Gender and Power

HIV/AIDS in a Malawi Context

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Summary

Based on a five months fieldwork in a village in Malawi, this thesis takes a closer look at the social and historical context of the HIV/AIDS pandemic through a discussion of gender and power.

From 1891 to 1964 Malawi, then called Nyasaland, was under the British colonial government. This period was characterized by a strong European and Christian influence, and the resistance of this from the traditional culture. This conflict created a duality between what was considered western and what was considered traditional. The British settlers viewed the Africans through a moral lense where female chastity was the highest symbol of virtue. The western view changed the gender relations in Malawi, and continues to inform assumptions about Africans and African sexuality.

The first leader of the independent country, the ambigious figure of Dr. Hastings Banda, turned the country into a dictatorship which lasted until 1994. He continued the duality created during the colonial rule. At the same time the traditional authorities such as chieftainships and local courts got an official renaissance. He found traditional values, focusing on family relationships, and the power of old over young, men over women important and used it to justify his power by referring to the country's indigenous values. In this context, HIV/AIDS was introduced to the country.

I argue that the Western discourse of HIV in Malawi and Africa in general, are still influenced by colonial ideas about African and African sexuality in particular. I have tried to show how some ideas about gender and sexuality have consequences for the response to the HIV/AIDS situation in Malawi. The theoretical framework is that ideas and discourses have very real consequences (Ferguson 2003). The situation of

HIV is embedded in structures of meaning (Farmer 1993), and these structures are developed over time. A historical perspective is therefore crucial.

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To all my friends at the 7th floor, my time here would not be the same without you.

Content

1. Introduction

Henning Mankell once said: “We know so much about how Africans die, and so little about how they actually live”.

When my Malawian “mother” came to pick me up outside the HIV/AIDS Program where the taxi had dropped me off, I was anxious to find out where I was going to stay and what it would look like. When we walked from the hospital towards my new home and came to the fringe of the mission, on top of the hill by the primary school, I remember thinking: “This is beautiful; where on earth am I supposed to live?” There was not a single house in sight, except one that we had just passed, so I assumed it was not that one. All I could see was green bushes, trees and maize plants, and some hills and mountains in the distance. I soon realized that there were many houses nearby, and roads – quite good ones too, but they were hidden from view by the maize plants, and the grass roofs made the houses even more difficult to spot. It was at that moment I realised how little prepared I was, and how little I knew about Malawian everyday life. I had been told that my new family lived in a house without electricity, and I had seen a lot of villages like this from the car window when visiting Nkhoma, the area I was staying in, for the first time. I had even asked to live in a village so I could get a notion of how it is, and for methodical reasons get some distance from the richer people that I had been warned about. Yet I could not imagine how it would be like to live there, or what to be expected in the following months. I had some knowledge of the colonial history and on the political system after independence, which went from dictatorship to democracy. What I did know even more about was the disturbing number of people living HIV/AIDS and the extensive

poverty. I knew about potentially harmful cultural practices such as *chokolo* and *fisi*[1], and about beliefs in witchcraft. I also new that Malawi had been struck by famine before, and was facing another potential famine at the time of my arrival. And at last I also knew that these images, so often portrayed by the Western media, are only parts of a greater whole and that people are living their lives in, and dealing with this situation on an everyday basis. And this was my motivation for doing my fieldwork in Malawi. I wanted to find out more about how they actually live, but with HIV/AIDS as a starting point for my research and following analysis.

HIV/AIDS in Africa

Africa is the continent with the highest number of HIV infected. Sub-Sahara Africa is the region in the world most affected, with more than 24, 5 million people living with HIV (ref). The main mode of transmission is heterosexual intercourse, unlike most parts of the developing world where transmission has been through homosexual contact or infected drug needles (Mbugua 2004). The HIV/AIDS situation in Africa seems to be well documented, at least if you look at the amount of publicity the issue has received. A google search for 'AIDS in Africa' done in November 2007 gave 57 000 000 hits. Whether the amount of publicity has done much to improve the situation is however questionable.

Paula A. Treichler (1991) writes that when reading about HIV/AIDS in the Western media one can get the impression that the whole continent is one "undifferentiated mass of disease". When looking at some of the headlines from the newspapers which came up when I googled it, I believe she was right. Examples of

[1] *Chokolo* is a practice where a man or woman inherits the spouse of a deceased relative, most commonly the spouse of a sibling. In the English textbook for form one (first grade in secondary school), the purpose of this practice was explained as securing the livelihood of the widow, giving the practice a far more sympathetic expression than what is portrayed in Western media.
Fisi is a rite of passage where a man from the village carries through a sexual intercourse with a girl to mark the girl's transition into adulthood.

some of these headlines were: “Death Stalks a Continent” (Time), “Africa in Peril” (CNN), or “The Orphaned Continent” (BBC News).These headlines were often accompanied by pictures of suffering people or small children. Treichler also points out that both scholarly and popular Western commentaries of HIV/AIDS in the developing world are strongly influenced by cultural stereotypes about gender, race and class. In the case of Africa these stereotypes appear to promote concrete material consequences that are rarely progressive or favourable to the people in post-colonial societies (Treichler 1991).

Anne V. Akeroyd (2004) writes: “The AIDS pandemic combines the basic elements of sexuality, blood, morality, illness, and death, of violence, stigma, rejection, and despair, of compassion, hope, and courage”(2004:89). The responses to the epidemic are connected to the elements mentioned by Akeroyd, to interpretations and understandings of illness, culture, economy and politics. These understandings of the disease are not neutral, but indicate power relations and a social hierarchy. The West’s view on Africa and Africans plays a part in policy development which again has impact on the lives of those who are affected.

The matter of HIV/AIDS is a complex one, with no easy solutions. Attempt that has been made to stop further transmissions has been largely unsuccessful. As Suzette Healds put it when she analysed the failure of the Abstinence, Be faithful, Condomise (ABC) campaign in Botswana: it is never as easy as ABC. Social contexts has to be taken into consideration.

Data Collection and introduction to the field

This thesis is based on five months of fieldwork in Malawi, from January to June 2006. I spent the first month in capitol, Lilongwe, trying to find a suitable location to do my fieldwork. I had contacted the Norwegian Church Aid (NCA) and the World

Banks HIV/AIDS advisor before leaving Norway, and I met with them shortly after arrival. I had also contacted a nurse working with HIV/AIDS education, but was not able to get in touch with her after I came to Malawi. The World Bank advisor recommended me to submit a research proposal to be sure any organization which agreed to help me could do so, and later use my material if they wanted to, without the risk of reprimands from the official governments. I took this advice and started to work on a proposal. I got my research permit from the Ministry of Health in early May, months after I had started my fieldwork[2]. The NCA put me in contact with the Association of Christian Educators in Malawi (ACEM) who was willing to assist me in finding a place to live. While ACEM worked on this I had meetings with UNICEF to get some initial information on Life Skills Education, which I learnt was the preferred methodology for teaching HIV/AIDS in school. After the lesson in Life Skills I was introduced to some of the materials UNICEF use in their work with HIV/AIDS education in youth clubs. The same material was used for both in- school and out of school youth. This material will be brought up in a later chapter. I also had a meeting with a research officer at the National Aids Commission (NAC). He gave me various reports on HIV in Malawi, and a Behavioural Surveillance Survey Report (BSS Report) which deals with the groups defined as risk groups in Malawi today. Finally I met with the Ministry of Education to ask if they had additional information on HIV/AIDS education, and got a copy of their Strategic Plan for combating HIV/AIDS in the education sector. Eventually ACEM suggested that I stayed in Nkhoma, because of the possibilities to work with, and get some assistance from the local HIV/AIDS program. I went to Nkhoma to meet with one of the program's co-ordinators who agreed to assist me and to find a family I could stay with. The same day I met my new "mother" for the first time, and one week later she had done the preparations she wanted in the house, and I was ready to move in.

[2] The Research Officer at the Ministry was aware of this time lag.

During my fieldwork I wanted to use the classical anthropological method of participant observation to collect the data for my thesis. “As part of participant observation multiple approaches to data collection are deployed, but there is one focal research instrument. That so called instrument is the ethnographer’s own inquiring experience, in joint, emergent exploration with people who are the actors or the insiders” (Stewart 1998). My goal was to observe, and interact with my informants in their everyday life, and at the same time influence the situation as little as possible. Wikan writes that living under the same conditions as the informants do, socially, culturally, economically and physically, it is easier to understand why people act as they do (Wikan 1996). To achieve this I decided to live with a family as I saw this as the best way to observe the daily routines of a household, the gender division of responsibilities, and hopefully, the response to HIV/AIDS at household level. As mentioned earlier I had been warned against the richer part of the population. The middle and upper classes in Malawi are socialized to feel contempt for their cultural inheritance.[3] Because of this warning I wanted to stay with a family in a village, and expressed this wish to the co-ordinator who helped me to find a family to live with. After I had found a location and a family I contacted one of the local schools and asked for permission to observe and participate in their lessons.

My time was divided between these three arenas, the family and friends in the village, the school, and the HIV/AIDS Program, and what follows is a short introduction to all of them and the locality they are placed in.

The Nkhoma Area

The Nkhoma area is situated in the Lilongwe district in the central region of Malawi. It is about 50 kilometres south east of the capitol Lilongwe, close to the boarder of

[3] Personal correspondence with Rune Flikke 2005

the Dedza district, and 15 kilometres off the main road going from Lilongwe to Blantyre. The Nkhoma area has about 30 000 inhabitants divided into smaller villages and spread across a large area. The population is mainly subsistence farmers, and those who had paid jobs would still rely on their garden for most of their food. As a policeman who I met on the road going from school told me: “Here we are just poor Malawians. In Europe you have occupations. Here, no one is just working in a shop or as a policeman, we are all farmers in the afternoon”.

The area is centred around an old mission station, referred to as “the Mission” by the inhabitants of the Nkhoma area. This station was founded at the end of the 19th century by Dutch missionaries. Today the mission station is supported by the CCAP (Church of Central Africa Presbyterian) as part of the CCAP’s Nkhoma Synod[4]. The Nkhoma Synod was the most influential organization in the area, and had departments which dealt with a number of issues from education to health care, and when people talked about “the church” they usually meant to the Synod and its different departments. “The Mission” was placed at the foot of the Nkhoma Mountain, and differed from the surrounding villages in several aspects. The houses inside “the Mission” were bigger and made of bricks, there was access to electricity, and some had running water. Seen from the top of the mountain “the Mission” stood out in the scenery because of the density of huge trees which grew there. The villages outside “the Mission” was surrounded by large maize fields and rolling hills. I arrived during the rainy season and everything was green, and the tall maize plants made it difficult to spot houses in the distance. When the wet season ended, the maize plants dried up and the harvest started. As the maize plants were cut down, the scenery changed completely and the bright green turned brown.

The market was on the fringe of the mission. There you would find little shops selling a number of things from candles and matches, to shoes, to bike repair equipments. On Wednesdays and particularly Saturdays the place would be crowded.

People were coming in from long distances selling their goods, food, clothes, baskets and other things, or buying supplies for the following week. There was a remarkable difference in the number of people at the market after the harvest had begun. More people had goods to sell and more people had money to buy for. At the end of the rainy season not only did the scenery change, but you could sense a difference in the atmosphere as well. More people were to be seen, and you could hear singing and laughter. I was told that if I had stayed further away from the mission I would have seen more dancing and drumming too. According to the teachers at Nkhoma C.D.S.S, the villages close to the mission had to show consideration for the Mission and limit their traditional singing and dancing. Even so, I did get to see some *Gule Wamkulu*, or big dancers, walking down the road. They were followed by a trail of children who were both amused and a little scared to come too close. These dancers are used in funeral ceremonies, and they are dressed in costumes which make them look a bit frightening. I was told that the soul of the dead person goes into another body, the body of the dancer. The dancer then comes to the funeral to demand things on behalf of the dead. For instance; “I want an animal with four legs” which meant two big dancers. He could also ask questions like “why haven’t you made a house for me?” which meant a grave. The first time I saw one of these dancers Edith told me to hide behind the corner of the nearest house. She said the dancers, if they see white people would ask for money. Since I did not have any money with me, she was afraid he would chase me down the road and maybe even hit me.

The Family

I ended up in the home of Edith Sendeza, a fifty- four year old widow who lived just outside the Nkhoma mission. Edith was a tall, stout woman with short hair which she

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[4] http://www.pcusa.org/health/international/profiles/nkhoma.htm

dyed black. She was dressed in a blouse and a skirt, and a chitenje[5]. She took on a role as my Malawian mother; she looked after my well being and tried to teach me about Malawian culture. My role as daughter in the family did not extend beyond the benefits of having a protecting mother. The contribution I made in regards to the household chores was far more limited than what a real daughter would get away with. My first attempts at peeling pumpkin leaves or peeling potatoes were clearly a source of amusement, but I did manage to improve my skills enough to get the responsibility to peel and cut relish while Edith cooked the *nsima*[6]. I tried to cook nsima once, but ended up as practically banned from the kitchen. A lot of my interpretations of the community is based on discussions with her and stories she told in the evening when we sat down to eat before going to bed. Edith had given birth to six children, but only four was still alive. One of her children had died as an infant, one month old. Her youngest and unmarried son and her two daughters with their husbands and children lived in the houses next to hers. Her oldest son lived with his wife and children in the village of his wife's family. Her oldest daughter had died in 1999 and left behind three young boys for Edith to take care of. The oldest was seventeen year old, the one in the middle was twelve, and the youngest was only nine years old. The two oldest slept in the small house closest to Edith's. While Chisomo, the youngest, still slept in the same room as his grandmother, which is why she called him "my husband". In addition to Edith and her children, one of Edith's nieces, a single mother of three had a house in the compound. She shared her house with Ruth, an eighteen year old, single mother. The houses formed a semi-circle around an open space between the houses, making it easy to look after one another. Several fruit trees and other trees separated the houses from the neighbours on one side, and the maize fields on the other side of the cluster. The houses they lived in were typical for the

[5]A large piece of cloth usually decorated with colourful patterns which is wrapped around the waist as a skirt and sometimes wrapped around the head to form a hat. The chitenje protects the clothes from dust and dirt. It is also used as a device to carry home things from the garden or the market, or to wrap things up in before storage.
[6] Nsima – maize flour boiled with water to a sticky mass. The staple food in Malawi.

area. All but one house was made of mud, and they all contain three rooms, two bedrooms and a living room. The kitchen was on the outside of the house, where they cooked their food over fire. The "shower" was walls made of straw connected to the house. To wash I used a cup to pour water from a bucket. The toilet was a pit latrine covered by a straw hut. It could not be used after dark because of snakes.

Edith had worked several different jobs over the years, trying to meet the economic needs of her family and to pay school fees for her oldest son so he could finish his secondary education. She suffers from high blood pressure and bad knees, and this makes it difficult to fulfil her daily chores. While I was there she worked as a housekeeper in two different places in order to support her family. This way she managed perhaps better than average economically, but did not live in abundance. She was constantly worried about what would happen if she was not able to work. "If something happens to me, who will take care of these children? Who else do they have?". In addition to her two jobs, Edith was also an active member of the community. She was on the board of one organisation, Work for Rural Health, and a member of the Synod's Women's Guild, which was working with different issues concerning the community. To my surprise, one of the issues Edith had been working on was HIV/AIDS prevention among young girls. She did not tell me this until the end of my stay, when she was summoned to a meeting in the Women's Guild. During this meeting they where supposed to learn how to be better Girl Guides.

On an average day the family would get up at sunrise, which was about five a.m. Edith would start making a fire so she could prepare breakfast for all of us, and bath water for me[7]. Breakfast would be tea and either be porridge, sweet potato, or occasionally bread. After eating his food, Samson, the oldest of her grandchildren would sweep the ground around the house before getting ready to go to school. At half past six, when breakfast was ready and served, she would go to work unless it

[7] I never asked for this special treatment, but she did not listen to my objections. And I do prefer to wash in hot water.

was Thursday which was her day off. On these days she would often say that her plan was to relax and not do much. Even when she had planned to relax, most of the time she would either end up going to work in the garden or get things done around the house anyway. And other days she had so many visitors that she did not get round to do anything of what she had planned.

After work, more food was prepared, either potatos were peeled or pumpkin leaves and tomatoes were cut. A pumpkin was boiled, or groundnuts were roasted or boiled and served as a snack while preparations for the evening meal took place. Often some extra ingredients needed to be picked in the garden, or beans needed to be boiled in advance as they took so long to be ready. Most of the activities that took place during the day were done outdoors, the house was always dark because the only window that had been there was closed with a piece of cardboard and paraffin or candles were saved till it was dark outside. While sitting outside in front of the house, Edith's daughters would come to keep her company or people who passed on the road would stop for a chat. The last meal was served at around seven p.m. and after that it was bed time.

Ruth was the one who had to "look after me" while Edith was at work. She would come over when Edith had gone and prepare the bath water and then start on the dishes. She quit school when she was in standard five because she became pregnant[8]. She was fourteen years old at the time. Since then she had not gotten any support from, or had any contact with the child's father. With no job and little education she attempted to make some money by cooking *mandasi*[9], which she sold on the side of the road to people passing by. Edith had lent her the money necessary to start her little business.

Georgy was a seventeen year old student in form one, who lived with his family in the compound next to Edith's. He would come over to pick me up every

[8] Standard five is fifth grade in primary school
[9] A kind of sweet pastry

morning so we could go to school together. These small walks we had every morning was a nice opportunity to catch a glimpse of the everyday life of a young boy. He also introduced me to some of his friends and showed me around the village and the Nkhoma area.

Suzgo became a good friend too. He was twenty-one years old, and lived with his grandparents because both his parents were dead. He had been in Lilongwe for a year to study, but at the time of my fieldwork he was repeating subjects in form 4 because he wanted to improve his grades in order to get into the university. When he did not study, he was an active member of the church. His grandmother was an acquaintance of Edith and that is how he learned that I was in the area. He came over one day to offer me his friendship because he thought my stay in a Malawian village could be lonely if I did not have anybody to chat with.

The school

Since my major concern was HIV/AIDS in a school setting, I spent time at the Nkhoma Community Day Secondary School (N.C.D.S.S), one of two secondary schools within the mission. In the school setting I ended up in a position as something between the teachers and the students. This gave me the advantage of moving freely between the staff and the students. I had free access to the staff room, and would assist the teachers whenever I could, but I had never any obligations towards the teachers. That the students did not classify me as a teacher had some advantages because it made it more natural for them, and me, to socialize. I was invited to join the students in some of their activities, and I could visit the girls at the hostel. I think the students felt that they could talk more freely to me, because I was not categorized as a teacher.

The School was situated on the outskirts of the Mission, close to the mountain. The school buildings were small and made of bricks and had iron sheet roofs. This made it almost impossible to hear what the teachers were saying during rain showers because of the incredible loud noise it made. The buildings formed a semi-circle with the entrance of the buildings toward the centre of the school yard. Trees and bushes were planted around the school area to decorate and to provide some shade. Each form, form one to form four, had its own building and each form was divided into two classes, East and West.

The classrooms were rectangular with windows on two walls. Some of the classrooms did not have doors while others had a broken floor. Each room were equipped with a blackboard, and each student had one chair. There were no desks, so notes or exercises had to be done while using the knee or the back of a fellow student as support. If the students had to change rooms they would have to bring their chairs with them as there were few spare chairs. Apart from that, only one or to classrooms had a desk for the teachers or a cupboard to keep things in. The staff room was a large rectangular room with windows on the two longest walls. Every teacher had his or her own desk with an attached chair which was faced toward the centre of the room, leaving an open space in the middle of the room. Different teaching materials were found in each corner and behind the teachers' desks. Stacks of English books were in one corner, maps in another and so on. On one wall there was a blackboard where messages and the time table for the evening students were drawn, and the master timetable hung. Two light bulbs in the ceiling and one socket where the radio and the water boiler were plugged in were the only sources of electricity. The staff room, the form four classrooms, the headmistress office, and the computer room were the only rooms which had electricity. The buildings where form one, two and three had their classrooms did not. The boys' hostel and the girls' hostel were placed on opposite sides of the school area. The boys' hostel was downhill from the staffroom between the school and the dining area, while the girls' hostel was on the other side

of the school yard. This hostel had eleven room about twelve square metres, with up to seven girls living in one room. The walls and the floor were made of concrete. There was one light bulb above the door and a window on the opposite side of the room. The girls slept on mats on the floor, covered with blankets. All their belongings were placed in small suitcases at the end of their mats. A string across the room provided a place for the girls to dry some of their clothes, but their laundry was mostly spread out on the grass or hung in bushes outside the hostel to dry. The one toilet available to the girls was a small shed just outside the hostel. Food was served in the dining area, past the field were the schools' netball and volleyball ground were. The area where food was prepared and served was also the home of some more boarders and the self-boarders. The self-boarders were students who lived at school, but had to make their own food. The school had navy blue and pink uniforms. The girls had blue skirts that covered their knee and pink blouses with short sleeves, and the boys had blue trousers and pink shirts. The teachers had to remind the student to wear their uniforms, but I could not observe any sanctions for not wearing it as long as knees and shoulders were covered. One of the first days at school the headmistress took me aside to express some worries about the way I dressed. I had made the mistake of wearing too short sleeves so my shoulders were visible. She also asked me to wear a petticoat if I had skirts were my legs could be seen through the fabric.

The C.D.S.S. was chosen because it had a more complex student mass and was a mixed school with both boys and girls, compared to the other secondary school which was a Christian, boys- only, private school. There were all together about 400 students at school, but not even the headmistress knew the exact number. When I asked her, she told me that several of the enrolled students never showed up, or dropped out, because they could not afford the school fees. One of the other teachers added immediately that the matter was further complicated by low attendance, especially during the rainy season due to lack of food and because the weather made the travel back and forth more difficult. Because of this it took time to figure out who

had dropped out and who were just absent for a period of time. The combination of boarding students and day students from the surrounding villages made the students a very mixed group in regards to social and geographical background. Despite that secondary school is four years, the age of the students varied greatly. The youngest student was a ten years old girl who had jumped several classes in primary school, other students were in their mid- twenties and had repeated classes, or had returned after having a child. This variety gave me a good opportunity to observe differences between urban and rural, poor and rich.

According to the master timetable which hung in the staff room, school started at 7 am on assembly days and the lessons would start at 7.30 in the morning. Each lesson was forty minutes and there were three lessons in a row before break. At 9.30 the students had their first break and this lasted twenty minutes. During the break tea and either bread or mandasis were served to the teachers in the staffroom. After three more lessons it was lunch time. It started at 11.50 and lasted until 1.30. This gave the students from the near-by villages enough time to go home for lunch. The boarding students were divided into groups, and one student from each group had the responsibility to bring the food from the kitchen to the rest of the group. After lunch there were three more lessons and the last one ended at 3.30 p.m. The evening students started school after lunch and were finished just in time to get home before dark, if they lived close by the school. During my fieldwork the school days never turned out like this. Normally, only lunch time followed the original schedule. Assembly did not start when it was supposed to, which again meant that the lessons did not start when they were supposed to. The students had an unpredictable school day as they could never know when the next lesson would be. This pattern was strengthened because the teachers did not give all the lessons they were supposed to. Even the teachers themselves had difficulties, as they could turn up to one of their lessons just to discover that some other teacher was already in that particular classroom teaching some other subject. Some teachers prepared notes for the students

to copy rather than teaching the lesson. This way they could use the extra time to prepare coming lessons instead. Between lessons the student would sit in groups outside or in a classroom without a teacher. Some would study while others would just hang out and chat. Others again would go to buy chips from the guy who sold it just outside the school area. Some evenings, the school offered night studies where the students could do their homework in one of the form four classrooms while a teacher was present and ready to answer any questions that came up.

The most important arenas for observing how the school responds to HIV/AIDS in the light of HIV/AIDS education was the Life Skills lessons and the assembly. Life Skills Education was part of the national curriculum and dealt directly with HIV/AIDS and related issues. The assembly was held each Monday and Friday before the regular lessons and would start with one or two of the students preparing the rest for the national anthem. It would then continue with a prayer, followed by a Bible verse and a sermon. The reading would be held either by a teacher or a student. Sometimes a student from the Theological College was invited to give a sermon. The Headmistress or the Head teacher would then go on to inform the students about the coming week's activities, school fees and other information concerning practical matters. Assembly was the arena where the teachers talked to the students about matters of sexuality and adolescence, often using the images of God and the Devil to underline their authority, visible in statements such as "If you do not obey the school rules you are serving the Devil". The assembly was an arena where the students could inform other students about their activities. The debate club had a presentation of "Parliament" to show other students what they are doing and hopefully recruit more people to the club. It was also the place where the students could criticize the conditions at the school; complain about the food, or about light bulbs that had not been changed, complaints which was meant to indicate that the students did not get what they paid for. The criticism was coated in humours performances of speeches imitating a radio show or Parliament discussions.

After school hours the students could participate in different activities organized by the school, such as the English/Debate Club, the Wildlife Club, or different Christian meetings. How actively these clubs were organized and followed up depended on the effort made by the students and the teachers.

The Debate Club was an extra curricular activity for practicing oral English where the agenda for each meeting was decided by the members themselves. Activities ranged from telling jokes via personal interviews to “Parliament” where the students acted out a parliament session, pretending to decide government policies. This offered a chance to gain an insight into what issues the students were interested in and challenges they met, and how they were thinking about their position in a larger national framework in terms of policy development and implementation. It also gave me more information on what they struggle with in their every day life. Their view on issues which not necessarily concerned HIV/AIDS can still highlight some of the reasons why prevention efforts has lacked success in Malawi.

Most extra curriculum activities were mainly used by the boarders. Georgy explained his lack of involvement in school activities with the obligations he had at home. His chores started before leaving the house in the morning and lasted until sunset. He had to get up at five a.m., sweep the ground around the house, and during harvest season he had to work in the garden as well before going to school. After school hours he had more work to do in the garden. One morning he did not come to pick me up when it was time to go, and I could not see him at school either. When I met him the next day he told me he had not gone to school because he had to go to another village to pick up some maize. I remembered that he had told me earlier that he wished to be a boarding student. This way he could avoid the chores at home and dedicate more time to his studies. While living at home he had obligations that took time away from his schoolwork, and when his work was done there were no possibilities to study because it was too dark. If he could go to boarding school he would get access to electricity so he could study later in the evening. Other students

lived in villages too far from school to get a chance at participating in the after school activities the walk back and forth between school and home took so much time.

The Community HIV/AIDS Program

In addition to the family and the school, I spent time with the Nkhoma Synod Community HIV/AIDS Program. In this setting I was mainly an observer. This program was the largest Non Governmental Organization which had its base in the Nkhoma Mission, and it worked with HIV/AIDS education, prevention, and care for the infected and affected on a community level. The Program was situated just outside the hospital in a white, one storey, concrete building. This building was housing the office of the executive director, which was not put into much use as he usually stayed in a different village. The accountant had one office and two more offices were used by the different departments of the Program. A room for voluntary counselling and testing (VCT) was in the middle of the hallway, and a resource centre was at one end of the building. The resource centre had shelves with books, an old computer, a TV and a VCR. During the day this room was used by adults who were either waiting to get tested or who just wanted to read books or watch a video. After school hours it was used by school children who came to read, see a movie, or just hang out. Most of these children were boys from the private school. The leader of the resource centre said he believed that the students from other school felt intimidated by the private school boys because of class differences. This was confirmed by one of the students at the Nkhoma C.D.S.S who said they were mocked by students from the private school. On two occasions this room was closed for weeks in a row because it was used as a storage room for food or equipment while they waited to distribute it to patients or volunteers.

The HIV/AIDS Program was the Nkhoma Synod's organization for dealing with the HIV situation. The Program was founded as a response to the increasing suffering caused by the disease as more and more people was infected, even in the Synod's churches[10]. As part of the Synod, the HIV/AIDS Program was faith based and was supposed to follow "guidelines" based on the Synod's interpretation of the Bible, and in some areas this had consequences for their strategies on how to deal with the epidemic, for instance in their view of condoms.

Ten people were hired as the program's regular staff. They had the responsibility to co-ordinate and train the volunteers, write proposals to ask for funding, find strategies for the programs work, run the resource centre and the VCT service, establish, co-ordinate and supervise youth clubs, and do research in the community to map what initiatives they should take to improve the lives of HIV infected and affected people. Apart from the executive director and one of the HBC co-ordinators who stayed in a different village and came in only when he was needed, the staff lived in and around the Nkhoma Mission.

The Program was divided into four, partly overlapping segments; Youth, Orphans and Vulnerable Children, Voluntary Counselling and Testing, Women, Gender and Human Rights, and Home Based Care (HBC). The Segments work with issues of prevention and treatment and had about two thousand volunteers divided between the segments, and spread across the central region.

The VCT service was open three days a week, and one or two times a month the counsellors arranged VCT outreach. These outreaches were co-operations between the program staff and their volunteers or other churches that were under the Synod. During these sessions the VCT counsellors would pack their HIV-testing equipment and condoms for demonstration[11], and drive out to different locations

[10] This and the following information are based on the staff members account for the Program's background, told to the executive director during the strategic planning session.
[11] Despite the Synod's disapproval of condoms, any VCT service was under the Ministry of Education, and was ordered to keep condoms for demonstration and distribution to anyone who asked.

within the program's catchment area to perform HIV counselling and testing. Their hope was that if the travel distance was reduced to a minimum, more people would go for VCT. After three months the counsellors would drive back to the same site to follow up the tests. In advance of each outreach the volunteers or the local church had informed and encouraged as many as possible to get tested. The program could not provide ARV-treatment[12] so anyone who was diagnosed with HIV had to go to the nearest hospital to get the medicine themselves, as the program had no opportunity to assist them. Lusako, one of the VCT counsellors, told me that this did not always happen due to long distances and lack of money for transport. He told me about one patient he remembered particularly well. This had been a beautiful, young girl, maybe in her early twenties, who lived in a village quite a distance from the hospital. She had already clear symptoms of HIV when she came to the outreach site to get a test, and of course it had turned out positive. He had, as he did with all his patients, urged her to go to the hospital. He thought that if she could get help fast enough she could recover from the state she was in at that moment, and prolong her life. She had said it probably would not happen as she did not have money or transport. A couple of weeks after the test was taken he tried to look for her in the hospitals register over patients who received ARV, but he could not see her name. After a while he had heard from people in her village that she was very ill. He did not know how she was doing at the moment or if she was still alive. After telling this story he said: "I do not know why I remember her so well, her case was not special".

The first Friday after the Easter holidays I went with the program to Salima by the lake where they first had a family weekend for the staff members, followed by a week of strategic planning for the next five years. During the weekend only some of the staff members and their families were present. Apart from an introduction of all the people who was there and which staff member they "belonged to", the only thing

[12] ARV: Anti-retroviral treatment

on the agenda was a short introduction to the different segments of the program. On Sunday the families went home and the remaining staff arrived. The first to arrive was the rest of the staff members and the executive director, one reverend and five other representatives from the Synod and the Synod's nursing school. Later a representative from a youth club in Nkhata Bay and a representative from a government organisation joined in. When all participants had arrived there was the same number of men and women, but age varied. The youngest were in their twenties, and the reverend was in his sixties. The first day the programs background and vision was established. The rest of the week we spent the first half of the day working in groups. The job was to come up with objectives and activities for the program to be able to fulfil their vision. In the second half, everybody was together in the conference room to discuss the work of the different groups. The work done, and the discussions that took place during this week gave me useful information about the program's moral attitudes and how these influenced the program's activities.

First questions, adjustments in the field, and final focus

Cato Wadel (1991) writes that the process of anthropology consists of a constant reconsideration and adjustment of methods, theories and data. My fieldwork and the process of writing this thesis fit nicely into this description.

Before I left for Malawi I had worked on some questions that I wanted to find the answers to. I wanted to study the impact of the HIV epidemic on the school system in terms of drop-outs, and how HIV/AIDS influenced young people's opportunity to get an education. I was also interested in how the students received HIV education in school, and whether school was the best arena for HIV/AIDS education. When I arrived in Malawi I realized that I had to change at least parts of my plan. Because of methodical considerations theories changed and I became interested in comparing HIV education in two different schools, Chigodi secondary

school and Nkhoma secondary school. Because of the rainy season, transport between the schools made this project difficult as well. The methodical challenges of transport in the rainy season made me adjust my project again. Since I had established contact with a local HIV/AIDS program I decided to look at how the Nkhoma secondary schools responded to the HIV/AIDS situation. But I also wanted to find out more about what was done at the community level. I therefore divided my time between the secondary school, the household I lived in, and the local organizations working with HIV/AIDS. In correlation with the point made by Wadel, questions and methods changed as the fieldwork went along. Process of reconsideration continued after I got home and started to write on this thesis.

When I had started to write on this thesis and read more literature of HIV/AIDS, my focus changed again. This made me see theories I had read and the data I had collected in a new light. Situations that did not seem so important at first glance got new meanings as the theoretical circumstances changed. In the end, the social context of the epidemic, the historical development of this context and the power relations it is embedded in came out as both relevant and interesting, and this turned out as my final approach to the problem of HIV/AIDS in Malawi.

Methodological and ethical considerations

My initial plan was to do my research on the Primary School level. I think this would have been a better arena for observing the effect of HIV/AIDS on the pupils, because, as a Home Based Care counsellor at the HIV/AIDS Program told me: by the time children reach secondary school, the ones most severely affected by, or infected with, HIV/AIDS have dropped out long time ago. The reason for doing my fieldwork in secondary school despite the advantages of doing it in a primary school was first of all language problems. Primary school is taught in Chichewa, while at secondary

school level all lessons except Chichewa are held in English. This would make it easier for me to understand how, and if, HIV/AIDS and related issues are talked about in the school setting. Another reason for selecting the secondary school students was because they are more mature and therefore more able to assess the HIV situation in a wider perspective. The disadvantage is the quality of the data in terms of what consequences HIV/AIDS has on the students.

While I was in Lilongwe I was told by a Malawian woman who worked with HIV/AIDS that for me, doing research on HIV/AIDS in a village context could be problematic because I am white, and especially since I did not know the language. She told me that people would not trust me, and if someone died while I was there I would be told it was because of something else than AIDS. Traditional authorities, like headmen or women, could be suspicious and accuse me for going into their villages to give the virus to them. I was not accused of any such things, at least not that I know of. When I was ready to move in with my new family I had to meet the representative for the chief and this had to be done before I could sleep there. The chief himself was not available as he lived in town (Lilongwe), but an old woman acted as chief in his place. She came over to Edith's house so I could be introduced. Edith explained my purpose for being there, that I was doing some research on HIV/AIDS, and the old woman gave me her approval for me staying in the village. This way things were done "the right way" as Edith expressed it.

If people have been reluctant to share information with me because I'm white I do not know for sure. I did have a feeling that I was left out sometimes, and that events took place when I did not have the opportunity to take part. I do know that Edith decided against going to a funeral because I had just returned from Strategic Planning with the HIV/AIDS Program, whether she did so because she did not want me to follow I am not sure, but I suspected that at the time.

I have chosen not to anonymize the place, the school, or the organization where I did my fieldwork. I have anonymised the family I stayed with by changing

their names. I am not sure if this will make any difference if anyone in Nkhoma should read the finished product. I was the only white person living with a Malawian family, and to give them new names or even change their place of residence would not make it less recognizable. I have used fictional names on all my informants outside the family to protect their identities. In places where information has been particularly sensitive or can put anyone in a bad light, I have in addition changed the situation or told the story through another person to make it less recognizable.

When I asked the school if I could do my field work there, I informed them to the best of my ability of about my intentions and my methods. I also asked them to inform the students about my project. I was introduced at the assembly, but the number of questions about what I was doing there indicates that maybe the message did not get through. To compensate for this I tried to make sure that the students I had most contact with new that I was going to use information they gave me in this thesis.

Theoretical perspectives

In this thesis I will look at issues concerning HIV/AIDS through relations of gender and power. The starting point for the analysis of gender is that images of gender and sexuality, and the appropriate behaviour associated with men or women are always culturally and historically specific (Moore 1988). I will show how the colonial era and the British Victorian view of women, changed gender relations in Malawi and how it continues to inform Western assumption about Africans and African sexuality in particular. Jo Helle-Valle is presented in this thesis as one who has a theoretical perspective which focuses on actors. I have tried in this thesis to give examples of female agency and of resistance to structures of gender inequality, because I think it is important to portray women as actors. Even so, my main concern will be on structures of power found both on a local, national and international level. I try to

show that discourses outside the individual and even national control are shaping interpretation and policy implementations. All actions and re-actions are taken within a structural framework. “Structures are multi-layered, polyvalent, and often contradictory, and that economic functions and “objective interests” are always located within other, encompassing structures that may be invisible even to those who inhabit them” (Ferguson 2003:17)

Terms used in this thesis that can use some clarification: “Discourse” is used in a Foucauldian sense: He writes that: “discourses as groups of signs (signifying elements referring to contents or representations) but as practices that systematically form the objects of which they speak”. Discourses refer not only to talking about a phenomenon, but also to power structures and these are reflected in actions. James Ferguson is correlated with Foucault when he writes that thinking and the production of ideas are activities, and this production of ideas has effect, and plays an important part in the changing of structures (Ferguson 2003).

“Tradition” or “traditional” are used as relational terms as a contrast to what is considered “Western”. I am not so much concerned about “tradition” or “traditional” as actual, remembered or invented. I am concerned with how it is used by my informants to make a distinction between their perception of their traditional culture and the Western influence.

HIV and AIDS are used interchangeably. Contrary to what you can find in the West, where HIV has become a chronic, but manageable condition for most infected, the outcome for most Africans are given. It is a fatal disease because few get the medication needed to manage the disease the way we can in the West.

Development the way it is often used by the western development agencies refers to a process of moving closer to the western

A short outline of the study

In the following chapter I will first introduce the country, Malawi, and give a brief outline of the country's history. I will start with the arrival of the first Brit, David Livingstone, and the colonial period, through the independence and the rule of Dr. Banda, to the introduction of democracy. The last part will be a short presentation of the current situation.

The third chapter deals with gender and adolescence. I will look at the historical roots of the discourse surrounding the HIV/AIDS epidemic today, focusing on notions of gender and sexuality, and how this is connected to and informed by discourses in the West. Notions of gender effects social life, and my goal is to show what consequences these ideas of gender can have on people's life.

The fourth chapter is about HIV/AIDS education and prevention strategies in Malawi. The focus in this chapter will be on the school as an arena for HIV education, and the factors which become important in how the school relates to the HIV epidemic. I will also examine alternative arenas for HIV education, such as the assembly and the extra-curricular activities. In the last part of this chapter I deal with Non Governmental Organization. The work of the local HIV/AIDS program and its background will be emphazised in this part.

In the fifth chapter I use the previous chapters to look at the issue of power and HIV/AIDS. This chapter will be devided into cultural power, and structural power. I will show that culture is a real source of power, and needs to be treated as such. In the second part structural power is my main concern.

2. Malawi

Malawi is a small, landlocked country in Southern Africa. It borders to Zambia in north-west, Tanzania to the north and north-east and Mozambique to the east, south and south-west. Malawi goes under the name of “the warm heart of Africa” because of its reputation as a friendly place.

The climate is sub-tropical with two main seasons; a rainy season which runs from November through April and the dry season which runs from May through October. The climate varies with topography with average temperatures between 14 to 32 degrees Celsius. Malawi has a varied landscape with plateaus in the north and central areas and with mountains in the south. The terrain is made up of a variety of woodlands, tropical rainforest, open savannah, high altitude grassland and scrub. Lake Malawi, formally Lake Nyasa, makes up about 20% of the country’s area and is the third largest lake in Africa. It runs down the eastern boundary with Mozambique.

The country is divided into three regions, the Northern, the Central and the Southern. These regions are further divided into districts. Lilongwe City in the central region is the national and administrative capital. Blantyre in the southern region remains Malawi's major commercial center and largest city. It is also the location for the Supreme Court. Mzuzu is the main town in the northern region (UNDP[13]). Zomba, in the southern region was the colonial capitol and is still the place where the Parliament meets and the President lives (Myers 2003:6). Lilongwe was established as the capitol after independence from the British colonial government, and Dr. Banda, was the main architect behind the plan. Before the independence the town had merely been a provincial headquarter for the colonial rulers. The argument for the site

[13] http://www.undp.org.mw/discover_mw.html

of the new capitol was it's geographically centrality in the central region. The southern region and its three main towns; Blantyre, Zomba and Lime was the preferred area for the British settlers. A shift from the southern towns to Lilongwe represented a symbolic break with the colonial rule. Even so, colonial framing tactics were used in the creation of the new city. The spatial enframing of the new city of Lilongwe was a result of inspiration from both the British colonial rule and apartheid South Africa. The city is designed to keep the poor away from the wealthy, and also to demonstrate the greatness and power of the state. To this day the areas of Lilongwe are divided on the basis of class, and to a certain degree, by race (Myers 2003). The country is further divided into Traditional Authorities (TAs) governed by chiefs. The Traditional Authorities are again composed of villages, which is the smallest administrative unit, and governed over by village headmen/women. The country is culturally diverse and consists of several etnic groups such as the Chewa, Nyanja, Tumbuka, Yao, Lomwe, Sena, Tonga, Ngoni, Ngonde, Asian and European (CIA factbook[14]). The Chewa constitutes the majority in the Central region. In terms of religion most Malawians are Christians (about 80%), followed by Muslims (13%), and the rest are traditional believers (BSS Report 2005:21)

History

The first Brit in Malawi was David Livingstone, who arrived in 1859. He was soon followed by Missionaries and settlers, and in 1891 Malawi, then called Nyasaland, became a British protectorate. "The colonial phase is dominated by the impact of Christianity and European culture on, and the resistance of, the indigenous cultures". The settlers appropriated the best land for agricultural estates, using African labour. In the colonial period the traditional chiefs who previously had been associated as

[14] https://www.cia.gov/library/publications/the-world-factbook/geos/mi.html

"guardians of the land", maintained their legitimacy by becoming protectors of culture, reflected in intense conflict with colonialists (Lwanda 2004). In addition to the loss of land and independence, the missionaries, along with the colonial government, had impact on the development of the economic system and the poverty the country still suffers from today. The missionaries assumptions that the Malawians would benefit from contact with the European failed, mission institution taught skills which turned out to be most useful in the European sector of the economy and useless in the villages. Furthermore, they influenced the economy by setting the stage for export of labour, especially from the north of Malawi, to prestige project elsewhere in the British colonies at the expense of commercial agriculture. In addition, the colonial power did not invest much in the Malawian economy, for instance was the transport system left inefficient and costly, few industries were created and jobs were minimal. This led to creation of structures of dependence and poverty which it later was unable to destroy (McCracken 1977). Malawi is today a class based system with large socioeconomic differences. Malawians has continued to serve as a labour reserve for South African mines and farms, making the remittances from the labour workers very important for the country's economy, but has at the same time led to negative consequences, for example by changing sexual behaviour by introducing a greater potential for the use of commercial sex as the workers were away from home for long periods of time (Craddock 2000).

Megan Vaughan has argued that the colonizing of Africa and the introduction of Christianity altered the sexual mores and restrictions existing in the pre-colonial social and political systems (Vaughan 1991). Lwanda argues that in Malawi, the traditional medicine and cultural practices became means of resistance to the colonial power, and later to the post-colonial hegemony. This resistance took place in villages where core traditional values were continued. These villages were out of the colonial gaze, which often led the colonial power to believe that traditional practices were dying out under their governance. The resistance of Christianity led to the creation of

a duality between what was considered “western” and what was considered traditional. This duality has been maintained in post-colonial times and it continues to influence discourses of diseases today (Lwanda 2004).

Malawi obtained independence in 1964 and Dr. Hastings Banda became the first leader of the independent country. Shortly after the independence the country was turned into a one-party state with Dr. Banda as leader. In 1971 he declared himself President for life.

During the rule of Dr. Banda human rights abuses were common and order was maintained through repression and harassment. Traditional authorities such as chieftainships and local courts got an official renaissance. He found traditional values, focusing on family relationships, important and used it to justify his power by referring to the country’s indigenous values. Obedience towards authorities was emphasized as a Malawian virtue contrasting what was found elsewhere. The young were subordinate to the old, and parents, elders, and chiefs were to be respected. Women in particular had a place in Dr. Banda’s policy, and he aimed at improving their status within the framework of traditional culture. Women should remain under the guardianship of the male relatives of the mothers’ side, as he had explained in *Our African Way of Life*. He went as far as to imply himself as their overall guardian, using the Chewa word for male member on the mother’s side (Forster 1994:490).

As we can see, Dr. Banda used the importance of African culture as a basis for his political legitimacy in large parts of the population. At the same time he continued the benefits the African elite had acquired during the colonial rule. This duality has had consequences in both the education sector and medicine. The elite kept their privileges from the colonial era and continued the use of western medicine and education. While at the same time the neglect of the rural population established under the colonial rule persisted because Dr. Banda realized the country’s poverty, and left the rural population to rely on local resources for their education and traditional medicine (Lwanda 2004).

HIV/AIDS arrived in the ambiguous political setting outlined above, where both traditional and biomedical control measures were insufficient to meat the new challenge. The issue of sex was, in this situation, conflicting: “In “puritanical” Malawi, discussions of sex were taboo, although sex, with discretion, was one of the few forms of politically *safe* entertainments in urban areas” (Mapanje 1981 quoted in Lwanda 2004). Despite that the first HIV case was reported in 1985, HIV was not on the political agenda. Dr. Banda, himself a Western trained doctor, showed little interest in addressing the issue. But under the auspices of the Global Program on AIDS, a National AIDS Control Program was established in 1989. The program had limited effect as it did not reach across economic sectors or worked with community organizations (Patterson 2006:64). The initial policy and strategy were biomedical in nature and practice, focusing on blood screening and public education on HIV/AIDS. Later a more comprehensive plan, with a greater focus on multi-sectoral approaches was introduced, but it did not help the over-dependence on the health sector and leaving various ministries ineffective or completely inactive (Strategic Plan p.9).

After increasing pressure from churches and the international community multi party elections were allowed, and the first was held in 1994 (Patterson 2006, Forster 1994). The first election was won by the United Democratic Front with Bakli Muluzi as a leader. Five years after winning the election Muluzi labelled AIDS a national emergency and the National Strategic Framework for AIDS was developed with the help of the World Banks MAP initiative[15]. This did not help to bring the AIDS issue to the foreground of the public agenda. Malawi was late to develop a formal, national HIV policy, and the policy was not in place before 2004, two years later than anticipated. HIV did not become a political issue until the 2004 election where all parties included AIDS policy statements, such as access to ARV treatment and HIV education in schools, in their campaigns. Some suspected the politicians to bring up HIV to impress donors, and because they thought there were votes to win on talking

about this issue. Whatever their motives were, however, a topic which earlier received little public attention was discussed (Patterson 2006).

The current situation

Today Malawi is classified as one of the world's least developed countries, with half of the population living below the poverty line. It is ranking 165th of 177 on the UNDP Human Development Index (WHOa[16]). About 85% of the population is living in rural areas, and the economy is mainly agricultural. Agriculture accounts for nearly 36% of the GNP. Tobacco is the major export article followed by sugar, tea and coffee (CIA factbook). The gross domestic product per capita was 650 US$ in 2005 leaving only Burundi behind on the statistics for Africa, and makes it the fifth lowest GDP in the world. The population numbered 12 884 000 in 2005 and is still growing despite that the average life expectancy has decreased the last thirty years, from 41 years in 1975 to 37,5 years in 2005. The decrease in life expectancy is due mainly to the HIV/AIDS pandemic. Malawi has one of the highest infection rates in the Sub-Sahara Africa, with an HIV infection rate that has stabilized at an average of 14% (WHOa). Regional differences are found within Malawi. The Southern region is most affected by the pandemic while the Central region has the lowest HIV prevalence rates. In addition urban areas have larger number of infections than rural areas (Strategic Plan). Antiretroviral therapy has been free of charge since 2003 (WHOb[17]), and the number of patients receiving this treatment has increased from 4000 to over 46000 at the beginning of 2006 (WHOa).

Other national measures are taken in the fight against HIV/AIDS. For instance has the Ministry of Education developed a Strategic Plan for combating HIV in the

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[15] MAP - Multi-Country AIDS Program
[16] Http://www.who.int/hac/crises/mwi/background/Malawi_06pdf
[17] Http://www.who.int/countries/mwi/en/

education sector. In addition, several NGO's are working on the HIV/AIDS issue on all levels of society. However, it is argued that because of the extreme poverty in Malawi, AIDS is pushed from the public arena. People face more immediate problems like hunger or unemployment, and as long as AIDS is not the main concern for the people, the politicians do not make AIDS their main priority either, and keeps their effort at a minimum. This in turn can sustain low public concern about the disease (De Waal 2006, Patterson 2006). Lack of concern at all levels makes the measures taken on a national level difficult to carry through, as HIV/AIDS is just one problem among many. In Malawi famine, poverty, farming, health and education were some of the issues listed before AIDS on a question about the most important priorities that the government should address (Afrobarometer 2002 in De Waal 2006:8).

When I went to visit a member of one of the HIV/AIDS Program's youth club, he told me that cholera was the major concern he had about his community. I was surprised that he, as a member of a youth club, did not answer HIV/AIDS. When he showed me where they collected their water I could understand his concern. A tiny brook which looked slightly green and slimy was the source which supplied the whole village with water. When we went back to the house he was also pleased to tell me, as we passed the container where they kept the dried maize, that it looked like they had enough food this year.

At the prospect of becoming seriously ill because of unclean water, or having a constant fear of not being able to grow enough food to support the family, dying from AIDS sometime in the future is not the most pressing concern, but one out of many societal problems.

One of the major challenges in Malawi today is the lack of human resources. Most AIDS cases are found in the most economically productive age group of 20 to 45 years, and this is a significant contribution to the low productivity in all sectors of the economy (HIV/AIDS Research Strategy for Malawi). As more people die from

HIV/AIDS less people are left to do the jobs needed to be done, and this affects every sector in the country. Staff shortage in the health sector has led to compromised primary health care, especially in the rural areas (WHOa). The teachers are not an exception to this trend either, and HIV/AIDS are causing a major strain on the educational system. At the same time more students are enrolled in the education system and causing further strain. Teachers are actually considered a high-risk group for HIV infection because they are often relocated to villages away from their families, and because they have a steady income compared to most Malawians. It is believed that the combination of the two gives male teachers the opportunity to use their relatively high position in the community to buy sexual favours. Female teachers, on the other hand, are believed to contribute to her earnings by offering sexual favours in exchange for money (BSS Report 2005).

According to Lwanda (2004), the pre-colonial Malawian societies had measures to combat different diseases, and had taboos for preventing sexually transmitted diseases. In this setting there were intimate connections between public health, political governance and religious activity. These pre-colonial political, social and medical practices were significantly affected by the question of land. Lwanda argues that these practices emerge as important pillars supporting various socially cohesive constructs, and that these constructs continue to inform indigenous attitudes to Western medicine, particularly in the case of HIV/AIDS (Lwanda 2004). The traditional authorities that were reintroduced on the public arena during Dr. Banda's rule are still considered guardians of land and holds great power in their community (Lwanda 2004), and this have consequences for the HIV/AIDS education in the villages. I will return to this later, for now it sufficient to say that both traditional authorities and traditional medicine is still highly relevant, often representing the only alternative for the poor living in rural Malawi. For example when one of Elisabeth's acquaintances was ill, her husband decided to take her to an African doctor because they did not have the financial liberty to go to the hospital, even if the hospital was

only a fifteen minutes walk away. Edith was worried that the church would find out about it and exclude her friend from church.

New situations like HIV/AIDS are embedded in long-standing structures of meaning (Farmer 1992:9). The HIV/AIDS situation in Malawi can therefore not be analysed in isolation, but as part of a development reaching far both historically and geographically. In the next chapter I will look at the development of understandings of gender and adolescence and how this contributes to the perception of HIV/AIDS in Malawi today.

3. Gender and Adolescence

Gender and sexuality

There is no question that the HIV/AIDS epidemic in Africa today is of great significance. With infection rates of 14% like it is in Malawi, or even more in a few other countries, there can be no doubt that the disease affects large numbers of people. HIV/AIDS situation in Africa is talked about as an epidemic with no parallel in history. In the Western media sexual practices are discussed as the main factor making Africans so vulnerable to the HIV epidemic, and particular attention has been given to the sexual behaviour of prostitutes as they seems to have a higher risk of contracting HIV than other parts of the population (Craddock 2004, Treichler 1991).

> *"Risk, as the prologue to disease, must at all costs be seen as historically situated, structured by institutions, households, and nations, and shaped by an ever shifting and relentlessly demanding global economy. But it must also be recognized that these structures and economies mesh inextricably with the social ideologies and cultural codes of particular times and places."*
> *(Craddock 2000: 164)*

Phillips (2001) and Flikke (2001), has shown that there is continuity between the HIV/AIDS epidemic today and historical experience with earlier epidemics. Paula Treichler writes that the attention given to African sexual practices is a "long-standing obsessions with Western observers of Africa and other "exotic" cultures" (1991:89). The literature and the representations of gender and sexuality in Africa

have been, and still are, complex and full of contradictions. However, the representations seem to reflect the ambiguity of the west just as much as it represents the African. The dichotomies were made between the African/Western or Black/White, and few distinctions were made between Africans of different ethnic backgrounds or nationalities. Literature from the different British colonies is therefore valid to highlight the discursive development in Malawi in matters of sexuality, gender, and in more recent years, HIV/AIDS.

McCulloch has illustrated that the focus on African sexuality is not a new phenomenon, nor a coincidence, but used by the British settlers for their own purpose in what is known as the "Black Peril" discourse. This discourse used notions of race, gender, class, disease and state power to define white men as "civilised" in contrast to the "uncivilised" Africans who were described as hyper-sexual and without the ability to constrain their behaviour. This construction was used to justify extensive control over white women's sexuality as they were models of virtue that needed protection from the dangers of African male's sexuality. At the same time it also reflected tensions between white women and men where women are depicted as immoral to justify a produce of legal restrictions on sexual independence, and this way preventing sexual relations between black men and white women. Women, on the other hand, used the discourse to try to prevent white men from engaging in sexual relations with black women, but no restraints were put on white males' sexual conduct (McCulloch 2000). In the colonial discourse initiated on an epidemic of syphilis in Uganda in 1908, disease was connected with sin and sexuality. The traditional African society was seen as essentially sinful and this was linked with disease. African women were looked at as the principal vessels of the disease, and female sexuality was seen as responsible for the syphilis problem. Female sexuality was seen as a danger to society everywhere, but in Western countries female sexuality was seen as successfully tamed, and only when control with female sexuality was accomplished one would have a civilized society (Vaughan 1991).

Following Vaughan, Signe Arnfred (2004) writes that Africans or African sexuality has been constructed as something "other", something different from what is European/Western. While constructing the African, this construction also contributes to the construction of the European/Western as modern, rational and civilized (Arnfred 2004a: 7). This "other" has ranged from the noble and depraved savage to the more recent portrait of the poor woman who has no opportunity to act on her own will. The Western focus on African sexuality has not declined after the outbreak of HIV/AIDS, a disease which is often associated with risky and often immoral sexual behaviour. On the contrary, as Paul Farmer has pointed out, it has lead to an explosion of a 'blame the victim' discourse, where poor or otherwise marginalised people are said to cause their own problems. Farmer argues in his work from Haiti, that this discourse has been updated from a brutal occupation to the most recent form of "development work". Many working for international organizations locates poverty and suffering within the Haitian people, not looking at the historical processes leading up to the current situation (Farmer: 1992: 249-250). Even though Farmer focuses on Haiti, his argument can be transferred to Africa and the discourse about sexuality and HIV/AIDS. Craddock (2000) writes that within an AIDS narrative women are blamed for their social behaviour and implicit sexual practices.

In contemporary debates and investigation, sexuality in Africa is often centred on illness and violence, and often blaming as well as victimizing women (Arnfred 2004: 59b). She draws this line of thinking back to the 19th century and the colonizing of Africa, and to the Victorian notion of femininity and sexuality, which was closely connected. The African land, as the female body, was at the same time pure and dangerous, and it was the white mans job to explore and control it. The white woman's control of her sexuality was the characteristic of high moral standard and she was to wait passionlessly for her husband to introduce her to the pleasures of marriage. This female passiveness is linked to Christianity, which made sexual

control the most important human virtue, and the virgin female as the symbol of high moral.

Arnfred argues that the colonizing of Africa and the 19th century discourse about sexuality, and perhaps female sexuality in particular, can be responsible for having robbed African women of the control they might have had in pre-colonial time, and that whatever image of the African women has been the dominating one, it has justified "Western efforts to come to their rescue" (Arnfred 2004a:12). Today's Gender and Development discourse is often based on the colonial assumptions of African culture, and is a powerful contributor in the creation of images of the African women, even to African women themselves as many are working in NGOs and governments influenced by western thinking around gender and patriarchy.

While constructing women both as victims and a potential threat to society, men are constructed as unable to control their sexual impulses. As I already mentioned, McCulloch (2000) writes of a British stereotype saying that Africans had excess sexuality. Expressing much of the same Fabian quotes a Hungarian working at the British Museum: "The brightest period of the intellectual life of the negro is between the ages of ten and twelve; after that age he falls into a slough of sensuality" (in Fabian 2000:139). Puberty was seen as the big problem here because it brings sex into their lives and "arrest their development".

The idea of the African male as a person who can not control his sexual impulses is still current in discourses of Africa and African sexuality. In recent times Caldwell has written about "African sexuality" as a unique sexual system characterized by men's high demand for sexual relations with other women than their wives, and women's limited sanctions if engaging in pre-marital or extra-marital sex (Caldwell 2000). Caldwell has been criticized by Arnfred among others, for renewing old stereotypes and prejudice against Africans by interpreting Africa from a Western point of view where sexuality is risk and danger, and female chastity is a virtue (Arnfred 2004a).

The economic aspect of relationships has often been emphasised in reports about, and strategies in the fight against HIV/AIDS. The basis for any relationship seems to be material or economic transactions with the girls at the receiving end. Boys, on the other hand, use their economic and material superiority in exchange for sex. Karen Schifferdecker writes in her dissertation "Poison in the Honey: Gender ideologies, sexual relations, and the risk of HIV among youth in Dar Es Salaam, Tanzania (2000)" that the literature has a tendency to portray women and girls as victims who are "somehow pushed into sexual relationships by economic needs" (Schifferdecker 2000:132). Other reasons like love, lust or desire are not talked about, and very little research has been done on the boys' thoughts about their position. This can easily be seen in connection with the historical discourse of African sexuality. Male sexuality seems to be taken for granted as excessive and uncontrollable without further investigation. The representation of women as forced into relationships was often used in discussions about HIV. I asked a group of girls at school why HIV was spreading, and the answer was "It's because of poverty". When I asked if they could explain this more closely they said that if a girl wants something, like nice clothes or *sobo*[18], but can not afford to by it herself, she can go to a bar where someone maybe offer money or gifts in exchange for sex. A girl can also get involved in relationships, for example with boys at school, hoping the boy will buy gifts for her.

Though poverty and social structures do pose serious obstacles to individuals there is a need to look at individuals as actors who make choices, even if the choices are limited by the structural framework. As I mentioned briefly in the introduction, Jo Helle-Valle has a different approach to the issue of sexuality, both as practice and as a discursive subject. He sees it as contextual, it means different things depending on the situation, and therefore must be analysed as part of communicative contexts. By looking at the historical development of gender roles in Botswana, he finds

[18] Sobo- orange flavoured soft drink

explanations for sexual practices in the present. He shows how young men who travelled to the mines in South Africa to work were exposed to new masculine ideas, and where the seduction of young, unmarried women became one part of it. In turn these ideas changed the sexual practice by personalising it were it earlier had been a matter for the clan. Young deserted mothers with no position, socially or economically, to rectify the wrongdoing of the men was the result of this changed practice. In this new situation girls found ways of handling it by adding the tradition of gift exchange. This led to a transformation of the gender roles where both women and men saw new opportunities based on tradition and change. The strength of the approach Helle-Valle use is that he is able to show females as agents even if their choices are limited. Women seize opportunities presented to them and are not passive bystanders in their own lives.

Machera confronts the perception of sexuality as a private matter, pointing out that institutions like the family, church and school all tries to direct and control sexuality. As a result some sorts of sexual expression are seen and treated as more legitimate than others (Machera 2004:168). Youth in Nkhoma, like youth everywhere, meet different expectations about gender and sexuality. On one side institutions like the family, church and school tries to direct and create the foundation for sexuality. On the other side they receive conflicting impulses from friends, peers, NGOs and the media. Youth have to balance and navigate between these expectations in different, and often conflicting, social contexts.

Traditional gender roles

In Malawi the division of labour is gendered. Some tasks are considered women's work while others are considered men's work. In the household the work is divided between boys and girls, often leaving the girls with a larger part of the workload. These gender defined roles can be traced back to Dr. Banda emphasis on "tradition",

and the special attention he gave to women (Craddock 2000, Forster 1994). In the family I stayed with, Edith, or Ruth if Edith was at work, would prepare breakfast, sweep in the house and do the dishes afterwards. It is also the girls' job to fetch water and wash clothes. Chico, Edith's oldest grand child, would sweep the ground around the house before going to school. This pattern did not seem to be exclusive for this family, and several of the students told me about similar division of work in their households. Female work is more tied to the inside of the house and to the household, and they work more hours in the garden which is the main contributor to the household's sustenance. The alternatives for paid jobs which are open to women either requires higher education, or is limited to house keeping or baby sitting, or commercial sex work (Craddock 2000). In comparison, men's work is to take care of the outside of the house, or take small jobs to supplement the household's income. Men have more employment options, and job development programs have often concentrated on men exclusively (Helitzer-Allen 1994, 24 in Craddock 2000). However, boys will do women's work to help out in the family, but often only if there are no girls around to do it. One of the students told me he did a lot of women's work and that he was used to wash is own clothes for instance. He said it was no shame for a boy to do this kind of work. What was revealed during the conversation was that he did not do it if his sister was around. The distribution of work in the house would depend on the gender constitution of the household. If there were no girls in the household, the boys would do more of women's work. One of the students told me that even if the boys did women's work, like cooking nsima, they would do it in a different way to do it more "manly".

What was "manly" or masculine did not confine itself to the way of doing female's work. The ideal woman is the obedient caretaker; she is a mother and a wife. The ideal man on the other hand is the strong, authoritative and hardworking provider. I was told that it was important for a man to have more status than the woman in a relationship. It was an impossibility for a man to be in a relationship with

a woman with higher education than him because it could lead someone to think that he was not the man in the house. Men were afraid to be regarded as weak. I got an idea of the extent of this fear after driving around with two staff members from the HIV Program, both men. After several hours I said I was starving, and asked if they if they were not hungry too. They said they were, but they could not tell me until I brought up the issue. To admit that they were hungry before I said I was would be a sign of weakness, something which is incompatible with masculine ideas. The connection made between strength and men, and weakness and women can have more serious consequences than just not being able to admit hunger. It speaks of power relations. Henrietta Moore (1986) writes that notions of femininity and masculinity are parts of the cultural discourse. The dominant representation in the gender discourse contributes to a symbolic, but also social placement of individuals within the cultural system (Moore 1986). In *Beyond Inequality* it is argued that the power relations between women and men are often culturally condoned, leading women to accept domestic violence, less access to money as few jobs are available for women, and men's benefits in access to property as normal. This is connected to upbringing, where children are socialized into gender roles from a very young age, shaping the responsibilities for their adult life. Children are taught to respect their elders and, and girls are taught to respect their future husband (Beyond Inequality 2005).

I asked Edith what she thought about domestic violence as I got the impression that it was common, and rarely opposed by the women. She answered right away that it was common and that she knew of a lot of women that were beaten by their husbands. Then she showed me with the help of body language how a woman sits when she is hit by her husband. She explained: "You sit with your head down like this, trying to make your body as small as possible. You look down and you just sit, quiet". She went on to tell me about a friend of hers who used to get beaten by her husband when he had been out drinking beer. Edith said:

"After they had been married for some years and had two children the wife had had enough of being hit. One night when her husband returned after he had been drinking, she got out of bed and went into the living room when he came home. She told him: "tonight we are going to fight. The chairs will be our witnesses, let us fight and be finished with it", and she hit him. At first the husband tried to just ignore her and go to bed, but she would not let him pass. She hit him again and then again, and at last he hit her back. And they fought, they hit each other till they were finished. The day after she did not prepare food for him. When he sat down and tried to take some food off the plate she pushed his hand back and said "this if for me and the children, you can cook your own food". He tried again to take some food, but she said "no", and took the plate away form him. He did not hit her then, but went straight to bed. The next day she did it again, she pushed his hand back from the plate, and she asked him: "are you going to hit me?" He said: "No, I just want to eat." She gave him the food then. After that, when he had been drinking she just looked at him when he came home and asked: "do you want to fight?" The answer was always: "No, no, I just want to sleep". He did not hit her again after they had the fight."

After telling the story Edith looked at me and asked: "Did she do wrong? Are we supposed to obey anything? Even when it is wrong? Are we?"

The example above can illustrate some points. The immediate answer she gave to the question of domestic violence suggests that it was widespread. While her question after telling the story confirms that women are expected to obey their husbands. The question was not whether she should obey or not, but if she had to obey everything, even when it was wrong. But this case can also illustrate that resistance do exist. Again Helle-Valle's focus on actors can be useful in highlighting female agency within the structures of gender expectations.

Traditional gender roles and sexuality

"In this country boys will pick five, choose three, marry one"

I was told that the quote above was a common phrase to sum up boys relations to sexuality. I heard it from one of the staff members at the HIV/AIDS Program when discussing sexual norms and practices. In the light of the discussion above, and the example Helle-Valle presents from Botswana, one can argue that this phrase is an outcome of modernization. Malawian men had a long history as migrant workers in the South African mines during the colonial days and during the rule of Dr. Banda. One can assume that this work migration exposed them to new masculine ideas and exposed them to more likelihood for utilizing commercial sex workers while being away from their wives for months at a time (Craddock 2000). Lwanda adds the traditionalists as part of this sexual development. They saw loss of traditional control over women as a contributing factor to their increased sexuality. After the outbreak of HIV/AIDS the elite looked to traditional culture, actual or remembered, and found that adultery in pre-colonial Malawi was severely punished (Lwanda 2004).

When it comes to sexuality, boys are expected to know more about sex than girls, and they are not met with the same moral judgement as girls are when it comes to pre-marital sex. There are more negative attitudes toward female sexuality than the sexuality of boys. A youth congress held in 2005 illustrated how Malawian youth grasped these expectations. Men are supposed to be active, have more than one sex partner, prove their manhood, dominate their women, and be adventurous and take risks, and use drugs and alcohol like real men. Women, on the other hand, are expected to know little or nothing about sex, wait for the right one and be faithful to him, and show that they are good mothers. In addition to this women are suppose to have little control over their sex lives and go far in order to please their man. This

makes it difficult for women to negotiate safer sex and to influence their men to change their behaviour. Traditional gender roles are widely supported and are a major barrier in the advancement of women (Youth Congress Report- North 2005). When I talked to some of the girls at school about relationships and expectations they had, one girl in form 4, Grace, said she would wait with sex until she was married. Pre-marital sex is a sin. She would wait for the right one and be faithful to him. I asked if the same applies for men, if she would expect a boy to wait for the right one and be faithful to her. She said: “No, you can never trust your husband”.

As everywhere, in Malawi too there is a difference between expectations, ideal behaviour and reality. One day when I was on my way back to school after meeting Edith for lunch, Naomi, one of the students, stood outside her uncle’s house looking rather apprehensive. When I asked her what the matter was, she told me she was waiting for her aunt because she needed to clarify some things with her. Naomi told me that she had made a joke about being pregnant, and now she was afraid her “not very smart” cousin had told it to the boy she had said was the father. She told me that the reason for telling the joke was that a boy she liked, the “father”, had turned her down, and she had been very upset about it. The night before she had been lying on the bed crying when her cousin had asked her what was the matter. She had not wanted to tell her, so she had told the joke about being pregnant instead. Now she was sick with worry about getting a bad reputation and getting kicked out of school if she could not clear up the misunderstanding.

This is an example of a female initiative to get involved in a relationship, and that this wish does not have to be connected with the need of money. Naomi’s family did far better than average economically, something which was visible in the way she dressed and the stories she told about places she had been to. When travelling to other cities, Naomi and her family had stayed in hotels, something poor Malawian girls can not afford. The example also shows that men can have reasons to say no, even if I do not know what the reasons were in this situation. More important however, the

example reveals that some cultural norms about female behaviour were broken. Naomi's fear of getting a bad reputation and getting kicked out of school as a result of this, indicates something about her understanding of how a decent girl is supposed to act. If the norms are similar to the expectations expressed in the Youth Report, the break between her actions and actions which are culturally acceptable is clear.

Cultural practices which can be found in parts of the country do moderate the picture of the ideal girls as ignorant of sex. When Naomi and a couple of other girls were discussing HIV transmission, on my request, cultural practices was mentioned as a mode of transmission. One of the practices mentioned was *Fisi*, or *hyena*, the practice where a girl's transition into adulthood is marked by a sexual intercourse with an older man from the village. Other practices were different initiation rites where girls learn about sexuality from older women through songs and dances. While I stayed in Lilongwe I had heard a similar story from a man who worked for a community organization in the southern region. He told me that these initiation rites worked as camps where girls learn, among other things, how to please their future husbands. At the end of the learning period, they should prove their knowledge by finding a boy or man and have sex with him. They were all careful to point out regional and ethnic boundaries in the prevalence of these practices. The *fisi* ritual for instance was a Chewa practice, but most common in the southern region. In the book *Beyond Inequality* (2005) this traditional way of socialisation girls are linked to reinforcement of the submission of women. This is because the girls during these ceremonies are taught how to behave and present themselves in society, they learn to respect their "elders" and how to please their future husband. They also learn that assertiveness is seen as deviant behaviour.

James, a student who was from a village between Nkhoma and Lilongwe, said he knew of girls in his home village that had been through the *fisi* initiation rite, and as he put it: "came out as women afterwards". Yet, initiation rites are not exclusively for girls. James also told me that his brothers had participated in boys' initiation rites.

This rite was mainly an educational process, where one, among other things, learned about the responsibilities of manhood. There was also a symbolic sacrifice of a chicken which afterwards was cooked over fire. Some of the ashes were spread onto the chicken before it was eaten. After the initiation rite, every time a man eats chicken, he should think back to the initiation ceremony, and he is reminded of his place in society. James himself had not taken part of this rite, he saw it as unnecessary as he went to school and learned what he needed there. He did not see his Christian faith as problematic for participation in these rites, but it made them more of a choice then a necessity.

Dealing with traditional gender roles seemed to be a problematic issue for the Nkhoma Community HIV/AIDS Program. They supported the gender hierarchy found in the traditional culture, as this is compatible with Christian virtues. A man is the head of the house and the woman should obey her husbands in whatever decision he makes. At the same time they recognized that a woman can suffer from her subordinate position if she ends up in the house of a bad man. Their women, gender, and human rights department wished to improve women's position within the framework of Christian family values.

During the family weekend for the HIV/AIDS Program's staff, the spouses of the staff members were invited to get a brief introduction to the Program's segments. Everybody that was interested in learning more about the Program gathered round a table. The presentations were in Chichewa, but I had parts of it translated by Mr. Maluwa, the husband of the Women, Gender and Human Rights co-ordinator. Mrs. Maluwa started her introduction by asking if anyone knew the difference between gender and sex. She explained that sex refers to the biological characteristics of women and men, while gender refers to the social aspects of being a man or a woman, it is about upbringing and expectations. From there she went on to explain how Women rights are consistent with Christianity: "It's all about love". Men, as the head of the house, should have the best interests of the family in mind, and abuse or

negligence is rarely what is best for the family. This gave him the freedom to help with women's work if he wanted to out of love for his wife, this in turn could create more understanding between the spouses and bring about harmony in the relationship.

Later that week, when the actual planning had started, I was told that the participation of girls was a distinct challenge to the program. Girls' participation in different organized activities is more limited than boys. Parents or caretakers had to be well informed, and feel safe that their girls were taken good care of before they would let them join youth clubs or other after school activities. The leader of the Programs resource centre had noted a decline in the number of girls and saw this in connection with the lack of a female leader. Previously they had had one, but after she quit the number of girls had sunken drastically. I saw only three of four girls there for the whole period I was there. Girls-only activities was suggested to solve this problem, as it would at the same time serve the interest of the Program, and maintain the feeling of safety for the parents.

The perception of gender roles seemed to be a mix of Christianity and traditional culture. Female subordination was portrayed as the norm for both traditional culture and Christianity, and cultural practices like *fisi* persisted even if the majority of the population saw themselves as Christians. Heike Becker (2004) writes of similar experiences from Namibia. She writes that despite the major impact of Christianity on culture and history, and despite that the majority calls themselves Christian, it is not the only determining factor for gender and sexual identities.

Gender in the school system

Lower level, higher level drop out rates

At present there is no gap between boys and girls in primary school enrolment. The drop out rates in lower grades is due to problems that affect both boys and girls, such as relevance of the curriculum and poverty. In secondary education and beyond the differences between the sexes become more evident. In Nkhoma there was a marked difference in the boy-girl- ratio from form one to form four. In the form ones and form twos there seemed to be as many boys as girls. But in form 3 and form 4 in particular the balance was tipped and more boys than girls were in class. This observation is typical for the rest of the country as well according to research done by Statistics Norway (Statistisk Sentralbyrå- SSB). On country basis 49% of girls between 15 to 18 years old attend school, while the numbers for boys in the same age group is 59%.

More than one in three girls who dropped out of school did so because their work was needed in the household. Other explanations are pregnancy, childbirth and marriage (SSB and Ministry of Education). In the contexts of HIV/AIDS gender inequality become more severe as girls drop out to care for sick relatives.

Malawi officials are aware of the gender imbalance in the school system, and some measure is taken to improve the percentage of girls in secondary education. The Ministry of Education has as an objective to “promote the participation and retention of girls and other disadvantaged social and economic groups”. As a step in order to achieve this they have carried out a re-entry policy. This policy is meant to enable girls who have dropped because of pregnancy to go back to school and finish their secondary education (Ministry of Education website). At secondary level the likelihood of dropping out increases for the low-income families as better clothing

and more stationary is required. In many cases secondary level also mean longer distances to the nearest school. This is a disadvantage to the girls in particular as they can be forced into unwanted relationships with men because of lack of boarding facilities for girls (beyond inequality 2005:22).

When the schools debate club discussed how the government should deal with education opportunities they suggested an increase of girls-only boarding schools as a way to improve the conditions for girls' education. The argument was that girls-only schools will eliminate the dangers of mixed schools and improve the number of girls in the education system. More girls in school would also create role models which make it easier for girls and their caretakers, especially in the villages, to see the use of education.

These changes suggested in the official framework are not enough to enhance the number of girls in the school system. They face challenges not only within the school system, but in the family, the community, and in the school setting where sexual harassment from male teachers towards female pupils are often heard of.

Challenges for adolescent girls

As already mentioned, many girls drop out because their work is need at home. Both boys and girls can be withdrawn from school, but it is particularly affecting girls as they have more responsibility at home. Parents sometimes find it necessary to take their girls out of school in fear of early pregnancy and encourage them to marry early to avoid shame. Pregnancy among school girls are often related to poverty as they seek material support from boyfriends or teachers which they are not able to get from their parents (*Beyond Inequality* 2005). The girls can seek relationships in hope of financial support, but the phenomenon of "sugar daddies" is an increasingly common as well, according to the leader of the HIV/AIDS program's resource centre. The term "sugar daddy" is used to describe older men who give money or gifts to girls in exchange for sex. The school girls are increasingly targeted by these men both

because they are young and because they often are in need of ways to finance their education (Craddock 2000). This phenomenon was not unheard of by the girls at school either, during the talk I had with some of the girls about relationships and gender differences, Grace told me that one of her friends had been offered money for sex.

Another challenge for adolescent girls is negative attitudes toward education in the local community. Education is seen as a waste of time and marriage as a lot more important. The headmaster of Chigodi community day school, not far from Nkhoma, told me that a lot of girls at his school dropped out before finishing their education because they, or their parents, did not see the use of girls getting an education. Marriage was seen as much more important. When he told me this, we were standing outside the school waiting for my ride back to Nkhoma, and a young girl walked by. This girl carried a baby on her back and a small child walked right behind her. The headmaster pointed at her and said “do you see that girl? She is one of my former students, she dropped out because her parents wanted her to get married. She never finished secondary school, now she has two children”. This can be seen in connection with the ideal of a Malawian girl, where being a good mother and wife is her most important virtue. But it was explained as connected to economic reasons as well. Parents want their daughters to marry early as they hope to get off the economic responsibility for her. Once a girl is married she is the responsibility of her husband. As Susan Craddock notes, for poor women in particular, this inscription of gender can lead to a denial of economic or educational opportunities (Craddock 2000).

If a girl drops out of school because of pregnancy, returning to school can be difficult. The parents can be reluctant to send their girls back to school after having a baby in fear that she will get pregnant again (beyond inequality 2005). Ruth, the 18 year old neighbour that helped me out around the house when Edith was at work was afraid to go back to school after giving birth to her son because she thought people would laugh at her. Edith was ambiguous in her view of school. She expressed the

importance of school and was glad she had been able to give all of her children the opportunity to finish their primary education. At the same time she saw school as a place where the girls could start "*playing with boys*", but this depended on what kind of girl you were. A good girl who is at school to learn will be ok, another will end up with a baby to take care of. Her opinion was that if young girls like Ruth decided to go back to school they should be very conscious of what they were doing there, school is for learning. But if the girl was prepared to work hard to finish her education, she was strongly supporting it. Edith was member of the Synod's Women's Guild, were one of their activities was to go into villages and try to motivate teenage mothers to go back to school.

The last challenge I want to bring up is sexual harassment from male teachers towards female students. A student in Nkhoma told me that he had seen one of his fellow students at a teacher's house, and when asked what she was doing there she could not give a good answer. The student who told me this insinuated that the relationship between the girl and the teacher had a sexual character because there was no other good explanation to what she was doing there. When I got home I told this to a friend of mine who came over to visit, he was not surprised at all and said it was common especially during examination periods. The example above is not unique, but rather common in Malawi (*Beyond Inequality 2005, Strategic Plan* 2005). Female students who do not comply with their teachers are punished. In cases of school girls getting impregnated by their teachers the matter, if dealt with at all, is dealt with at school level, not by educational authorities (*Beyond Inequality* 2005).

Some parents see school as a potential threat to the girl's health. They fear that school can be a potential source of HIV-infection. And they are supported by statistics that says girl with secondary education or higher are more likely to be HIV-infected than girls with little or no education (Ministry of Education, *Strategic Plan*). The special challenges adolescent girls face compared to adolescent boys are linked to the subordinate position of women to men, and student to teachers, and leave them

vulnerable to HIV infection in school as well as outside. School policies can in their effort to socialize the students contribute to the maintenance of the gender hierarchy.

School policies and gender.

Schools in Malawi exist within a cultural and political framework. A national curriculum is established, and the Ministry of Education implements policies to reduce the gender differences according to education. However, since schools in Malawi depend on local resources (Lwanda 2004), and because there are great differences in access to material and human resources, I will assume that there are great variations between schools in how they implement and carry through gender policies. The Nkhoma Community Day Secondary school was called a mission school, because of the influence from the Mission. The school used the assembly to promote their Christian values, where among other things relationships between male and female students were discouraged by the teachers. The example where Naomi is afraid she will be kicked out of school if she gets a bad reputation should be enough to demonstrate this point. The girls' hostel and the boys' hostel were on opposite sides of the school yard to secure sufficient distance. When coming to school the girls would not pass the boys hostel because that would be associated with questionable behaviour. The boys however, could pass the girls hostel, but would not go too close. One time the school arranged a disco for the students. This was held in the middle of the day on a Saturday, to have a disco in the evening was out of the question because it was more difficult to control the students' behaviour in the dark. As the teacher informing the students at the assembly said: "the disco is held in the day, in the evening there will be no disco, this is a school disco, it is not a night club". By contrasting the school disco to a night club I think he was referring to the notion that night clubs is a place where you go with your boyfriend or to meet someone. Decent Malawian girls do not go to night clubs alone. The school disco, on the other hand,

was a place where you could go to dance and meet your friends, but not to get involved in a relationship. Mbugua (2004) writes from Kenya that frequenting discos are associated with sexual activity. And I think the teacher tried to make the distinction clear. As already mentioned, the school as an institution, will try to control or influence the behaviour of their students (Machera 2004). The school's dress code made clear distinctions between boys and girls. The girls wore skirts and blouses which covered their knees and shoulders, and they should wear a petticoat. The girls' outfits would limit their movement too as they would have to move properly and sit properly, like women are supposed to in order to act decent. I noticed this because I found it difficult to "sit properly", a phrase I heard many times. This school based their attempt at influencing the sexual behaviour of their students on the Christian virtue of chastity.

Teachers are undisputed authorities, and the pupils have limited opportunities to oppose unfair or unethical treatment from the teachers. The subordinate position of the students can be traced back to Dr. Banda's regime. He wanted education to be based on good African values, in contrast to what he saw as Western "permissiveness". The young were to respect their parents, the elders, and the chief, and education was a supplement to the parents training of character. In the school system "good behaviour" is still seen as a prerequisite for continued participation in the educational institutions (Forster 1994). One of the girls was expelled from school because of what was termed "unruly behaviour". The content of this phrase was unclear for the expelled student and her friends, and she claimed she did not get a proper explanation when she tried to ask the headmistress.

The pupils' inferiority to their teachers was visible in the way they address their teachers, and in the pupils' body language. When going into the staffroom, the girls would kneel in front of the teacher's desk. The boys would not necessarily kneel, but stand with their heads down, hands between their knees. This power inequality can be misused by the teachers without running a great risk of sanctions. Lack of qualified

teachers makes it unlikely for a teacher to loose his or her job, and this leaves especially girls in a vulnerable position. According to the Ministry of Education's Strategic Plan, teachers ask to be transferred when a female learner get pregnant and/or infected with HIV (Strategic Plan 2005).

The gendered epidemic

> *"We're actually looking at young women becoming almost an endangered species in Africa due to this epidemic." (UNAIDS Deputy Director Kathleen Cravero[19])*

Susan Craddock (2000) points out that the lack of attention given to the social context in which HIV is transmitted, and were particular identities become vulnerable to the epidemic. Diseases are cultural products which is located in the relationship between historical contingencies, institutions and power relations. Identity formations and the cultural framing of disease, and the production of bodies at risk are important in determining the disease risk.

Vulnerability is a key phrase in newer research in both the Western social sciences and in HIV/AIDS research. This phrase take the structural, institutional, and cultural contexts of sexual relationships into account when trying to explain why people remain personally vulnerable even if they have knowledge of HIV/AIDS and its prevention measures (Akeroyd 2004). The term vulnerability tries to avoid the association between 'risk' and 'guilt' which was a consequence of the focus on risk groups.

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[19] http://www.un.org/ecosocdev/geninfo/afrec/vol18no3/183women_aids.htm

Women are seen as one of the vulnerable identities in Malawi. According to NAC girls between the ages 14 to 24 are more exposed to the HIV infection than their male peers. In 2001 almost 70 percent of the new infections in this age group were girls (Strategic Plan). Both biological, social and cultural circumstances contribute to make girls more vulnerable to the HIV infection than boys. Biologically the female body is more susceptible to the virus. This is particularly true to young women whose bodies are still developing. And as we saw above, a lot of cultural and social features influence men and women's positions in the HIV/AIDS pandemic. The different expectations to men and women, and men's economic domination make it difficult for women to be fully in charge of their own bodies and negotiate for safer sexual practices. This does not mean that women do not choose, but their choices are more limited within the cultural framework than those that are open to men. The term vulnerability aims at sensitivity to these differences.

The differences between 'risk' and 'vulnerability' illustrate the effects discourses can have on social relations. Craddock argues that the production of social identities, which happened through a focus on risk groups, had the consequence of producing the AIDS body in Malawi largely as female, making women more vulnerable in the process. The association between prostitutes, promiscuity and risk extends to women in general, and contribute to the blame of women for the HIV epidemic (Craddock 2000).

I got a notion of this way of blaming women when, at the end of my fieldwork, one of the male students, one that I had talked to almost every day, revealed that he had a child. The night before Edith and I had talked about teenage mothers and about how many men there is who do not to take responsibilities for their children, much like Ruth's story. The next morning while going to school I asked this student if he could explain to me why men can know that they have a child, and then pretend to forget about it. His reaction was very strange, he looked bewildered and he started to stutter "w-w-what? W-w-hy a-are you a-asking?" so I asked him, first as a joke, if he

had a child. Again his reaction was peculiar, so I asked him again seriously, and he said yes. After school we continued our conversation and he told me he was not seeing the girl anymore, but she would come around to his mother's house with the child sometimes. He wanted to finish his education, and a girlfriend or a child would take up too much of his time. As it were he did not even know for sure if he was the father of the child. When I asked why he did not believe he was the father he answer "well, you know what girls are like".

The phrases like "you know what girls are like" or "women can not be trusted" implied a placing of guilt for "immoral" sexual behaviour, and HIV/AIDS as an extension of this, on females. In a survey question of Malawian adults, a majority of respondents agreed with the statement that 'if girls would just say no there would be no problem of HIV/AIDS among youth' (UNICEF 1994, 8, in Craddock 2000:161). In the computer room at school there was a poster of a girl making a rejecting gesture towards three boys who are obviously striving to get her attention. The poster, speaking for the girl, said something like "Before, I used to have sex instead of focusing on my studies, now I have changed my mind: Sex can wait, my future can not!"

The high rates of HIV infection among young girls only serves as proof for the association between identity and HIV status, rather as a background for investigation into the causes of these associations (Craddock 2000).

Girls, as the imaginary one in the poster, are often left with the responsibility to say no to sex. Another example, this one from a poster too, involves "sugar daddies". This poster had an illustration of a girl in a school uniform. Walking towards her from his fancy car was a grown up man with money in his hand. This poster says: "Say no to Sugar Daddies". Again the responsibility to say no are placed with the girl. Yet, their social position can make it difficult to take these precautions, or negotiating safe sex if they are involved in a relationship.

The HIV/AIDS program recognized female-headed and child-headed households as particularly vulnerable to HIV infection. That female-headed households were seen as more vulnerable has to be seen in context with women's position in the community compared to men's, and women's limited access to incomes outside the fields of housemaids or child sitter, or prostitution. A strategy to deal with this problem was to involve these women in income-generating-activities. Projects of mushroom production were started in one village in an effort to provide some of these women with a livelihood which made them self-reliant. The strategy for improving the situation for child-headed households was much the same. Self-reliance, at least for the oldest children were important. They tried to find guardians for the youngest children so they could remain in their local community. I was told that this was not necessarily an assurance of the well being of the child, but it was the better option compared to leaving the child alone, or to place the children in an institution. Caroline, the program's nurse and one of the HBC co-ordinators, told me that many guardians come to the clinic to test the children, and if they are positive many of them are ill treated. The program was therefore reluctant to test orphans. In addition to the attempt to secure the basic needs of these children, school fees and equipment were paid as a long term investment in the future of the child. A view the HIV/AIDS program shared with several others national and international organizations.

Education is believed to be the best prevention strategy for fighting the HIV/AIDS epidemic, especially for girls. Njeri Mbugua points out that education improve the quality of women's lives, as education gives them the tool to empower themselves socially, economically, psychologically, and health wise (Mbugua 2004: 105).

The next chapter will look at the HIV prevention strategies represented in Malawi, and were HIV/AIDS education in school is becoming an important strategy.

4. HIV/AIDS Prevention

The HIV/AIDS prevention strategies in Southern Africa has been dominated by international NGO's like the WHO, UNAIDS and USAID, and the official line of AIDS messages can be summarised as the ABC approach: the abbreviation for Abstinence, Be faithful, and Condomise (Heald 2002).

In Lilongwe, on the main road from "Old Town" to the City Centre there was a huge billboard of President Dr. Bingu wa Mutharika. This billboard is a statement from the President on the HIV/AIDS situation in Malawi. Summed up it says that in these times of HIV/AIDS, the three measures that helps in the fight against the disease are "abstinence, abstinence, abstinence". The President's statement is quite the opposite of the focus in many Western research communities where the message is "condomise, condomise, condomise"[20].

My reason for including the above is because I see it as symptomatic for a lot of the HIV/AIDS prevention campaigns launched in Malawi and the rest of Sub-Sahara Africa. It indicates a focus on individual behaviour, or behaviour change, and individual responsibility rather than larger contextual factors that can bring about risk situations, or make people vulnerable to the HIV infection. Most HIV/AIDS prevention programs, either national or international, are designed according to models of individual risk and focus on behavioural change regardless of social or economic context.

Early in the epidemic, biomedical studies focused on the sexual practice of "risk groups" such as truck drivers and prostitutes. A consequence of this emphasis on risk groups is that prevention strategies has been limited to education, based on the

[20] Private correspondence with Rune Flikke November 2007

implication that knowledge of AIDS is enough to change behaviour. It has also led to the notion that people outside these groups are not in danger of catching the disease. Yet the sexual behaviour in these studies are often devoid of socioeconomic context, such as what makes girls go into prostitution, and are insensitive to culturally specific definition of “prostitution”. A foundation for many of these studies is that the Western centric norms of sex as confined to marriage do or should pertain in different regions in Africa (Craddock 2000 and 2004).

An early focus in the prevention policy has been the stress on commercial sex and the use of condoms, Malawi was no exception. Condoms have been made available since the beginning of the AIDS prevention programme in 1988 (Chirwa 1998 in Craddock 2000, Lwanda 2004). This strategy has been adopted from Western HIV programmes. It was originally developed for populations that stressed recreational sex, and not procreational sex which is more valued in most of Africa. The condom approach has therefore had limited success (Heald 2005). Caldwell (2000) still advocates the “condom approach” with reference to the success it has had in Thailand. There, as in Africa, HIV transmission is predominantly heterosexual. Much of the transmissions took place in brothels. Changes came about because of increased media attention to the epidemic, and the work of the government. Health inspectors threatened brothel owners with the police if it was discovered that prostitution took place without condoms. As a result of this, more clients used condoms and fewer men visited these places. Caldwell argues that the way to reduce the number of infections in Africa is to make sure that both commercial sexual relationships, and adolescent who get involved in pre-marital sex use condoms. He further argues that to enhance the chance of succeeding with this strategy, motivated activity from national governments is needed. The above measures are most likely to succeed if, first of all, they are accompanied by continued AIDS education. This education should focus on the use of condoms and the horror of unnecessary death. Secondly, if there is an efficient system of condom distribution and some of this

distribution allows the recipients to remain anonymous. And at last there should be a greater provision for STD treatment, so as to reduce the role of cofactors in HIV transmission (Caldwell 2000).

As the poster of the President implies, Caldwell's one-dimensional focus on condoms for risk groups and sexually active adolescent, is not an applied or wanted strategy in Malawi anymore. Condoms were still part of the HIV/AIDS campaigns, but usually in connection with other methods, which makes out the already mentioned ABC prevention method[21].

The ABC campaign has its origin in Botswana, were it was introduced in 1988. As the condom campaigns, it was developed in the West and introduced in Africa on the grounds of presumed universal relevance (Heald 2002). I did get the impression that the ABC in many cases seemed to indicate a hierarchic relationship where the A is the most desired, followed by B, and finally C. The A, B, and Cs were emphasized differently according to the different campaigns and its donors. Some NGO's like the Nkhoma Synod's HIV/AIDS Program did not want to inform about condoms at all, but could allow it in a marriage if one part was HIV positive and the other HIV negative in order to spare the uninfected from the disease. Distribution and information about condoms are, because of the church's moral conviction, not part of their strategies in the fight against HIV. It is believed that if the one of the church's organization inform about condoms this will be interpreted as an acceptance from the church to have pre-marital or extra-marital sex.

The "condom strategy" was not well received in a "traditional" setting either. It was interpreted as forced family planning, giving associations to deprivation of pleasure, and promiscuous behaviour (Lwanda 2004). When reading Susanne Klausen (1997) it becomes clear that family planning has a 'bad' history in Africa which dates back to the colonial period. Eugenics were used to explain and defend

[21] In at least one case I saw the ABC followed by a D, the D being the abbreviation for Death.

the whites ‘superiority’ over blacks, the upper classes over the lower classes, and males over females. The future and the health of the white race, and its continued superiority, was to be secured through careful family planning. This was expressed through two separate discourses; one of motherhood, and the other of feeblemindedness. In regards to motherhood, the attention was on the upper classes. The women of these levels of the social hierarchy had an obligation toward the state to produce as many healthy children as possible. This was to protect the state from the degeneration caused by the poor whites. The poor whites, on the other hand, were tied to the discourse of feeblemindedness. This social class was interpreted in biological and medical terms. The medical practitioners believed that a lineament, not social inequality, caused the position of the poor whites. Many characteristics, for instance bad hygiene, were believed to contribute to this position, but it manifested itself particularly in feeblemindedness. This was seen as hereditary and should therefore be stopped by not letting the ‘feebleminded’ reproduce. The background for both these discourses was however racism. The fear was that poor white would cause a threat to the white race as a whole. A growing fear of miscegenation and intermarriage between blacks and whites turned the discourse toward maintaining the domination over the black majority. What started as a focus on white reproduction through discourses of feeblemindedness and motherhood, turned in the late 1920s to a eugenic discourse on blacks. This shift followed the white panic over the ‘Black Peril’ (cf. Gender and Sexuality) and a growing fear of the numerically superior blacks (Klausen 1997).

Today’s interpretation of condoms as a family planning plot needs to be seen on this background. Amy Kaler (2004) elaborates the negative interpretation of condoms as population control, and links it to the lack of trust in the government and international organizations. Family planning programs are often viewed with suspicions about intended stop in the population growth as a new way to control people. This control was associated with white people who was tired of poor people

asking for aid, and the government and their helpers, including local health care providers, was seen as doing the job for the whites.

The students that I talked to did not express thoughts about family planning plots, but condoms were of great interest to some of them anyway, and were discussed when the issue was brought up. They were divided in their view of the safety, and the morality in regards to condoms as an HIV prevention method. Others again did not mention it as a prevention method at all, and among them was Georgy. He said he could not think of any prevention method except from abstinence. This can be because he had learned about HIV in church, and they do not inform about condoms, or they speak against it. Another explanation can be that he was shy to tell me what he knew. Many times when I told the students what I was doing in Malawi, that I wanted to learn more about youth and HIV/AIDS, I was asked about the safety of condoms. The question was often whether it was true that condoms had tiny holes in them which can make the HIV virus pass from one body to the other. Other questions were related to the origin of the virus, whether it originated from apes or if it came from abroad. A couple of the students said the church did right not to inform about condom because it can be used as a justification of immoral behaviour. One evening after school, I was walked home by two students that I did not know, and again I was asked what I did in Malawi. When I told them the conversation turned in the direction of HIV/AIDS. The boys could not agree to whether the condom producers were contributing to the epidemic by encouraging people to have sex, or if they offered a safe way to those who would get involved in illegitimate sex anyway. Another time, when I asked a man working for one of the Synod's organizations about his view on condoms, he answered that he thought that condoms did not work. He said that he had heard that condoms could protect people from getting HIV, but he would not promote it because as condom is human made and therefore not fool proof. Only if they were made by God you could know for sure that they were safe. Now, since they are not made by God, you can not be sure that there are no holes in them

where the virus can get through. The only way to be sure that you are safe from HIV infection is by abstaining from sex.

Independent on which letter is stressed, what has continued with the ABC prevention method is the emphasis on individual behaviour devoid of socioeconomic or cultural context.

In 2005 the National AIDS Commission wrote that several prevention methods are known to the Malawian population. The knowledge was however dependent on a number of issues like place of residence, age, gender, and education. Young rural men and women with little or no education were less likely to know of the different prevention strategies than their urban counterparts (HIV/AIDS Research Strategy for Malawi).

Several years into the HIV epidemic, there was an acknowledgement that most prevention campaigns had not been very successful, and new approaches were needed. New official strategies have all been framed in internationally acceptable formulations, such as multi-sectoral, integrated and so on (Heald 2002). HIV education in school had been an election campaign issue in 2004 (Patterson 2006), and the reason for targeting school children is not arbitrary. The next part will look closer on the effort of HIV prevention in school

The school as arena for HIV/AIDS education

> *Schools can provide the best defence against HIV infection. They offer the best mechanism to deliver HIV prevention information, as well as the long term educational and social skills that protect against infection. With knowledge so critical in the fight against HIV and AIDS, the best defence against the epidemic is keeping vulnerable young people, especially girls, in school (Carol*

Bellamy, Executive Director of UNICEF, February 2004, quoted in MoEST Strategic Plan 2005-2008:15).

In this part I will first establish the background for education in Malawi, and the background for the HIV/AIDS education in school. From there I will go on to describe why the nice words and the ambitious goals at the Lilongwe office were not fully carried through in Nkhoma. I am also concerned about the factors that influence the students' perception and opinion on the subject, and this information will later be linked to general perceptions about the HIV, gender and sexuality in Malawi. Moreover, I am concerned about alternative arenas for HIV/AIDS discourse in the school setting, and the assembly will be the focus of my attention in this case. This is interesting because the teachers, in this setting, were free to bring up the issues they were most concerned about, whereas the Life Skills lessons was based on a national curriculum. At last I look at the extra curricular activities, which is also an arena for HIV/AIDS education. These activities are emphasized by various organizations like ACEM and UNICEF.

Education has not been easy to access for most Malawians. Free primary education was not introduced until 1994. This made it more accessible, but it has also led to an increased pressure on the education sector (Ministry of Education website). The lack of human resources, which the whole country suffers from, does nothing to ease the pressure on this sector. Lwanda (2004) says that primary education was and is dominated by traditional village culture, and the free primary education has compounded this dynamic. This is because the inadequate resources have made primary schools more "dependent" on local resources and culture (Lwanda 2004:33). In 2006 about sixty percent of the schools in Malawi were still run by churches (personal correspondence with the Norwegian Church Aid, Lilongwe, January 2006).

The Nkhoma Community Day Secondary School (Nkhoma C.D.S.S) was one of two secondary schools inside the Nkhoma mission, and it was said to be a mix

between a public and a mission school. The school is built on the Synods ground, and this gave the Synod some influence in how it was run, and secured a Christian focus. Students from the Synod's theological college were invited or appointed to give sermons during the assembly to give the students some spiritual food and guidance. This relationship between the two institutions gave the students some benefits compared to nearby schools, such as Chigodi which was a public school, because of the materials the Synod could provide through donations from related churches in Europe[22].

School children are targeted in the anti-HIV/AIDS campaigns because they are mainly uninfected and possible to guide in the wanted, HIV free direction (Strategic Plan). It is desired that children get the correct knowledge of HIV/AIDS and how to avoid it before they become sexually active and develop harmful sexual practices.

Life Skills Education is the subject dealing with HIV/AIDS in school, and the objective is to make an impact in the everyday life of each student. The subject was initiated by UNICEF and introduced in the Malawian curriculum in 1999. Experience had shown that knowledge alone did not do much to change practices. A broader approach was therefore needed. This new approach would focus on real-life situations and challenges for young people, and equip the student with the skills needed to do informed choices about their health (Personal correspondence with Mrs. Chirwa at UNICEF, Lilongwe, February 2006). The life skills teaching material was developed for each form, which was meant to do it age appropriate, and the teaching and learning methods involved active participation from the students. The curriculum addressed topics like adolescence, poverty, cultural practices, peer pressure, and other demands young people and society face.

Life skills were not thought in school to the extent wanted by the Ministry of Education. The Strategic Plan (2005) explains that teachers can be uncomfortable teaching HIV and AIDS and sexual elements in the curriculum because of cultural

[22] Examples of donated materials; four computers, and English text books developed for German or Dutch children.

barriers and lack of training, which make it difficult to teach. My experience was that the teachers in Nkhoma downgraded the subject and focused on examination subjects instead. The already heavy work load and the limited number of staff made it difficult to give priority to a non-examination subject. Nkhoma Secondary School had thirteen teachers divided on eight classes during the day, in addition they shared the responsibility for one evening class. Some of the staff members were not fully educated and worked on their degrees or diplomas while teaching. As a consequence of this five of the teachers left school for three weeks in the middle of term to work on their own education. One of the teachers was sent for further training in Life Skills, but there was only a slight increase in the number of lessons taught when he returned. With five of the teachers gone, eight teachers were left with the responsibility to teach eight classes. In this context one can easily understand why examination subjects had higher priority than Life Skills which is not an examination subject. One of the teachers, Mr. Watimaro, said it would be more useful to integrate the issue of HIV/AIDS in other subjects if it was necessary to learn about it at all in secondary school. His opinion was that it was more relevant in primary school. By the time they are in secondary school they should already have knowledge of HIV/AIDS, in addition the student had more than enough on their hands with their examination subjects.

According to the time table each form was supposed to have Life Skills lessons once a week, this did not happen. During my stay I did not observed more than one or two lessons in each form. This included the small increase I could observe when there was a rumour going that the Ministry of Education would perform surprise inspections to make sure the subject was taught.

Cultural barriers to the Life Skills education were not just a problem for the teachers. Students could be uncomfortable learning it too. One male student told me he would never have attended the life skills lesson if it had not been compulsory. He said: “There are some bad words already at the first page”. Looking at the page all I

could imagine to be the word he referred to was “sexuality”. He did not feel that school was the right place to learn about sexuality. In another life skills lesson the students should learn about the importance of assertiveness and self esteem. They got an exercise from the teacher where they should range different statements after how important they were to youth in order to live a good life. One of the statements said something about self-esteem as important in decision-making. To my surprise the class was divided on the issue. After the lesson I learnt that some of the students thought high self-esteem was seen as a bad thing because it meant you did not listen to other people. One student elaborated. “High self-esteem means that you do not listen to advice from other people, like your parents for instance. It means you are selfish and think of yourself instead of others”. He continued with saying that respect for your parents were important in Malawi. For some of the students this lesson contradicted what was seen as traditional values.

The participation from the students which characterized the Life Skills lessons gave me some insights to cultural aspects which influence the students in their every day life. Forster (1994) connects both the emphasis on respect for the parents, and gender relations to the era of Dr.Banda and the recovery of traditional authorities such as parents over their children, and men over women (Forster 1994). While the previous example shows how young people are supposed to respect and listen to their elders, the following example can illustrate gender differences in the area of sexuality.

In the first Life Skills lesson I participated in, which involved both boys and girls, the students were asked to read about a girl who felt pressured by her boyfriend to have sex. He wanted to have sex with her, but she was not sure if she was ready. After reading, the class talked about who the girl could ask for advice in this situation, and what kind of advice they should give her. Parents were not an alternative. Talking about sexuality with them was too uncomfortable, and even disrespectful. The girl’s best friends and maybe an aunt were suggested as people she

could talk to, and the best advice they could give her was to wait with sex until she had finished her education. The teacher asked the class: “Can she talk to the boy and ask him to wait for her until she is ready?”. The class hesitated before they answered yes. To me it sounded like they did not quite believe in their own answer. But the teacher continued: “And will the boy understand?”. This time the answer from the class was a clear “No!”.

Another arena for HIV/AIDS education was the assembly. The assembly was held outdoors to make room for all the students. The girls sat together in the front while the boys gathered in the back. All the students sat on the ground, while the teachers sat on chairs facing the students. Mbugua (2004) writes that teachers are often cited as one of the main sources of information about HIV. The assembly could be an arena where the teachers to pass on their knowledge of HIV, but during my fieldwork HIV or AIDS was never mentioned directly. There were, however, implicit references to sexuality, something which could have implications for the perceptions of discourses surrounding HIV/AIDS. The teachers used this arena to give practical information and to preach the word of God, often combined with moral advice and warnings directed at the students. In one of these preaches, the head teacher reminded the student of how lucky they were who had the opportunity to go to school. The students were asked to think of how many who were born at the same time as they were. Then he asked them to think of how many of these who did not have the opportunity to go to school, many of them did not even get the chance to live. God had a plan for those who lived, this plan should not be wasted. He finished off his speech with an advice to the students about remembering how privileged they were, before he gave a warning about wasting their future by spending their school-time on relationships instead of on their studies. To focus on other things than studying was to not follow the plan God had made for them, and if they did not follow God, they were serving the Devil.

The students benfit from the HIV/AIDS education in school was influenced by several things. The students came from different backgrounds which made their starting point for their HIV education differ greatly. Even if the Life Skills material were designed to be age appropriate, the number of students who repeated classes made the age composition in each classroom very uneven. Some students, even if they were in form two or three had never had Life Skills lessons before and would perhaps benefit more from the form one curriculum. The students from the villages were also less likely to know about the different methods for HIV prevention. Their access to different sources of information was more limited than the students from inside the mission or from bigger towns. My neighbour, Georgy, told me that he had his knowledge about HIV/AIDS from church and from science lessons in primary school. He knew the main mode of transmission, which is through sexual intercourse, but, as already mentioned, he said he could only think of abstinence as a prevention method against HIV. In comparison, Grace, Naomi and Miriam and some of their friends, from “the Mission” or bigger towns, listed the radio, and the health club, in addition to school as their most important source of information on HIV. They had thorough information about HIV/AIDS and asked me to test their knowledge. Mbugua (2004) writes that students who had learned about AIDS from different sources, like the media or community based program before learning it in school found the information they got in school easier to understand. Students who had learned from different methods, like plays, videos or books also claimed to be knowledgeable about AIDS.

The fact that many of the students had knowledge about the disease did not mean that HIV was talked about or discussed in school if they were not being asked. During my fieldwork none of the student talked about HIV/AIDS if it was not requested. One of the students put it this way: “School is not the place where you discuss HIV/AIDS with your friends”.

> *Men and women engage in sexual relations for an array of reasons that range from the pursuit of pleasure, desire for intimacy, expressions of love, definition of self, procreation, domination, violence or any combination of the above, as well as others. How people relate sexually may be linked to self-esteem, self-respect, respect for others, hope, joy and pain. In different contexts, sex is viewed as a commodity, a right or a biological imperative; it is clearly not determined fully by rational decision-making (Caravano 1995:3-4 quoted in Silberschmidt 2004)*

Knowledge the students may show about HIV/AIDS in the classroom can therefore be useless in any other context. Malawian secondary school students do know the main modes of transmission and how to protect themselves from getting infected, but it does not mean this knowledge is used in all contexts. Naomi was one of the girls who confessed that she had taken an HIV test because she had sex with her previous boyfriend. She had not taken the follow up test even though she knew she was supposed to. What is even more interesting with this girl's confession is that she was the grandchild of a church elder. This means that in addition to the information she had on HIV/AIDS, she was also aware that the church was strictly against pre-marital sex.

HIV/AIDS education in school does not work if the students can not use the knowledge they get in school in out of school contexts. And it certainly will not work if girls do not attend school because school itself is perceived as a danger to the students' health.

Christian Bawa Yamba has done research in Zambia on the correlation between HIV and school drop-outs. He found out that girls are held out of school because of fear of HIV. Parents see school as a potential source of HIV infection[23]. If one compares this with Edith's worries about school girls and pregnancy, there are

clear similarities between Zambia and Malawi. To end up with a baby to take care of also implies that you can end up with HIV. Parents can see school as a threat because their girls can be pursued by their teachers and boys once the girls are out of their parent's supervision. As I mentioned earlier, members of the debate club suggested more girls-only school as a way to deal with this problem. The debate club itself, however, is on the list of activities different organizations promote in their HIV work.

Extra-curricular activities

In addition to formal Life Skills education, extra curricular activities like Edzi Toto Clubs or school debates are encouraged to help the youth develop the right skills and character formation (Strategic Plan p.15). The two schools I visited during my fieldwork had mixed experiences regarding their extra curricular HIV/AIDS education. In Nkhoma they had expanded the Edzi Toto Club to a Health Club because they wanted to open up for more issues that the students were concerned about regarding their health. The club had been a success if I was to believe the student who had participated. They had written poems, dramas and plays to teach their peers about HIV/AIDS, and they had enjoyed this work. It was closed down for the time being however. To keep the club up and running they needed enthusiasm from the school leaders, and that enthusiasm was not present. The teacher who had been responsible for the club the previous year told me that the club shut down because he missed the meeting where the responsibilities for the different clubs were divided between the teachers. Since then there had been no effort to try to re-establish it.

In Chigodi, a smaller school not far from Nkhoma, they had had an Edzi Toto Club too, but their problem was of another character than that of Nkhoma. The leaders of the Edzi Toto Club had not been one of the teachers, but peer educators. The headmaster told me he had discovered a problem with the leaders of the Club,

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[23] Personal correspondence with R. Flikke Nov. 2005

they had started going out with the students, contradicting the message they tried to teach. The Edzi Toto Club had become a danger to the students' health and therefore winded up. Again we see why parents, and in this case the headmaster, see the need of guidance of the girls.

The Debate Club offered an opportunity for the students to talk about issues they are concerned about while practicing their oral English. It was held in the form three classroom every Tuesday after the last lesson. The first debate that I heard of had been about women's rights to wear trousers. I did was not present during that debate, but I asked one of the teachers if he had heard about it. He turned out to be the club patron and had been present during the debate. I was surprised to learn that it had been a fifty - fifty division between the students who would allow trousers and those who were against. When I talked to students who had participated in the debate I learnt that both cultural and religious arguments had been used to argue for their case. Those using religious arguments had referred to the Bible which says that a woman should not wear men's clothes. A student who contradicted this argument said it was not meant to be interpreted literally. What the Bible really referred to was that women should not take men's' place in the family or in society. Whether women wore trousers or not was beside the point. The biblical image applied to men and women's places within the family structure. He was careful to point out that this did not necessarily mean that women should not have anything to say, only that it was the man's job to take the initiative to get things done. A good man would feel obliged to ask his wife's opinion in household matters because she would know what was best for her.

Miriam was one of the students who used cultural arguments against women's rights to wear trousers. I was surprised to hear this as Miriam was one of the most ambitious girls I met during my fieldwork. She liked to compete with the boys and worked hard to be the best in her class. She had asked to be allowed to prepare the assembly for the national anthem only because it was traditionally boys who did it.

This was enough to make her want to try. She was a student in form 3 who came from a larger town and had parents who both had high-income jobs. Her dream was to become a lawyer so she could work to end corruption in the court system. When I asked her and some of her friends about gender roles she said: “You are asking me if I would let anyone make decisions for me? When I am educated and have my own income? I don’t think so”. The way she said made it perfectly clear that she had no intention of letting anyone dominate her life or tell her what to do. She also said that there are great differences between urban and rural, where rural women have fewer options in their life. So how did she explain her reason for holding on to the division between male and female when it comes to clothes? The answer was because she wanted to maintain Malawian culture. She told me: “I don’t think we should copy what you do in the West just like that. If you wear trousers, fine, it doesn’t mean we should. If we in Malawi copy the West uncritically it can even lead to more HIV infections, girls with trousers are looked at as prostitutes.”

Before I continue I would like to put Miriam’s statement in a context. Henrietta Moore (1986) writes that statements about the proper behaviour or dress of the sexes are made important parts of how behaviour is perceived, and this is naturalised through constant repetition. Most Malawian women wear skirts, although trousers are getting more common in the cities among the upper classes. In the villages trousers were still associated with prostitutes. One time when I went with the HIV/AIDS Program for VCT outreach in a village close to the boarder to Mozambique, they started to talk about some prostitutes they saw down the road. It was not until later when we were about to leave that I realized that it was the jeans that made them so easy to spot. At school however, trousers were not an alternative, and the most important dress code for girls to cover their shoulders and knees. You had to make sure there was no gap which revealed some of your stomach or back. I also learned after I got a comment for not wearing one, that it was important for the girls to wear a petticoat. Signe Arnfred (2004b) quotes Rider Haggard, a British

author who wrote fiction for boys and men were at least one of the novels, *King Solomon's Mines* are about Africa. About the story Haggard says: "I can safely say that there is not a petticoat in the whole history" (Haggard 1885/1994:3 in Arnfred 2004b), meaning no (white) woman (Arnfred 2004b:62). What this suggests is that the colonial ideas about moral, and the chaste female as it's symbol of virtue, has been transformed to Malawian symbols of high moral and this way reproducing ideas about sexuality, danger and responsibilities as connected to females.

As I argued above, the colonial ideas about sexuality and sin, based on Christianity are evident in the Malawian school setting today. This link between sexuality, sin and clothes as a symbol connected to behaviour can be a factor in why Miriam was arguing against trousers. The link between sexuality and sin, and the sexual transmitting nature of HIV can also be a factor in reluctance to get tested. One of the students in the Debate Club put it this way when they were discussing whether going for an HIV test was wise or not: "If you go to the hospital to get your blood tested you're admitting that you have done something wrong."

Arnfred writes that Christianity is no longer just determining the ways in which gender is seen from the West, it also plays a part in how people see themselves, and their past and present (Arnfred 2004a:14).

Non Governmental Organizations

Since the HIV/AIDS outbreak there has been an explosive development in the number of Non Governmental Organizations (NGOs) working with HIV/AIDS related issues in Malawi. In Nkhoma I counted four organizations: Work for Rural Health, the Synod's Orphan Care Project, the Maya Clinic at the hospital, and the Nkohma Synod's Community HIV/AIDS Program. In addition you could see people

from Care, World Vision, and Medicals without Borders driving to the hospital from time to time.

As I have already said in the introduction, my focus was on the Synod's HIV/AIDS program and their responses to the HIV situation. I learnt a lot about the reasoning behind their actions during the week of strategic planning. Their work, including their teaching on prevention methods were motivated by their Christian belief. Abstinence was the only acceptable pre-marital prevention method, and faithfulness in marriage should be strongly encouraged. The Synod's representatives were afraid that information on condoms would be interpreted as if the Church gave a mandate to, or encouraged illegitimate sex. This view was represented when on of the work groups were planning activities for youth. One of the invited guests, the leader of a youth club in Nkhata Bay, tried to argue for an inclusion of information on condoms. His argument was that abstinence had been preached for years, and the continued high infection rates showed that it was not working. The rest of the group did not agree. In the evening, when everybody was gathered in the conference room to go through the work of the different groups, the condom issue came up again. The youth club leader had support from the executive director, who asked what the goal of the organization was, to fight the virus, or to fight the practices. It did not change the outcome, as they were the only two who was not against it. One of the female representatives had the following argument against condoms: "If youth know that pre-marital sex is a sin, and they know that abstinence can protect them from HIV, and then if they get HIV, well, they deserve it". The debate ended with the conclusion that the Synod's board members, who had to approve the final plan, would not accept information about condoms either. As a compromise, it was suggested to allow condoms in marriages with one infected part, and to open more VCT sites. The Ministry of Health requires that these sites have condoms for demonstration and distribution.

The discussion about condoms, and the moral implication it had, turned towards a focus on the generally low moral standards in Malawi. Some of the delegates from the Synod expressed a strong belief that moral was declining in Malawi, especially among youth. It was pointed out that it was necessary to inform youth that feelings of desire are normal, but these feelings should not be acted upon. A "training of the will" and development of "character" to resist the temptation to have pre-marital or extra-marital sex, even in the face of economic need, was called for. While recognizing that women can turn to prostitution because of economic need, they were not convinced that it had not anything to do with morality. Their argument was that not all prostitutes who were offered an alternative source of income quit their promiscuous practice immediately. While other girls did not end up as prostitutes no matter how poor they were.

The discourse of gender and sexuality in this church organization was reminiscent of the discourses during the colonial days. And even if the HIV/AIDS program to a certain degree acknowledged the week position of women, the empowerment of women would have to happen within the framework of the established power relations. The program also worked with income generating activities for vulnerable households, which often meant female-headed or child-headed households who had lost a husband or parents due to AIDS. Their main strategy for preventing that households become vulnerable in the first place was however limited to teaching people how to behave in accordance with Christian morality. Becker (2004) found the same pattern when she carried out her research in Namibia. If women did not live up to the standards of the Christian morality this was a source of anxiety even among the youngest church leaders. The message to young people was to abstain from any sexual activities until their marriage.

To deal with the situation of declining moral, several activities were suggested. The establishment of youth clubs, and especially girls-only clubs, was the most important suggestion aimed at youth. This was seen as an arena that could be used for

peer counselling, and to train youth in life skills within a framework of Christian morality, and were the parents of the girls could agree to let their daughters participate.

Youth Clubs are something international NGO's are working with as well. UNICEF has developed materials for HIV/AIDS education in youth clubs. They stress the importance of peer education because friends are so important during adolescent years. This view is supported by Mbugua (2004), who argues that youth discuss HIV with friends and peers, not with teachers or other adults. Youth who wants to become a UNICEF peer educator have to pass a test where they prove their knowledge of HIV. Their ambition is to reach out to fifty thousand young people which again will spread their knowledge to ten more people, reaching a total of five hundred thousand people (Private correspondence with Mrs. Chirwa, Lilongwe 2006). UNICEF had developed a magazine about Zara, a young, Malawian girl. Through reading the magazine one could follow Zara in the challenges she met as an adolescent girl, and through the process of decision making. The idea was that should be a role model for youth in similar situations and guide girls on their way. The material developed by UNICEF and other secular NGO's were not confined to abstinence, but included information on condoms as well.

Kaler writes that the content of AIDS education has been pretty much the same all over southern Africa, and it has emphasised the devastation AIDS causes in families and communities and the dangers of risky behaviour. Methods used are radio spots, condoms for sale, posters, and Youth Clubs (Kaler 2004).

The educational approach to the HIV/AIDS issue as well as the ABC campaign has, as discussed earlier, been criticized for not taking the background for risky behaviours into consideration. All behaviour takes place within relations of power and social inequality.

> *"Responses thus far to the HIV/AIDS epidemic, however, have focused on knowledge-attitude-practice studies couching prevention strategies in terms of*

> *education and awareness campaigns and in terms of better condom distribution. Though education is by no means insignificant in combating this or any other disease, such strategies are predicated upon assumption of individual agency divorced from social context, economic contingencies, inequitable power relations, and the cultural production of meanings of AIDS and other diseases" (Craddock 2000:164).*

This chapter has looked at HIV/AIDS prevention in Malawi, and how this has developed and the methodology used in the HIV/AIDS education. The negative response to condoms has to be seen in context with the historical development in Malawi, and from the perspective of a Christian organization. It is my belief that the view of this organization do not differ much from other religious groups in Malawi. An interesting point regarding the Malawian Christian discourse is made by Richard A. Fredland. He writes that Western mores are accepted only on a superficial level. In a footnote he adds that Malawi, one of the most seriously HIV affected countries, also appears as one deeply religious (1998). This indicates that the puritan values fronted by different religious organizations are not practiced in the Malawian society. Bawa Yamba points out the contradictory messages which African receive from biomedicine, religion and tradition, which further complicates HIV prevention (Bawa Yamba quoted in Fredland 1998). The next chapter will look closer on the interactions and the power relations between these different aspects which informs the HIV discourse.

5. HIV/AIDS and Power

In the previous chapters of this dissertation I have argued that HIV/AIDS in Malawi can not be analysed without looking at power relation. These power relations inform both interpretations of the HIV/AIDS disease, and the policy implementations in fighting the disease. The premises for the response to HIV/AIDS in Malawi are influenced by power at all levels of society, national as well as international. From the interrelationship between women and men, making it difficult for women to negotiate safe sex practices, all the way up to the global level were international donors often deliver the framework for prevention strategies based on Western biased assumptions, especially about morality and sexuality. The responses to the disease are not arbitrary, but embedded in structures of meaning developed over years, and which is changing continuously. In this chapter I will draw the lines from the earlier chapters into a discussion about power relations and how this influences the HIV/AIDS situation in Malawi.

There is not one precise definition of power. Hylland Eriksen (1998) suggest a division between those who look at power as an aspect of every social relation, and those who look at power as a part of the system and the ideology (Hylland Eriksen 1998:196). Krohn-Hansen (2001) sees power as relational, or as an exchange. The parts of this exchange can have highly asymmetrical relations, but power is integrated in every material or symbolic exchange. Power relations are often naturalized, which according to Yanagisako and Delaney refers to the way power relations embedded I culture comes to appear natural, inevitable or even God-given (Yangagisako and Delaney 1995).

In this chapter I will start by looking at how power and status between men and women, young and old are explained and justified by the use of culture. From there I

will move on to a discussion about structural violence and how discursive power shapes the HIV/AIDS epidemic in the sense of allowing some interpretations while neglecting others. In this part I will use the work of Paul Farmer and his focus on history and historical formations to account for structural violence.

Power and Culture

In Nkhoma power relations between young and old, women and men were explained in terms of culture and religion. One Life Skills education lesson that I observed when I visited Chigodi secondary school gave some insights to the power relations between young and old, and between village communities and their chiefs. The lesson was held in a form three class, which implies that most of the students are in their late teens as they had passed ten years of education. The lesson was about harmful cultural practices. After going trough the various practices they had a discussion on what they could do about it. The teacher asked the students; “if your brother dies and the elder ask you to marry his wife, would you?” Most of the students shook their head and said you should try to explain the situation to the elder. If your brother died of HIV, there was a chance that his wife was infected too, and if you married his wife maybe you would get sick as well. However, one boy stood up and said; “Yes, I would. You are supposed to do what the elder tells you. It’s our culture”.

As pointed out earlier women’s opportunities for paid work are more limited than they are for men. And this contributes to and reinforces women’s dependency on men. As I talked about in chapter three, parents can encourage their daughters to marry early for economic reasons. It can also be the reason behind individual action, and Ruth can serve as an example in this case. Toward the end of my fieldwork Edith pointed out how Ruth had changed behaviour lately. Once she told me I could not

believe I had not noticed before. For once, she had started to dress differently, and it was clear that she did an effort to look good. She got her ears pierced and started to wear clothes I had only seen her wear to church and to town earlier. Secondly, she had also started to walk about more, she went to the market as soon as she could think of a reason, and she received more people at home. When I asked Edith what this change was about, she said: "Maybe she wants to get married". If Edith was right about Ruth's motifs, her efforts in finding a husband can be understood when looking at Ruth's situation. She was, as I mentioned in the introduction, an eighteen year old, single mother. She did not get any support from the child's father. I was told that he had been much older than her, and with a wife and two children. He had made all sorts of promises about leaving his wife, but when Ruth discovered she was pregnant, she never heard from him again. Ruth's mother was dead, and her father had re-married and had a whole new family to take care of[24]. And even if she occasionally got some money from him, she could not count on him for financial help. She had dropped out of school in her fifth year because of her pregnancy, and was now too scared of negative reactions to return. This in turn limited her chances to get a paid job. At last, she did not have any property or a garden where she could grow her own food. In her situation she did not make enough money from selling the mandasi to accumulate a big enough surplus to buy a piece of land either. At the moment she lived on the goodwill of Edith and Gertrude, the woman she shared the house with. In such a context of dependence, to find a husband who could take responsibility for her would be one strategy in an effort to secure her future. If the structural framework had been different, and more opportunities were open to women, maybe she would have chosen differently. Only a few months earlier she had told Edith and me that she did not want to have another baby. In a similar context Henrietta Moore argues that "Women's subordinate position is the product both of their economic dependence on

[24] Ruth's father worked for the HIV/AIDS Program, which gave him a low, but relatively steady income. After he re-married he had four children, all girls, and the youngest was born during my fieldwork. He and Ruth's mother had been

men within the ‘family’/household and of their confinement to a domestic sphere by ideologies of mothering, caring and nurturing” (Moore 1988:126). As Craddock argues, and I have tried to show earlier, women’s status are connected to their role as mothers and wives.

Women’s position as developed during the rule of Dr. Banda, were confined to social boundaries defined in relation to men’s wider economic and political domains, meaning that women were under the control of their husbands or village elders, and by extension, of the state (Craddock 2000).

A way of defining people, and particularly women, was through their clothes. For instance thighs had to be completely covered. An article in the newspaper “The Nation”, wrote that in the Malawian cultural setting, thighs were seen as women’s intimate zone. To show any skin on the thighs, but also the stomach was indecent. There were however differences between the students from the village and the students from larger towns. The students from towns had usually more money, their parents were often more educated, and in many cases both parents had paid jobs. I was told that these students would use clothes as a marker for change in traditional gender expectations. The girls from towns and to some degree girls from the Mission wore a different style of clothing which was on the edge of what was seen as traditionally acceptable. Outside the school settings, for instance on Saturdays when the students went to the market, the different styles became obvious. The girls from towns wore clothes that were seen as more Western inspired. The tops were tighter and the skirts were shorter or maybe denim. They would not go as far as wearing trousers though. During a break that I spent in the girl’s hostel, some of the girls showed me photos of themselves and their families. In these pictures many of the girls wore jeans and tank tops. Once they were out of the towns, they would change their style of clothing and adjust their clothes and manners more fitting in the village

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teenage lovers, and Ruth was born when they both were seventeen.

setting. A male student from Blantyre told me that he was looked upon with suspicion in the village because of the way he dressed. If you wore tight jeans, people thought you were smoking *chamba*[25] . He also said that towns were less traditional; there it was possible for a man to help his wife in the house without being looked at as less masculine. These differences between rural and urban can be compared with Lwandas concept of duality. ”Ambiguity and parallel duality do not disturb the meta-construction of social order in the Malawi context; the apertures of identity are permanently open for people to move in and out without disadvantaging the power brokers of each side” (Lwanda 2004:41).

So far I have shown that culture and cultural practices was viewed by my informants as an important source of power in regards to the HIV pandemic. I have also pointed out a gap between policy implementations and public health strategies and the cultural and practical logic which guides my informants’ every-day life. In a similar fashion Göran Hydén has identified a lack of concern for power relations and informal institutions in the policy analysis. He argues that power needs to be a part of policy analysis in order to have successful development strategies. “..., a focus on power would enrich the understanding of why things happen the way they do and how factors in the “grey zone” between economies and culture help shape the outcomes of reforms an policies” (Hydén 2006:7). The lack of success in various developments is due to a failure in recognizing domestic and political realities in the donation receiving countries. The international development agenda has been set by international donors, not by the African countries themselves. And where the donor countries has been more concerned with homeland policies than realities in the receiving countries, where large part of the populations often depend as much on informal institutions as they do on the formal. Malawi is used as an example on a society where social relationships are characterized by inequality and large “power distance” where hierarchy is expected and the less powerful is expecting dependence

[25] Chichewa name for marijuana

on the more powerful (Hyden 2006). The Nkhoma HIV/AIDS Program would not overlook the power of the informal institutions in their community work.

To do any kind of work in the community presupposes the chief's approval. The HIV/AIDS Program pointed out the importance of co-operation with the chiefs in order to get their work done. The Program would not go into the different communities to promote VCT or start any other activity without the chiefs acceptance, to do something like that would be an insult to the chief and make the work more difficult. At the same time the Nkhoma HIV/AIDS Program could get assistance from the chiefs in their work. The chiefs and village headmen/women have extensive knowledge about their communities and can assist in locating orphans and find potential guardians. This way the orphans can get some assistance from the organizations and at the same time remain in their local community, which is important for the child's well being. I was told that orphans who have lived in institutions more often are discriminated compared to orphans who remain under the guardianship from someone in the village. When I went with the Orphan Care Project to attend a meeting with the guardians, the village headman functioned as a spokesperson for the community, identifying needs on behalf of the orphans. One of the HIV/AIDS Programs tactics to make more people visit the VCT centre was to talk to chiefs to ask them to encourage people in their community to get tested. Edith told me that she, and the rest of her family, went for VCT after the chief had promoted it.

But the chief can also be an obstacle in HIV/AIDS education. One of the boys at school told me he was a patron in a HIV/AIDS youth group. Their mission was to go in to the communities to spread information about HIV/AIDS through songs, dramas, poems etc. He said the problems he met when doing this kind of work was from some of the chiefs, they would not let the group perform their plays. When I asked him if there was a reason why the chief would not let them do this, he said that sometimes the chief accuses him of being the one who spread the virus, other say they do not think they can learn anything from a person that young.

In the West one can get the impression that anything "traditional" is an obstacle to prevention. In the Malawian setting however, it was quite the opposite. As Miriam expressed in her view of skirt and trousers, "traditional" was associated with means to preserve morality in the face of Western influence. An interesting aspect here is that what is considered "traditional" now, gives strong associations to the colonial ideas about female virtue. "The dominant church discourse of gender and sexuality is strongly reminiscent of the mission's earlier prescriptions. Gendered identities that were promulgated by the missionaries in the first half of the 20th century are presented in the postcolonial discourses as "traditional": 'a good woman' is depicted as being weak, shy passive- in fact she 'does not speak up'"(Becker 2004:51). These notions of women are opposed by the idea of masculinity where strength and virility are emphasised. Vaughan argues that in the British colonial medical discourse male sexuality became the signifier for "the African". Female sexuality did, however, seem to be an issue of control and concern in certain periods, particularly in the debate on sexually transmitted diseases (Vaughan 1991:21).

In the Life Skills lesson at Chigodi which I referred to earlier, the discussion did not end when the boy said he would do as the elders told him. When the class continued to comment on this practice and other cultural practices such as *fisi,* HIV tests before the ritual was suggested as a way of reducing the risk for HIV infection and makes the practices less harmful. This example can also illustrate that practices are tried negotiated to reduce risk of HIV. Moderation of cultural practices was suggested as a compromise between tradition and Western medicine that could be acceptable for all parts including traditional leaders.

Though these discourses on culture belong to a local and national social structure, the power dynamics that surface through them are also embedded in larger structures. When anthropologists discuss structural power or structural violence, they usually refer to these macro structures.

Structural Power

Malawi, as the rest of Sub-Sahara Africa, has a colonial history which has influenced the discourses of disease, gender and sexuality, and which continues to inform the HIV/AIDS discourse today. Lwanda (2004) writes that the pre-colonial disease prevention was a mixture of morality, social- and political engineering and religion. Health control was achieved through a variety of means, variolation for smallpox was one of them, and public taboos were important to promote sexual health. Concepts of *Tsempho* and *Mdulo* diseases were known to be caused by violation of sexual taboos, including infidelity and promiscuity, and where fidelity was the prevention to these diseases (Lwanda 2004). He also notes that despite that some early colonial writers saw the ability to prevent and treat different kinds of diseases by the help of taboos, the negative aspects of sorcery and witchcraft dominate the colonial writings. The colonial government made attempts to ban the cultural practices, including the traditional medicine without replacing it with a universal alternative. The Western medical service was primarily taking care of the European population and the African elite, and left out large parts of the population, notably rural villagers. This part of the population remained secure in their faith in traditional medicine, a trend which was followed up by the African elite after the independence. Where the colonial power appeared to have used race, the elite appeared to use class to seek economic and political power, and negligence of the rural areas in particular, continued (Lwanda 2004).

Drawing on this experience, the focus of the Western and the African elite, this time on bio- medicine, is still holding a hierarchical position against more traditional approaches. Craddock (2000) links the interpretation of HIV/AIDS to knowledge production and the authority of the Western medical discourse. This medical discourse, with its focus on risk groups based on counted numbers, has led to an

acontextual analysis of HIV/AIDS devoid of cultural understandings of issues like gender and sexuality. It is not taken into consideration that knowledge is always partial and situated within particular systems of meaning and epistemological positions (Haraway 1988 in Craddock 2000). In this context HIV/AIDS has emerged as a fact which is apart from any kind if interpretation.

There seem to be an un-theorized consensus on what a prevention program should look like, and they are developed by Western interest groups which drew their legitimacy from sources like medicine, public health and activists (Heald 2005). In Malawi as in other parts of Sub-Sahara Africa the focus on risk groups and bio-medical explanations led to a situation where the complexities of the disease were overlooked. Lwanda argues that Western-trained health workers actually lost an opportunity to communicate the HIV/AIDS disease within a cultural framework when they gave it the local name, *Edzi*. It could have been given a name which can reflect the inherent transgressive elements of some sexual activity, like the name of other sexual transmitted diseases in Malawi. Instead it was just translated to sound more Chichewa-like, something which is commonly done with foreign words, and contribute to the maintenance of a cultural duality between traditional and the West. This translation prevented the traditional concepts of health promotion, and maintained association to earlier European medicine, which in turn resulted in ideas about AIDS as a family planning plots (Lwanda 2004).

Resistance to Western developed prevention programs such as the ABC campaign is often understood as refusal to take in the safe-sex message. Susan Cott Watkins (2004) writes that much of the literature HIV/AIDS in Sub-Sahara Africa is dominated by an impression of silence and denial around the disease and which is an obstacle for the prevention programs aiming at behavioural change. Her article "Negotiating the AIDS Epidemic in Rural Malawi" tries to shows how Malawians, contrary to the assumptions about silence and denial, respond to the HIV/AIDS epidemic. The disease is talked about, and risk is evaluated. The rural Malawians try

to navigate the epidemic outside the limited opportunities offered by the ABC approach, using different strategies such as careful partner selection or religious commitment.

My experience regarding the "silences" was that most people I met, particularly at school found it easy to talk about HIV/AIDS, but only as long as the conversation was kept on a very general level. I never heard anybody who denied the disease either. Edith put it this way "Everybody knows about AIDS now, even in the villages, everybody knows". The first couple of weeks when I went with Edith to the market or to the garden we were stopped by people from the villages who wondered what I was doing there. As I did not know how to speak Chichewa and many people in the villages did not speak English, Edith did the talking. I could hear her mention *Edzi* in all of these conversations, which indicate that she did tell them what she later translated to me: She had told them that I was a student who had come to do some sort of research on AIDS and to learn about Malawian culture. She was nonetheless reluctant to share her own experience with the disease with me, but was more than willing to respond to comments and questions that I had on other issues such as domestic violence and teenage mothers, and HIV as long as it was kept on a general level. I observed of much the same pattern at the school. Few of the students or teachers told me about their personal experiences with HIV, but all of them said they knew someone who had died or was sick if I asked them directly. I learnt that to talk about HIV or AIDS if you are in close relations with the sick person can be very problematic. On three different occasions the teachers told me, on their own initiative, how difficult it could be to effectively communicate knowledge about HIV. The first day at school Mr. Watimaro, one of the English teachers, came over to welcome me and to ask me about my project. When I told him he expressed some doubt to my chances of succeeding. He told me: "You see, Malawi is a culture of respect. You learn to respect others and to take care of your own respect. This leads

to a lot of secrecy. Will you see anyone go into the Maya clinic[26] in broad day light? I don't think so. Only if the disease is far along." To illustrate his point he went on to tell me about his sister and her husband who had both died of AIDS. He said he thought his sister, who had been married to a military officer, got the disease from her husband. She had never told him what made her sick, but a few days before she died he knew: "I understood what it was because I had worked for the Ministry of Health, but she never told me".

Another time I learnt about this was when I sat in the staffroom to scribble down some notes. The teacher who sat next to me, Mrs. Chirwa, asked me how my project was going and if I got the information I was looking for. I said that I was not sure how it would turn out in the end, and that I was not sure if I had enough information. She pointed out that it was easier to talk about HIV now than what it had been before. Changes were taking place, teachers for example, were no longer so afraid of teaching about sexuality and sexual transmitted diseases, and parents were starting to see it as necessary to talk to their children about these issues because of the new situation with HIV. I asked if she could tell me about HIV/AIDS. She said:"girls can not work as hard as boys, therefore they get less money than boys. This can make the girls have sex with older men hoping the men will give them money. It is difficult to look at someone if he has HIV and that is why it continues to spread". She went on to explain people's hesitations to give away information about HIV this way, careful to point out that she was using herself only as an example: "If I knew anyone who was HIV positive I could not tell you because it would be an insult to that person".

One day as I walked past the headmistress' office, she called me in. She was there with one of the other teachers. "Can you be a HIV counsellor?" she asked me. I said I know a little bit about HIV, but that I did not know if I was the right person to counsel anyone. She told me that the teacher was worried about a friend of his that had a sick child. The teacher, Blessings, was afraid it might be HIV, but he did not

[26] The Maya clinic was the hospitals HIV clinic

know how to deliver the message to his friend. The headmistress said: “It is difficult to bring up these concerns so I said to him: can’t you tell it as a joke?” They had asked if I could counsel his friend because it was easier if anyone who was not close to the person to bring it up. Later she said: “People are too superstitious around here. They believe in witchcraft, and because of this they don’t go to get treatment before it’s too late.”

A couple of days later I was helping the teachers during the end of term tests. My work was to run up and down the hill between the town hall, where the test was held, and the staff room to fetch more copies of the question paper. This would take a while since the right paper had to be found and then copied on an old duplicating machine. One time during the tests the teachers in the staff room could not find the original, and they had to look through all the papers. This was a messy job since the papers were almost dripping with ink. The result was that when the last students could get their papers and start their test, the time was up for the first students. At the end of one of these days I was working with Elias, the teacher who had been worried about his friend. I asked him if he had talked to his friend about his concern. He said no, and looked a little surprised that I had asked. Then he went on to talk about how human rights allow people to choose if they want to get tested or not, and even if you do get tested you can choose whether you want to know the result. One of my last days in Nkhoma I was walking around the school yard taking pictures of the classrooms and the staffroom. Elias was sitting in the staffroom working on some papers when I came in. As this was my last chance, I asked him if he had spoken to his friend about his concern. He said: “I have only said that, you know, going for testing is good. You know, for all of us.” He had not confronted his friend directly about his suspicion.

The “silences” are local, connected to culture and colonial history, but are also related to international donors. Suzette Heald (2000) has argued that the sensationalism of HIV when it first entered the public discourses, and the focus on

human rights, made it difficult to communicate. Moral judgement passed on victims of HIV contributes to stigmatization and blame. Heald and others clearly show that the explosion of discourses on African sexuality was based on the colonial paternalistic othering of Africa in general and African sexuality in particular (cf.Fabian 2000). Becker points out that in the time of AIDS there has been a "postcolonial, secular reincarnation of the Christian morality discourses on the excessive African sexuality, with a comparable summary rejection of local practices" (Becker 2004:51). Local practices have been redefined and as a result there is an immediate association between local practices and harmful traditional practices, especially if these practices involves anything gender specific (Becker 2004).

As one can understand from Cott Watkins (2004), Malawian ways to deal with the HIV situation is often overlooked. Hydèn (2006) comes with an important argument similar to that made by Cott Watkins. He points to the fact that western trained academics might have ethnocentric attitudes towards African culture since it continues to be ignored. The ways for instance Malawians negotiate HIV can be overlooked because international donors are more worried about policies in their home country than they are about African realities. This thesis has shown that culture needs to be taken seriously as a source of power on the local level if we should have a hope of understanding local dynamics. Such understandings are crucial if we want policy implementations to be as effective as possible when dealing with the extensive and tragic HIV pandemic. James Ferguson (2003) writes that the impoverished regions of the world are know to us through the interpretive grid of "development", which is perceived in the West as something the poor countries lack. This institutionalized production of certain kinds of ideas has important effects, and the productions of such ideas play a part of the production of structural change. This perception of poor countries justifies the launch of one development project followed by another, without many visible signs of success. Naomi put it this way: The ABC campaign does not necessarily work. Even if one part is faithful, you can never be

sure that the partner is. For a girl to ask for condoms in a relationship can be interpreted as lack of trust, or as if she has something to hide. This makes it difficult for girls to negotiate safe sex. These cultural perceptions and power relations, needs to be accounted for.

The reason why it is not accounted for, which was mentioned by Hydèn as well, is that development was seen as something different from politics (Ferguson 2003, Hydèn 2006). Jungar and Oinas (2004) write that it is easier for the Western societies to look at Africa's problem of HIV/AIDS in terms of medical problems rather than as a result of power relations (Jungar and Oinas 2004:108).

Paul Farmer (2004) uses the term of structural violence to explain "the social machinery of oppression". Inequality is structured and legitimated over time; one can therefore not look only at powerful actors in the present to explain suffering. Transnational political and economic structures that maintained dictators are still in place and still inflicting their harm even if the dictators are not. He argues for a wide and encompassing approach to structural violence. Farmer's approach does not, however, contradict the focus on culture as a source of power which influences the HIV epidemic, and which is the focus presented in this chapter.

The historical contextualization of HIV/AIDS, as well as broader perspectives on epidemic diseases on the continent, a focus which Farmer use as well, has revealed that that the current cultural power structures is rooted in colonial history. For instance can it seem like the western view of African gender and sexuality a legacy from the colonial era.

In Malawi, and other developing countries, especially in Africa, a pattern has emerged where the larger colonial world, and now, the industrial world have used culture as a tool to blame the victims for their own suffering. Farmer warns about this, and this is why history is so crucial in his analyses. Eric Wolf (1990) sums up structural power the following way:

> *"Structural power shapes the social field of action as to render some kinds of behaviour possible, while making others less possible or impossible" (Eric Wolf 1990:587)*

This dimension of power has been stressed variously in studies of imperialism, dependency, or world systems, and is useful to study how people are influenced by forces of the world, and that societies are not isolated entities (Wolf 1990).

6. Conclusion

Ideas and discourses have important and very real social consequences (Ferguson 2003). The focus of this thesis has been gender and power. I have tried to show how some ideas about gender and sexuality have consequences for the response to the HIV/AIDS situation in Malawi. The situation of HIV is embedded in structures of meaning (Farmer 1993), and these structures are developed over time. A historical perspective is therefore crucial.

Culture as it appears in this study is a source of power, but it is a source which can not be separated from the colonial history. Power between women and men, young and old has developed as part of, and in reaction to the history of colonial rule.

There are thing to learn from the history of anthropology. The view of African culture as an obstacle to change, in this context adapting to the public health threat constituted by the HIV pandemic, is paternalistic in the sense that it freezes African culture. African culture is treated as static as opposed to the dynamic and adaptive approach of the West. This resonates with a very bothersome aspect of the history of anthropology in the colonial contact zone. This study, however, supports the main message of Paul Farmer; that all cultures changes and adapt when faced with crises of the magnitude the HIV epidemic represents. Statements from my informants indicate changes, for instance when Miriam said she would never let anyone make decisions for her when she has her own money. Or another example, when the teachers say it is easier to teach HIV now then it was earlier.

My final point is that poverty is a real factor for my informants. This means that the practice of getting a “sugar daddy” is not to be labelled “local tradition” or “culture” but poverty. Faced with dirty drinking water, starvation or unemployment, the long term risk of HIV pushed from the foreground by more pressing concerns. In

other words, culture and cultural discourses are factors which should not be ignored, as Hydèn warns, but neither should they function in a way which blames the victims for their own suffering.

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