages calculated using the total number of subjects who participated in initiation; the categories are not mutually exclusive

was that initiates learned something new (UNFPA 2015, p. 39). Girls liked receiving new information about menstruation and sexual health. When asked what they didn't like it was activities such as beating/bullying, the ceremony took too long, bad language used during ceremony or songs, or having to bathe in cold water during the days of seclusion (for girls). And, while occassionally a *fisi* may be called for initiation, it was not frequent enough to be mentioned in the survey responses, even to the questions about "What did you not like about the initiation ceremonies?" (Table 4.5).

Table 4.5 Negative experiences during the initiation ceremonies by age

Type of negative experience	*Number of initiates N=283 N (%)*	*10–14 years, N=77*	*15–19 years, N=116*	*20–24 years, N=88*	*P-value*
Forced touching (genitals, breasts or buttocks)	46 (16.3)	12 (15.6)	19 (16.4)	15 (17.1)	0.9
Forced sex (penetrative, non-penetrative)	10 (3.5)	2 (2.6)	5 (4.3)	3 (3.4)	0.8
Forced oral sex	7 (2.5)	2 (2.6)	3 (2.6)	2 (2.3)	0.9
Forced exposure to sex	30 (10.6)	6 (7.8)	13 (11.2)	11 (12.4)	0.6
Forced exposure to sex materials	16 (5.7)	3 (3.9)	6 (5.2)	7 (8.0)	0.5
Bullying	53 (18.7)	13 (16.9)	20 (17.2)	20 (22.7)	0.5
Slapped/beaten/pinched	89 (31.5)	24 (31.2)	40 (24.5)	25 (28.4)	0.7
Denied food	26 (9.2)	6 (7.8)	6 (5.2)	14 (15.9)	**0.03**
Others (forced to dance while naked)	1 (0.4)	1 (1.3)	0	0	0.5

*Percentages calculated using the total number of subjects who participated in initiation ceremonies including missing values

Narratives of Blame Among the Malawian Elite: 'Rural Communities as Backwards'

This section demonstrates how people I interviewed perceive rural villagers as backwards and how those that live in rural areas are to blame for the spread of HIV. For example, a lawyer said:

> So you find that in cases where a man and woman want to engage in sexual intercourse, you find that the woman is so powerless; as a matter of fact you don't question what a man wants to do, especially for the rural folk. (P26)

Whereas the respondent suggests there is a gender imbalance in sexual relationships she places particular emphasis on the rural population. The 'rural folk' are especially to blame for gender imbalances—blaming the rural male in particular for sexual dominance and reinforcing the stereotype of the sexually, virile village man and the powerless rural, woman.

P15 Interview with a District Youth Officer

R: These cultural practices were revealed by the community members themselves; they said yes, these are the cultural practices which we feel are contributing to HIV.

S: Do you think it will be a problem, a big problem or a small problem or –

R: When we look at cultural issues usually it can be simple but for those which, for the Balaka district here, I understand these are very big problems.

S: Why?

R: Aaah, you know cultural issues are regarded as very very important behaviour in a village setting.

S: Ok.

R: So they can't go away with those unless we have to change some of the cultural issues, not to completely put them out but just change them so that at least they should be friendly to the women.

S: How will you…?

R: Aaah, as a district, first of all our aim is to enlighten the community on these cultural issues, because they have been with these cultural issues since time immemorial.

S: Yah.

R: So we have to tell them, we enlighten them as to why, we say that these cultural issues are exposing women to HIV/AIDS. They have been doing these things since time in memorial, so they don't know it is there, but when you enlighten them it is for them to think that oh no we need to change our behaviour.

S: Do you think they will change their behaviour as a result of you discussing?

R: Changing behaviour is a slow process, so we hope with our continued information on these issues they are going to change.

S: Key issue in Balaka, I mean in terms of HIV prevalence rate? What do you think is the main problem as regard to HIV/AIDS in Balaka? Is it cultural practices or is it something else?

R: You know cultural practices are there, but we can say there are so many things. The other side we are looking at cultural practices, but we also have to look at the behaviour of the community.

S: Yeah, So how are you looking at them?

R: Aaah, when I look at the behaviour of the community, the behaviour of the community around, in townships yeah; usually in townships we have all those people who are going out, they don't have money and what. But I don't know, I think we should say, for the things which are, because I have to say things which I have seen myself.

S: Sure.

R: I can not say I have seen people doing that and that because these are the things which are
S: Ok.
R: Yeah.
S: Like you said, cultural practices, you haven't seen them happen?
R: Aah I should say yes but the people themselves, because these issues were given to me by the traditional authorities, they said they are happening in the villages.
S: And these aah, these traditional authorities, they want them to change, do they want to change?
R: Yeah.
S: They said that to you?
R: Yeah, they want to change because when we have given them the questions which are which are the cultural issues, you would see that they are contributing to HIV/AIDS. And I said what do you think this could be changed or what do you think we can reduce HIV/AIDS looking at those cultural issues; I think it's also highlighted on the paper. I've already said that behavioural change is a slow process; we need to still enlighten them more so that at least they have to change. (P15)

The District Officer attended a technical college in Malawi. He told me about sexual cultural practices taking place and blamed people living in rural areas. He said that sexual cultural practices are taking place in the district of Balaka that are spreading HIV. He also says that although he has never seen a practice take place he has been told about them by the traditional authorities. This point highlights once again how people working on AIDS report that the practice takes place even though they have never witnessed it themselves thus perpetuating the misconception concerning the link between sexual cultural practices and AIDS.

The following is an excerpt from an interview carried out with a midwife working at Balaka District Hospital. She has a nursing degree.

P8 Interview with a Midwife

Ok, so I will just ask some questions about the cultural practices. Maybe you could just tell me if your, like what cultural practices take place in Balaka that you say you are aware of that might contribute to the spread of HIV/AIDS?

R: Yeah. The ones I'm aware of it's like kusasa fumbi, and this kusasa fumbi it's after the girls have been, after the –
S: Yah.

R: Then they go to, they say chinamwali where are being taught how they can maybe play sex with the men, then after that they are told to practice.
S: Ok.
R: So they take just any other person.
S: Yah.
R: Yah.
S: So when does this cultural practice take place, what do you think or know?
R: Aah, I don't know much but, you mean in terms of months or –
S: Yah.
R: Most of the times it's during the dry season.
S: Yah, ok. So probably between, around I don't know, May?
R: I think around July, August, September, these months.
S: Ok. And do you hear about the cultural practices much or not really? I mean in terms of your work, is it an issue for you?
R: Yah, of course we hear because we usually know them when they go into the street singing from the chinamwali site.
S: But in terms of, do you hear in your work?
R: No.
S: No one mentions it?
R: Mmhmm.
S: So maybe it's not quite a big issue regarding the prevalence rate of HIV/AIDS, it's not something that really, do you think it's a big issue in terms of spreading HIV/AIDS?
R: Yah, it is. Because around the town we can not say much but when you go into the villages that's when you see a lot of people practising those.
S: Ok, do you think it's in most areas?
R: Yah, it is in most areas because this area is full of the Islam they are the ones who practise these a lot than other tribes. (P8)

In a training manual produced by Oxfam and SAFAIDS entitled 'Interlinkages Between Culture, Gender-based Violence, HIV/AIDS and Women's Rights' it states: 'This training manual seeks to make development agents aware that there is not much that can be achieved in the response to HIV/AIDS if society does not deal with the root cause of the problem – CULTURE' (SafAIDS 2008, p. 5). The manual's cover depicts a photo of African women and men singing and dressed in informal attire, which suggests they are from a rural area. The manual was developed for use by community workers and volunteers, HIV/AIDS programmers and programme implementers, CBOs and FBOs and provides a step-by-step guide on how to run a four-day workshop and includes hand-outs.

The manual goes on to talk about 'the role of culture in HIV prevention'.

> Culture is important for understanding the HIV/AIDS epidemic in sub-Saharan Africa. It helps to explain, in part, the high HIV/AIDS prevalence rates, particularly among women. Numerous cultural beliefs and practices, such as wife/husband inheritance, polygamy, spirit appeasement, lack of communication about sexual matters between men and women, gender inequity and culturally-sanctioned extramarital affairs and infidelity among men, have been tied to the high rates of STIs including HIV. (SAfAIDS 2008, p. 26)

This manual ignores epidemiological evidence and blames cultural practices for high HIV prevalence rates. The manual also provides a handout which lists eight negative cultural practices that are linked to gender and HIV. Such manuals imply that culture is negative. ActionAid's country strategy paper 2005–2010 also makes reference to 'negative cultural practices' (2005, p. 13). These manuals also contradict global policy documents linked between cultural practices and gender-based violence which is very confusing.

Distortion of the Reality

As mentioned the actual risk of HIV infection from one act of heterosexual intercourse is 1 in 1000 (Gray et al. 2001). However, what is interesting is that many Malawians believe that HIV is easily transmitted. In several surveys conducted in a research project, the MDICP, which look at the role of social networks in influencing responses to the AIDS epidemic in rural Malawi, respondents were asked how likely it was that one act of sexual intercourse with an HIV infected person would lead to infection for the other partner. More than 95% said the probability of transmission was either certain or highly likely (Watkins and Swidler 2009).

Furthermore, ethnographic journals recorded by Malawian high school graduates who wrote down anything they overheard concerning AIDS—what Watkins and Swidler (2009) refers to as 'hearsay ethnography' revealed that Malawians come to the conclusion that if a person has had sex with someone who is already infected then that person will also be infected: 'Thus, when a young man says, after his first sexual encounter with a young woman who he hopes will be his "real girlfriend," that "Indeed, friend, if Grace has AIDS, she has given it to me, I couldn't resist her attractions"' (Simon 2001, cited by Watkins and Swidler 2009, p. 442).

In another excerpt the point above is made again in that if a husband is infected then the wife must be and vice versa:

She said, 'Yes indeed, people say that lying together is dying together. If he has HIV/AIDS, I have HIV/AIDS but I know that we don't have it'.

And I asked, 'How do you know? Did you go for a blood test?'

She said, 'I know myself and he told me one day that he doesn't have HIV/AIDS. He went for a blood test and found that he doesn't have it' (Simon, 2001, cited by Watkins et al. 2011, p. 442). These points reaffirm my argument concerning Malawians' claims that HIV is easily transmitted through heterosexual intercourse.

A lawyer asserted: 'let me tell you this thing of us, men want to have sexual intercourse with younger women because they believe that they are virgins and therefore they don't have HIV' (P26).

P36 Interview with a Policy Advisor

R: Because you know culture, culture in Malawi is so… it's something that leads to many problems; it leads to many problems. And when we talk about culture you need to break it down. Because even raping of children, small children is out of belief, out of cultural belief that say maybe when you sleep with a six-month-old baby you get healed of HIV/AIDS. So I'm looking at culture as something that has brought more harm than good in terms of upholding people's identity or you know…
S: Do you really think that happens?
R: You mean raping children? Ahh!
S: Really?
R: Really… it's rampant. (P36)

The country director of Trocaire holds a diploma in development management. He told me that Trocaire was looking to conduct:

> Cultural research linked to HIV and women's vulnerability, for example women that sell sex for fish. To do a good piece of solid research – and look at aspects of that vulnerability – why are men so stark? Why do they have to have 3-4 wives? Cultural stuff – some believe that during harvest of fish they need to have sex with someone else. Useful for advocacy and furthering other projects (P27)

And as a Minister explained:

> This was the truth and then we formed a technical subcommittee because there were a lot of technical communication which was about condoms and the small holes there and the rubber and the virus is smaller and it can go through so how so we wanted to correct this technical misinformation. But I must say that since then there have been improvements and they have formed their own organisation called the Malawi Interfaith Aids Association (MIAA) (P5).

Conclusion

In this chapter I have shown that Malawian elites' view is that cultural practices are harmful (from policy documents, interviews and newspapers). The epidemiology of the virus contradicts their views that transmission probability is low. The elite blame rural people for the high HIV prevalence rates, pinpointing their cultural practices described as backward and contrasted against their own enlightened status.

The 'harmful' side of these practices is an 'imagined fact' in terms of how they contribute to high prevalence rates but also in terms of where they are observed. It was clear that the Malawian elite knew relatively little about harmful cultural practices, and where they were practiced. The inconsistencies and inaccuracy in the explanations given serve as further evidence that a narrative of blame has clearly been constructed that seeks to pin blame on rural communities and a set of 'backward' beliefs. Furthermore, there is a disconnect between the educated elite and rural villagers. The elite distance themselves so blame other sections of society, particularly those that live in rural areas. They do not just blame a cultural practice but portray these communities as being backward as they want to maintain their own image on a par with international donors. I also looked at where their perception of harmful cultural practices comes from and the motivation for holding them.

All Malawian respondents are elite, live in urban areas and want to disassociate with Malawi's image of a very poor country, they do this by contrasting themselves against rural villagers who they claim to be backward and not like them. Very few of them have lived in a rural village so they would

not have any first-hand knowledge about the harmful cultural practices, they may know the names of a few practices from their grandparents in the villages, but that's it. The educated elite in general are religious, Christian, their religion, the result of conversion during the missionary phase of Malawi's history, has become for them an identifying mark of their developed enlightened status. Their Christian beliefs contrasted against the traditional practices of the rural 'other' who remains uncivilised and unenlightened. I also argued that a further motive exists for maintaining these narratives of blame. They secure longer term positions for those elites awarded responsibilities for eradicating them. In the next chapter I delve deeper into the role Christianity has placed in shaping these narratives of blame.

Notes

1. I have been unable to find an English translation for the practices in bold after consulting many Malawians living in Malawi who work on HIV prevention.
2. Interestingly a footnote has been included in the original report which states "similar practices may be known by different names or have derivatives which may not be listed here. It is for this reason that the Minister has been empowered to amend the list as needs arises" (Malawi Law Commission 2008, p. 35). Further, the report did not provide translations so I attempted to provide them.
3. When respondents say most, they don't distinguish between most and many. When they want to say many, they say most, implying almost all.

References

Government of Malawi. (2003). *National HIV/AIDS Policy*. Lilongwe: Malawi.

Gray, R. H., Wawer, M. J., Brookmeyer, R., Sewankambo, N. K., Serwadda, D., Wabwire-Mangen, F., … & Quinn, T. C. (2001). Probability of HIV-1 transmission per coital act in monogamous, heterosexual, HIV-1-discordant couples in Rakai, Uganda. *The Lancet, 357*(9263), 1149–1153.

Malawi. National Statistical Office, & ICF Macro (Firm). (2011). *Malawi Demographic and Health Survey, 2010*. National Statistical Office.

Malawi Law Commission. (2008). *Report of the Law Commission on the development of HIV and AID legislation*. Lilongwe: Malawi.

MDICP. (2004). *Malawi Diffusion and Ideational Change Project*.

Mkandawire-Valhmu, L., Wendland, C., Stevens, P. E., Kako, P. M., Dressel, A., & Kibicho, J. (2013). Marriage as a risk factor for HIV: Learning from the experiences of HIV-infected women in Malawi. *Global Public Health, 8*(2), 187–201.

Morfit, N. S. (2011). "AIDS is money": How donor preferences reconfigure local realities. *World Development, 39*(1), 64–76.
Myroniuk, T. W. (2011). Global discourses and experiential speculation: Secondary and tertiary graduate Malawians dissect the HIV/AIDS epidemic. *Journal of the International AIDS Society, 14*(1), 47.
SafAIDS. (2008). *Inter-linkages between culture, gender based violence, HIV/AIDS and women's rights: Training manual*. Zimbabwe: SAfAIDS.
Swidler, A., & Watkins, S. C. (2009). "Teach a man to fish": The sustainability doctrine and its social consequences. *World Development, 37*(7), 1182–1196.
Swidler, A., & Watkins, S. C. (2017). *A fraught embrace: The romance and reality of AIDS altruism in Africa*. Princeton: Princeton University Press.
UN. (1993, December 20). *Declaration on the elimination of violence against women*. A/RES/48/104 85th plenary meeting.
UN. (2000). *Resolution A/RES/54/133 adopted by the General Assembly: Traditional or customary practices affecting the health of women and girls*. Retrieved November 6, 2013, from http://www1.uneca.org/Portals/ngm/Documents/Conventions%20and%20Resolutions/Resolution%20on%20traditional.pdf.
UN. (2011). *Political declaration on HIV and AIDS: Intensifying 0ur efforts to eliminate HIV and AIDS*. New York: UN.
UN. (2012). *Report of the Secretary General United to end AIDS: Achieving the targets of the 2011 political declaration*. New York: UN.
UN Commission on Human Rights. (2003). *Commission on Human Rights Resolution 2003/45: Elimination of violence against women*. Retrieved November 6, 2013, from the Refworld website http://www.refworld.org/docid/43f3133b0.html.
UNAIDS. (2004). *Malawi country report*. Geneva, Switzerland: UNAIDS.
UNESCO. (2001). *A cultural approach to HIV/AIDS prevention and care*. UNESCO inter-regional conference, 2–4 October 2000, Nairobi, Kenya.
UNFPA. (2013). *Gender equality*. Retrieved October 13, 2013, from http://www.unfpa.org/gender/violence.htm.
UNFPA. (2015). *Safeguard young people: Cultural practices study*. UNFPA-Malawi.
United Nations Malawi. (2008). Agenda Item 56: Advancement of Women to the Third Committee, 63rd session of the United Nations General Assembly, New York 2008, Retrieved November 20, 2018, from http://www.un.org/womenwatch/daw/documents/ga63/malawi.pdf.
Watkins, S. C. (2010). Back to basics: Gender, social norms, and the AIDS epidemic in sub-Saharan Africa. *The Socioeconomic Dimensions of HIV/AIDS in Africa*, 134–162.
Watkins, S. C., & Swidler, A. (2009). Hearsay ethnography: Conversational journals as a method for studying culture in action. *Poetics (Hague, Netherlands), 37*(2), 162.

Watkins, S. C., Swidler, A., & Biruk, C. (2011). Hearsay ethnography: A method for learning about responses to health interventions. In *Handbook of the sociology of health, illness, and healing* (pp. 431–445). New York: Springer.

Open Access This chapter is licensed under the terms of the Creative Commons Attribution 4.0 International License (http://creativecommons.org/licenses/by/4.0/), which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence and indicate if changes were made.

The images or other third party material in this chapter are included in the chapter's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the chapter's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder.