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UNIVERSITY OF SOUTHAMPTON

FACULTY OF LAW ARTS AND SOCIAL SCIENCES

School of Social Sciences

**Women and Power in the Vulnerability to HIV Infection:
The Case of Malawi**

by

Emma-Louise Anderson

Thesis for the degree of Doctor of Philosophy

June 2009

UNIVERSITY OF SOUTHAMPTON

ABSTRACT

FACULTY OF POLITICS AND INTERNATIONAL RELATIONS

SCHOOL OF LAW, ARTS AND SOCIAL SCIENCES

Doctor of Philosophy

**WOMEN AND POWER IN THE VULNERABILITY TO HIV INFECTION:
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by Emma-Louise Anderson

As the HIV/AIDS pandemic matures increasingly more women are infected than men. The heightened prevalence amongst women suggests that they are at particular risk of infection. Although the gendered dimensions of HIV/AIDS have been recognised, this is not fully understood and the tendency is to respond at a surface level only. This research provides a critique of the current response to HIV/AIDS in Malawi and a theoretically informed analysis of why women are vulnerable. It is argued that the response is limited because it fails to engage with the gendered dimensions; and that gendered structures of power underscore the vulnerability of women to infection.

This research makes an important contribution to the feminist task of radically challenging the conventional boundaries of international relations, which typically draws upon a masculine form of knowledge. It also challenges the dominance of the scientific discourse that governs the way HIV/AIDS is conceived and makes an important contribution to the literature on understanding the gender context.

A 'feminist interpretivist' approach is employed and the methodology is a combination of a case study analysis, semi-structured key informant interviews, documentary analysis and data analysis. Feminist critical theory and post-structuralist understandings of how power operates through gendered structures provide the theoretical basis for the empirical analysis.

The critique of the response to HIV/AIDS in Malawi reveals how it fails to engage with the gender power relations because of pervasive gendered structures. Three aspects of women's vulnerability to HIV infection are explored: the majority of women are not in the position to negotiate for safer sex; many women do not have the power to leave a marriage if it puts them at risk of infection; and the biological susceptibility of women to infection. It is argued that gendered structures underscore this vulnerability.

The gendered structures are deeply embedded and hard to discern. However, where HIV/AIDS travels along the fault lines of society it reveals these deeper structures of power and provides the opportunity to challenge them. It reveals the importance of empowering women across their lives in order for a sustainable and effective response to HIV/AIDS.

For Jon

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Academic Thesis: Declaration of Authorship

I, Emma-Louise Anderson, declare that this thesis and the work presented in it are my own and has been generated by me as the result of my own original research.

Women and Power in the Vulnerability to HIV Infection: The Case of Malawi

I confirm that:

1. This work was done wholly or mainly while in candidature for a research degree at this University;
2. Where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated;
3. Where I have consulted the published work of others, this is always clearly attributed;
4. Where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work;
5. I have acknowledged all main sources of help;
6. None of this work is based on work done jointly with others;
7. None of this work has been published before submission

Signed:

Date:

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Abbreviations

ABCs	- abstain from penetrative sexual intercourse; be faithful; condomize
AGREDS	- Assemblies of God Relief and Development Services
AIDS	- Acquired Immunodeficiency Syndrome
ANC	- Antenatal Clinic
ARV	- Antiretroviral Drug
ART	- Antiretroviral Treatment
CCAM	- Chitukuko Cha Amai m'Malawi
CCJP	- Catholic Commission for Justice and Peace
CEDAW	- Convention on the Elimination of All Forms of Discrimination Against Women
CHGA	- Commission on HIV/AIDS Governance in Africa
CIDA	- Canadian International Development Agency
CILIC	- Civil Liberties Committee
DAPP	- Development Aid from People to People
DFID	- Department for International Development
ECC	- Essentially contested concept
FBO	- Faith-Based Organisation
FGM/C	- Female Genital Mutilation/Circumcision
FHI	- Family Health International
GAIA	- Global AIDS Interfaith Alliance
GDI	- Gender-related Development Index
GEM	- Gender Empowerment Measure
GESN	- Gender Equality Support Network
GIR	- Gender and International Relations
Health SWAP	- Health Sector-Wide Approach
HDI	- Human Development Index
HIV	- Human Immunodeficiency Virus
HIV-1	- Human Immunodeficiency Virus type 1
HIV-2	- Human Immunodeficiency Virus type 2
HRCC	- Human Rights Consultative Committee
IEC	- Information and Education Campaign
IPPF	- International Planned Parenthood Association

IR - International Relations

M&E – Monitoring and Evaluation

MACRO - Malawi AIDS Counselling and Resource Centre

Malawi CARER - Malawi Centre for Advice , Research and Education on Rights

MANERELA - The Malawi Network of Religious Leaders Living with HIV and AIDS

MANET Plus - The Malawi Network of People Living with HIV

MCP - Malawi Congress Party

MDGs - Millennium Development Goals

MDHS - Malawi Demographic and Health Survey

MDICP - Malawi Diffusion and Ideational Change Project

MHRC - Malawi Human Rights Commission

MK - Malawi Kwacha

MRFC - Malawi Rural Finance Company

MSM - men who have sex with men

MUSCCO - Malawi Union of Savings and Credit

NAC - National AIDS Commission

NAPHAM - National Association of People Living with HIV and AIDS

NICE - National Initiative for Civic Education

NGO - Non-Governmental Organisation

NTAC - National Traditional Appeal Court

OPC - Office of the President and Cabinet

PEPFAR - President’s Fund for AIDS Relief

PLWHA - People living with HIV and AIDS

PMERW - Promotion of Micro Enterprises for Rural Women

PSI - Population Services International.

RENEWAL - Rural Livelihoods and Food Security

RHU - Reproductive Health Unit

SAW - Society for the Advancement of Women

SAPs - Structural Adjustment Policies

STI - Sexually Transmitted Infection

TA – Traditional Authority

UDF - United Democratic Front

UNAIDS - Joint United Nations Programme on HIV/AIDS

UNDP - United Nations Development Programme

UNFPA - United Nations Population Fund
UNICEF - United Nations Children's Fund
UNIFEM - United Nations Development fund for Women
USAID - United States Agency for International Development
VSU - Victim Support Unit
WID - Women In Development
WFP - United Nations World Food Programme
WHO - World Health Organisation
WLA - Women Lawyers Association
WLSA - Women Lawyers of Southern Africa
WLWRSA - Women, Land and Water Rights in Southern Africa
WLWHA - Women living with HIV and AIDS

Introduction

Unlike any other epidemic in history, AIDS poses one of the most brutal attacks the world has witnessed. More devastating than the plague and the Spanish Flu, AIDS is unique in that victims are not random. The epidemic has a young woman's face, and nowhere is this truer than in Africa where nearly 60 per cent of people living with HIV and AIDS are women.

- The Commission for Africa¹

HIV/AIDS is one of the most complex diseases humanity has faced, posing a multiplicity of challenges to stability, security and development.² As the pandemic matures increasingly more women are infected than men and it is widely perceived that HIV/AIDS has a 'female face'. The heightened prevalence amongst women indicates that they are at particular risk of infection. Although the gendered dimensions of HIV/AIDS have been recognised, they are not fully understood and the tendency is to respond at a surface level only. The effective governance of HIV/AIDS requires a deep understanding of the context, including the gender context, and for this understanding to effectively inform the response. This research provides a critique of the current response in Malawi and a thorough and theoretically informed analysis of why women are vulnerable. It is argued that the response to HIV/AIDS is limited because it fails to successfully engage with the gendered dimensions; and that gendered structures of power underscore the vulnerability of women to infection. The term 'gendered structures' refers to the ways of thinking, knowing and acting in accordance with gender. Gendered structures of power include the gendered frameworks

¹ The Commission for Africa (2005) 'Our Common Interest: Report of the Commission for Africa', The Commission for Africa, March, Section 73, p.201. See also Commission on HIV/AIDS Governance in Africa (CHGA) (2004) 'Impact of HIV/AIDS on Gender, Orphans and Vulnerable Children', *Discussion Outcomes of CHGA Interactive Cameroon*, p.1 www.uneca.org/chga/cameroon_orphans.pdf

² The fight against HIV/AIDS was identified as the most important issue facing the world according to an international panel of economists at the Copenhagen Consensus Conference. Medical News Today (02/06/2004) 'Fight against HIV/AIDS top global challenge, internal panel of economists says'; Whiteside, A. (01/2005) 'HIV/AIDS in South Africa: A dispatch from the battle lines', *Seminar at University of Southampton*

and discourses at one level and the gendered ideologies at the other, as explored in depth in chapter one.

The Acquired Immunodeficiency Syndrome (AIDS) is a fatal disease caused by the Human Immunodeficiency Virus (HIV). HIV destroys the body's ability to fight off infection and disease, which can ultimately lead to death. Currently, antiretroviral drugs (ARVs) slow down replication of the virus and can greatly enhance quality of life, but they do not eliminate HIV infection.³ This research is concerned with HIV type 1 (HIV-1)⁴, being the only strain that has been identified in Malawi. Within the western context there are three main vulnerable groups: heterosexuals, homosexuals and intravenous drug users. The concern here is with transmission through heterosexual sex which, as is the case in most developing countries, accounts for approximately 80 percent of infections in Malawi.⁵

HIV/AIDS is emerging as a major global issue, the devastating impact of which is indicated by the statistics.⁶ According to UNAIDS figures in December 2007, 33.2 million people were living with HIV worldwide, of which 2.5 million people were newly infected and there were 2.1 million AIDS-related deaths.⁷ Southern Africa is the area hardest hit by the

³ UNAIDS (February 2008) 'UNAIDS' Terminology Guidelines', UNAIDS: Geneva

⁴ HIV type 1 (HIV-1) is the most common strain, whereas type 2 (HIV-2) is rare and found primarily in West Africa. See Grant, A.D. and De Cock, K.M. (2001) 'HIV infection and AIDS in the developing world' in Adler, M.W. (ed.) *ABC of AIDS*, 5th edition, BMJ Books: London, pp.59-64, p.59; UNAIDS (February 2008)

⁵ For the situation in Malawi see Anglewicz, P. and Kohler, H.P. (2009) 'Over-estimating HIV infection: The construction and accuracy of subjective probabilities of HIV infection in rural Malawi', *Demographic Research*, 20:6, pp.65-96' p.70; National Statistics Office (NSO) [Malawi] and ORC Macro (2005) 'Malawi Demographic and Health Survey (MDHS) 2004', NSO and ORC Macro: Calverton, Maryland, p.225; Muula, A.S. and Mfutso-Bengo, J.M. (2004) 'Important but neglected ethical and cultural considerations in the fight against HIV/AIDS in Malawi', *Nursing Ethics*, 11:5, pp.479-488, p.479. For the situation across Sub-Saharan Africa see Caldwell, J.C. and Caldwell, P. (1993) 'The nature and limits of Sub-Saharan African AIDS epidemic: Evidence from geographic and other patterns', *Population and Development Review*, 19:4, pp.817-48, p.818. For the situation in the developing world in general see Grant, A.D. and De Cock, K.M. (2001) p.59.

⁶ Whiteside, A. and Poku, N. (2004) 'Conclusion', in Whiteside and Poku (eds.) *The Political Economy of AIDS in Africa*, Ashgate: Aldershot, pp.215-220, p.216, Muula and Mfutso-Bengo (2004) p.479; Poku, N. (2005) *AIDS in Africa: How the Poor are Dying*, Polity Press: Cambridge, p.189-90; The Commission for Africa (2005) p.201; Foulkner, I. (26/06/2008) 'AIDS epidemic a "global disaster"', BBC News: Geneva <http://news.bbc.co.uk/1/hi/health/7474600.stm>

⁷ UNAIDS (December 2007) 'Global Summary of the AIDS Epidemic', UNAIDS: Geneva, Switzerland

pandemic, accounting for 68 percent of the global population living with HIV and almost 32 percent of all new HIV infections and AIDS-related deaths globally.⁸ It is projected that by 2015 more than 45 million people will have died from AIDS-related illnesses globally. A further 200 million people will be directly affected, based on conservative estimates that only 1 in 5 members of the family will be affected by each person who dies, and an additional 200 million people will be less directly affected.⁹ However, the long-term impact of HIV/AIDS is hard to measure, because there is a differential impact over time as an infected individual's health deteriorates, and a time-lag between infection and death.¹⁰

Beyond the public health concerns, HIV/AIDS poses a plethora of challenges to stability, security and development.¹¹ The sexually and socio-economically active population are hardest hit. This has enormous implications including: diminishing the capacity of businesses and services; reducing economic growth; leaving behind orphans and the elderly thereby increasing the dependency ratio (the ratio of the dependent population to the working-age population); reducing the teacher to pupil ratio in schools; impacting on food shortage; negatively impacting on fertility; and, reducing standards of living.¹² Engaging with the pandemic is therefore critical to achieving sustainable development and is included in the eight Millennium Development Goals (MDGs):

Goal 6: Combat HIV/AIDS, malaria and other diseases.

Target 1: Have halted by 2015 and begun to reverse the spread of HIV/AIDS.¹³

⁸ Whiteside, A. (2004) 'Responding to AIDS in crisis situations', in Poku and Whiteside, A. (eds.) pp.1-18, p.1; UNAIDS (2008) '2007 Epidemic Update: Sub-Saharan Africa AIDS Epidemic Update - Regional Summary', UNAIDS; Geneva, Switzerland, p.1

⁹ Poku (2005)

¹⁰ Poku, N.K. and Whiteside, A. (2004) 'Introduction: Africa's HIV/AIDS crisis', in Poku and Whiteside (eds.) pp.xvii-xxii, p.xvii

¹¹ Garrett, L. (July/Aug 2005) 'The Lessons of HIV/AIDS', *Foreign Affairs*, 64:4, p.52; Ngwira, N., Bota, S. and Loevinsohn, M.E. (2001) 'HIV/AIDS, agriculture and food security in Malawi: Background to action', Regional Network on HIV/AIDS, Rural Livelihoods and Food Security (RENEWAL): Lilongwe, Malawi and the Hague, Netherlands, p.8 ; Ostergard Jr., R.L. and M.R. Tubin (2004) 'Between state security and state collapse: HIV/AIDS and South Africa's national security', in Whiteside and Poku (eds.) pp.105-126, p.105; Poku, N. (2005) p189-90

¹² The Commission for Africa (2005) sections 83-4' p.204; Hope, R.K. (2001) 'Africa's HIV/AIDS crisis in development context', *International Relations*, XV, pp.15-36, pp.22-9

¹³ UN 'Millennium Development Goals <http://www.un.org/millenniumgoals/aids.shtml>

However, it is important to note that the pandemic is undermining the attainment of several other MDGs: to end global poverty and hunger; achieve universal education; reduce child mortality; and, improve maternal health.¹⁴ Moreover, the pandemic is self-sustaining because the impact it has exacerbates the conditions in which HIV transmission thrives; it is ‘simultaneously reducing the capacity of families, communities and nations to cope with the complex social, political and economic consequences.’¹⁵

The gendered dimensions of the pandemic are of fundamental concern to this research. Although both men and women are vulnerable to infection and in the early stages of the pandemic the infectivity of men was of greatest concern, as the pandemic matures women are increasingly infected. In mature epidemics in Sub-Saharan Africa women represented 61 percent of people living with HIV in 2007.¹⁶ UNIFEM highlights that ‘A decade ago women seemed to be on the periphery of the epidemic. Today they are at the centre of concern.’¹⁷ HIV/AIDS has reached crisis levels for women and girls. In addition, if these rates of infectivity amongst women continue, then ‘women will soon become the majority of the global total people infected.’¹⁸ The feminisation of HIV/AIDS is of concern because where women fulfil multiple roles as mothers, wives, providers, farmers and caregivers; their infectivity has a wide-ranging impact on the family, community and society.¹⁹ In particular, the infectivity of women threatens the future population because the children are at risk of mother-to-child transmission, when the mother is infected it diminishes her ability to raise the children and those children may become orphaned.

Research on HIV/AIDS has been dominated by a medical and public health discourse. The focus has been on the medicalisation of HIV/AIDS and mitigating the impact of the perceived crisis until a scientific solution is found. The importance of scientific

¹⁴ UNAIDS (February 2008); Poku, N. (2005) p1; Poku and Whiteside (2004)

¹⁵ Poku (2005) pp.189-90; Mattes, R. and Manning R. (2004) ‘The impact of HIV/AIDS on democracy in Southern Africa: What do we know, what do we need to know and why?’, in Whiteside and Poku (eds.) pp.191-214, p.191

¹⁶ UNAIDS (2008) p.1. See also The Commission for Africa (2005) Section 81’ p.203

¹⁷ Nath, M.B. (2004) ‘Gender, HIV and Human Rights: A Training Manual’, UNIFEM: Geneva

¹⁸ UN (2004) ‘The Secretary-General Message on International Women's Day 8 March 2004’, UN: Geneva’ p.1

¹⁹ UN (2004) p.1

achievements cannot be denied, ranging from the development of effective ARVs to advances in research. Moreover, as the pandemic escalates worldwide further scientific challenges remain, including the need to accelerate the pace of the development of a HIV vaccine. However, this focus obscures the deeper structures that leave populations vulnerable to infection and a greater contextualisation of the pandemic is also of paramount importance.²⁰ In particular, the gendered dimension has not been adequately researched and effectively engaged with.²¹ There has been a history of gender bias in the research: women have largely been invisible since the outset and those studies that have emerged have failed to engage with gender and have focused on the least vulnerable women.²² The tendency in the research on Sub-Saharan Africa is to focus on sex workers as a risk group, neglecting the vulnerability of women in marriage who are situations of risk.²³ Although prevention

²⁰ Poku (2005) p.2; Boone, C. and Batsell, J. (2001) 'Politics and AIDS: Research agendas in political science and international relations', *Africa Today*, 48:2, pp.3-33, p.4; UNAIDS (2001) 'Twenty Years of AIDS, UNAIDS – Factsheets'; Geneva, Switzerland; McFadden, P. (1992) 'Sex, sexuality and the problem of AIDS in Africa', in Meena, R. (ed.) *Gender in Southern Africa: Conceptual and Theoretical Issues*, SAPES: Harare, Zimbabwe; Fauci (2003) 'HIV and AIDS: 20 years of science', *Nature Medicine*, 9:7, pp.839-843, p.839; Piot, P. and Seck, A.M.C. (2001) 'International responses to the HIV/AIDS epidemic: Planning for success', *Bulletin of the WHO*, 79:12, pp.1106-1112; Klausner, R.D, Fauci, A.S, Corey, L., Nabel, G.J., Gayle, H., Berkley, S., Haynes, B.F., Baltimore, D., Collins, C., Douglas, R.G., Esparza, J., Francis, D.P., Ganguly, N. K., Gerberding, J.L., Johnston, M.I., Kazatchkine, M.D., McMichael, A.J., Makgoba, M.W., Pantaleo, G.,Piot, P., Shao, Y., Tramont, E., Varmus, H., and Wasserheit, J.N. (2003) 'The need for a global HIV vaccine enterprise', *Science*, 27, pp.2936-39

²¹ Highlighted for situation in general by Tamale, S. (2008) 'Gender, work and HIV: Reflections from Uganda', 3rd *Africa Conference on Sexual Health and Rights, 4-7 February 2008, Abuja, Nigeria*. For situation in Malawi see Rankin, S.H., Lindgren, T., Rankin, W.W. and Ng'Oma, J. (2005) 'Donkey work: Women, religion, and HIV/AIDS in Malawi', *Health Care for Women International*, 26:1, pp.4-16, p.6

²² Amaro, H. and Raj, A. (2000) 'On the margin: Power and women's HIV risk reduction strategies', *Sex Roles*, 42:7-8, pp. 723-749, p.730-3

²³ Director of Planning, Research and Evaluation, Department of HIV, AIDS and Nutrition within the Office of the President and Cabinet (OPC) (25/07/07) Offices of the Department of HIV, AIDS and Nutrition: Lilongwe, Malawi; Gender Network National Coordinator, Action Aid (17/07/07) Offices of Action Aid: Lilongwe, Malawi; Rankin et al (2005) p.14; Anglewicz and Kohler (2009) p.70, Bracher, M., Santow, G., and Watkins, S.C. (2003) "'Moving" and marrying: Modeling HIV infection among newly-weds in Malawi', *Demographic Research*, Special Collection 1:7, pp.207-46; De Zousa, I. Sweat, M.D. and Denison, J.A. (1996) 'Faithful but fearful: Reducing HIV infection in stable relationships', *AIDS*, 10: supplement A, pp.s197-203; Civil Liberties Committee (CILIC) (June 2007) 'Program study final report', CILIC: Blantyre, Lilongwe, p.7

strategies are beginning to pay attention to gender, the research continues to lag behind.²⁴ Moreover, despite recognition of the gendered dimensions by the Government, International Organisations and Non-Governmental Organisations (NGOs), the tendency is to respond at a superficial level only.

In considering the vulnerability of women to HIV infection, this research recognises that women are not a singular homogenous group, as explored in greater depth in chapter one. Although the analysis focuses on women in marriage, it is careful to differentiate between the north, central and southern regions of Malawi; rural and urban areas; socio-economic class; levels of education; ethnic groups; and, the matrilineal and patrilineal societies. However, despite the differences between women, the gendered structures are pervasive and empowered women can only overcome them to a limited extent.²⁵ The issues raised are therefore relevant to women more broadly. In addition, although an examination of women's lives is central to understanding how power operates through gendered structures,²⁶ the gendered structures are constituted through the social relations in which they are situated and both men and women produce and reproduce gendered structures.²⁷ Therefore the general social context and men's lives are also considered.

The objective of this research is to critique the current response to HIV/AIDS in Malawi, and provide a thorough and theoretically informed analysis of why women are vulnerable. In response to escalating prevalence amongst women there are calls for women to be empowered, but the issues of how women lack power have not been effectively understood.²⁸ The analysis therefore sheds light on the character and bases of the

²⁴ Amaro and Raj (2000) p.730-3

²⁵ Programme Officer, The Joint United Nations Programme on HIV/AIDS (UNAIDS) (25/07/07) Offices of UNAIDS: Lilongwe, Malawi; Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi

²⁶ Enloe, C. (2001) 'Interview with professor Cynthia Enloe', Annual Conference of the ISA in Chicago, Feb 2001, *Review of International Studies*, 27:4, pp.649-666, p.663

²⁷ Steans, J. (2003) 'Engaging from the margins: Feminist encounters with the "mainstream" of international relations', *British Journal of Politics and International Relations*, 5:3, pp.428-54, p.439. See also Flax, J. (1987) 'Postmodernism and gender relations in feminist theory', *Signs: Journal of Women in Culture and Society*, 12:4, pp.621-643

²⁸ Gupta, G.R. (2005) 'How men's power over women fuels the HIV epidemic: It limits women's ability to control sexual interactions – Editorials', *British Medical Journal*, pp.183-4, p.184; Craddock, S. (2006) 'Disease, social identity and risk: Rethinking the geography of AIDS', *Transactions of the British Institute of Geographers*, New Series, 25:2, pp.153-68, p.155; UNAIDS, UNFPA and UNIFEM (2004) 'Women and HIV/AIDS: Confronting the Crisis',

subordination of women, in order to facilitate a more meaningful discussion of how to empower them. The hypothesis asserts that the response to HIV/AIDS in Malawi is limited because of the failure to successfully engage with the gendered dimensions; and, that gendered structures of power underscore the vulnerability of women to HIV infection.

In order to achieve the stated aims and objectives the research questions are:

1. Does the response to HIV/AIDS in Malawi engage with the gendered power relations?
2. How do gendered structures of power underscore the vulnerability of women to HIV infection?
 - How do gendered structures affect the position of women to negotiate for safer sex?
 - How do gendered structures of power affect the capacity women have to leave a marital union if it puts them at risk of HIV infection?
 - How do gendered structures of power underscore the biological vulnerability of women to HIV infection?

Methodology

Emanating from the ontological and epistemological foundations of this research, a broadly 'feminist interpretivist' methodology is used that seeks to understand 'how the social world is interpreted, experienced, produced or constituted'.²⁹ Qualitative methodology is appropriate to the research aims and questions; it can generate rich data in order to critique the current response to HIV/AIDS, and to understand the depth and complexity of how gendered structures underscore the vulnerability of women to HIV infection. It facilitates a thorough exploration of the complexities of specific situations and the similarities and diversity

UN: Geneva; Baylies, C. and Bujra, J. (1995) 'Discourses of power and empowerment in the fight against HIV/AIDS in Africa' in Aggleton, P., Davies, P. and Hart, G. (eds.) *AIDS: Safety, Sexuality and Risk*, London: Taylor and Francis, p.194

²⁹ Mason, J. (2002) *Qualitative Researching*, Sage Publications: Thousand Oaks, CA, p.3; Bryman, A. (2001) *Social Science Research Methods*, Oxford University Press: Oxford, p.264; Denzin, N. and Lincoln, Y., (2000) *Handbook of Qualitative Research*, Sage Publications: Thousand Oaks, CA, p.3; Blaikie, N. (2000) *Designing Social Research*, Polity Press: Cambridge, p.115

between an otherwise assumed homogenous group of Malawian women.³⁰ There is a 'bottom-up' approach that allows the theorising to emerge out of the data and meaningful categories arise from the ground ('grounded theory').³¹ The importance of the 'bottom-up' approach is explored in further detail in chapter one.

The use of qualitative methods offers a dual challenge to the emphasis on the value of quantitative methods in both the discipline of international relations (IR) and the scientific discourse of HIV/AIDS. Despite subtle differences in the positions between IR scholars, quantitative methods receive widespread support in IR scholarship. As Steans argues, 'whatever their differences, neo-realist and neo-liberal institutionalists both assume that it is possible to understand the world objectively and, therefore, international relations are amenable to investigation using scientific methods.'³² Feminists offer a critique of the myth of positivism: the objective and rational nature of positivism seeks to quantify 'what is' and appeals to a masculine ontology. Although the orthodoxy of positivist approaches has been challenged, they are 'yet to be displaced as the dominant approach to IR'.³³ A scientific discourse dominates in the research on HIV/AIDS, as previously considered, and there is a reliance on quantitative data and methods. A 'feminist interpretivist' approach challenges the positivist methods of natural scientists, which are not necessarily appropriate for investigating the social world.

The strengths of employing qualitative methodology to achieve the aims of this research can be highlighted through juxtaposing it against the limitations of quantitative methodology. Qualitative methods allow the detailed understanding of the intricacies of the motivations and experiences of the woman, while quantitative methods focus more on measurable aspects of their lives.³⁴ As Semu and Binauli argue for their research on gender

³⁰ Keohane, R.O. (1998) 'Beyond dichotomy: Conversations between International Relations and Feminist theory', *International Studies Quarterly*, 41, pp.193-198, p.195

³¹ Mason(2002); Wengraf, T. (2001) *Qualitative Research Interviewing: Biographic Narrative and Semi-Structured Methods*, Sage: London, p.2; Bryman (2001) p.264; Bryman, A. (1988) *Quantity and Quality in Social Research*, Unwin Hyman: London, p.46; Glaser, B. and Strauss, A. (1967) *The Discovery of Grounded Theory: Strategies for Qualitative Research*, Aldine: Chicago

³² Steans (2003) p.429

³³ Steans (2003) p.429-30

³⁴ Kaler (2003) "My girlfriend could fill a Yanu-Yanu bus": Rural Malawian men's own claims about their sero-status', *Demographic Research*, Special Collection 1:11, pp.349-372, p.35; Ampofo, A.A., Beoku-Betts, J.N., Wairimu, N., Osirim, M. (2004) 'Women's and gender

inequalities in Malawi, statistical measures including the Gender Development Index (GDI) and the Gender Empowerment Measure (GEM) ‘do not present complete pictures of specific country situations, being more concerned with just the figures and not the dynamics that lead to such inequalities.’³⁵ As Charmes and Wierenga conclude in their evaluation of measuring women’s empowerment with the GDI and GEM ‘there are many issues related to women’s empowerment that escape quantification in the traditional sense’ and identify the need for more sensitive approaches.³⁶

The empirical analysis chiefly employs qualitative research methods including case study analysis, semi-structured key-informant interviews and documentary analysis, although quantitative methods are utilised to a limited extent in order to indicate the scale of the pandemic and certain aspects of the gender inequalities.

Case study

There is an in-depth case study of Malawi that allows a contextualised, detailed examination of the situation of women’s lives. (Figure 1 is a map of Malawi). Extensive fieldwork was undertaken that included forty-four key informant interviews, language training and the collection of documents to enable an understanding of the context. A deep analysis from the ‘bottom-up’ enables conclusions to be generated about the specific context, which are relevant at the grassroots. Given the restricted time and resources, it was not within the scope of this research to consider multiple case studies and they would have been too thin to generate meaningful conclusions. The focus on Malawi as a case study in its own right is important because the scale and trends of the HIV/AIDS epidemics in Sub-Saharan Africa differ considerably and broad generalisations about the region are problematic.³⁷ Within

studies in English-speaking Sub-Saharan Africa: A review of research in the social sciences’, *Gender Society*, 18: 6, pp.685-714, p.688; Keohane (1998) p.195

³⁵ Semu, L. and Binauli, L.C. (1997) ‘Women’s status in Malawi: A case for gendered development’, *Bwalo*, University of Malawi, Centre for Social Research: Zomba, Malawi, 1, pp.85-104, p.86

³⁶ Charmes, J. and Wieringa, S. (2003) ‘Measuring women’s empowerment: An assessment of the Gender-related Development Index and the Gender Empowerment Measure’, *Journal of Human Development*, 4:3, pp.419-435, p.434

³⁷ UNAIDS (2008) p.1

Figure 1: A Map of Malawi



Malawi HIV prevalence varies: it is greater in the south (20-22 percent) than the north (8 percent) and centre (7 percent);³⁸ and greater in the urban than rural areas, although it has spread to formerly less infected rural areas.³⁹

Malawi is an important case study because it is situated in the region hardest hit by the pandemic. By 2006 Malawi was one of ten countries with the highest prevalence.⁴⁰ According to the reports, the first case of AIDS was diagnosed in Malawi in 1985.⁴¹ Prevalence had escalated from 1.7 percent in 1987 to 14.3 percent ten years later.⁴² In recent years as the epidemic matures the prevalence has stabilised at around 14 percent and other reports suggest it is declining.⁴³ However, of concern to this research is that these figures obscure the increasing impact of the epidemic on women.⁴⁴ In 2004 57 percent of infected adults in Malawi were women, which is typical of the situation across Sub-Saharan Africa.⁴⁵ More specifically, the gendered dimensions of the epidemic are situated within the context of a strong belief in the maintenance of the traditional role of women, which leaves them marginalised across their lives.⁴⁶ A more detailed contextualisation of HIV/AIDS and its gendered dimensions in Malawi is conducted in chapter two.

³⁸ NSO and ORC Macro (2005)

³⁹ Ngwira, Bota and Loevinsohn (2001) p.8; Rankin et al (2004) p.5

⁴⁰ UNAIDS (2006) 'Report on a Global Epidemic', UNAIDS: Geneva

⁴¹ USAID (February 2005) 'Health Profile: Malawi HIV/AIDS', USAID-Malawi: Lilongwe, Malawi; Government of Malawi (2003) 'National HIV/AIDS Policy: A call for renewed action', Office of the President and Cabinet (OPC) and National AIDS Commission (NAC): Lilongwe, Malawi, 1.1; Government of Malawi (November 2000) 'The National Strategic Framework for HIV/AIDS 2000-2004', Government of Malawi: Lilongwe, Malawi ; UNAIDS and WHO (2004) 'Malawi: Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Infections – 2004 Update', UNAIDS and WHO: Lilongwe, Malawi www.unaids.org/html/pub/publications/fact_sheets01/malawi_en_pdf.pdf.; UNICEF (2002) 'Education and HIV/AIDS in Malawi', *The State of the World's Children 2002*, UNICEF: Geneva <http://www.unicef.org/sowc02/feature5.htm>.

⁴² National AIDS Commission (NAC) (2001) 'National HIV Prevalence Estimates Report', Government of Malawi: Lilongwe

⁴³ NSO and ORC Macro (2005)

⁴⁴ Programme Manager - Gender, Canadian International Development Agency (CIDA) (27/07/07) Offices of CIDA: Lilongwe, Malawi

⁴⁵ UNAIDS (2004) 'Report on an Epidemic', UNAIDS: Geneva

⁴⁶ BBC (2004) 'The pulse of Africa Survey', BBC focus on Africa

Interviews

Forty-four key informant interviews were conducted in Malawi in order to generate lots of rich, new data to fill gaps in the literature on the gender context of HIV/AIDS. This data allowed a critique of the response to the gendered dimensions of HIV/AIDS and an exploration of the depth, context and complexity of the reasons why women are vulnerable to HIV infection.⁴⁷ The use of interview data is in accordance with the ontological position that knowledge, views, understandings, experiences and interactions are meaningful properties of understanding the social reality of women's lives.⁴⁸ It is also in accordance with the epistemological position that legitimate and meaningful way to generate data is to talk interactively with people.⁴⁹

Theoretical sampling was conducted whereby a specific sample of key informants with relevant experience and knowledge were identified.⁵⁰ The interviewees were representatives of relevant organisations in Malawi involved in responding to the gendered dimensions of HIV/AIDS. These organisations included government ministries, constitutional organisations, international monetary donors, UN organisations, non-governmental organisations (NGOs) and faith-based organisations (FBOs). (A list of the participants and their positions, the date and the location of the interviews is included in Appendix 1). The interviewees were officials and special informants who can shape, reflect and critique popular opinions. Given the embedded structures of power, the hierarchy of organisations is important because it includes representatives from up and down the power scale from key figures in positions of power to representatives at the delivery end. The NGOs have the distance and insight to be perceptive about the power structures. It is worth highlighting that interviewing women at a grassroots level was beyond the practical limits of the fieldwork because of the sheer number of interviews that would be needed to generate meaningful conclusions. However, their interests are reflected by the interviews with the NGOs, in particular by the representative of the Women's Coalition.

⁴⁷ Mason (2002) pp.3,65

⁴⁸ Mason (2002) p.63

⁴⁹ Mason (2002) p.64

⁵⁰ Mason (2002)

The interview method was flexible and sensitive to the social context in which the data was generated. The semi-structured interview framework allows the respondents to present how they understand and contextualise the issues in their own terms.⁵¹ Although key issues were generated from literature and preliminary research trips, the interviews were exploratory and the questions were revised as research has developed.⁵² The semi-structured framework meant that similar themes were explored in the interviews and this allows for some comparison in the analysis of the data. The interview schedule that provided the guidelines for the interviews is included in Appendix 2.

Chichewa language training was undertaken at the Centre for Languages, in the University of Malawi. Chichewa is the national language and is the most widely spoken of seven major languages in the country. It is the predominant language spoken in Lilongwe and Blantyre where the interviews were conducted. The language training facilitated a greater access to the interviewees that could not have been achieved otherwise. It allowed access through the gatekeepers and the willingness with which interviewees were prepared to recommend me to further interview subjects enabled the research to achieve a much broader and deeper level of data collection than was originally planned. Furthermore the language training eased travel to the offices.

Interviews are not neutral tools but active social interactions between people that produce negotiated and contextually based results. As a result knowledge was reconstructed and meanings created, rather than facts reported.⁵³ Furthermore, a degree of judgement was necessary in the analysis and the results are subjective.⁵⁴ Qualitative validity is achieved through trustworthiness based on credibility, dependability, plausibility, transferability and conformability.⁵⁵ The interview framework was theoretically informed and generated during the preliminary research trips in Malawi in 2005 and 2006. Informal meetings were conducted with potential interviewees, primary and secondary documents were analysed, a deeper cultural understanding was developed and language training was undertaken. This

⁵¹ Patton, M. (1980) *Qualitative Evaluation Methods*, Sage: Beverley Hills, CA

⁵² Mason (2002) p.3

⁵³ Mason (2002) p.62

⁵⁴ Mason (2002)

⁵⁵ Guba, E.G. and Lincoln, Y.S. (1994) 'Competing paradigms in qualitative research', in Denzin and Lincoln (eds.) pp.105-117; Hammersley, M. (1992) *What's wrong with ethnography?*, Routledge: London

allowed a deeper understanding of the cultural context and revealed issues to form the basis for the interview questions. The interviewees were identified, approached and recruited for this research through the organisations they represent. Many of the organisations have had a long-term presence in country and a nationwide coverage. The representatives tended to be HIV/AIDS or gender focal points in the organisations rather than the heads of organisations because they were specialists in issues of gender and/or HIV/AIDS and therefore better informed to answer my questions. The interviewees were often in a position to draw upon their organisation's research findings and feedback from the regional and district offices to generate an understanding about the situation countrywide. The interviewees answered a series of semi-structured interview questions on why women are vulnerable to HIV infection and how this vulnerability is responded to. The issues that the interviewees raised were identified and analysed using the Nvivo software package, which enables deep levels of qualitative analysis of large volumes of rich data. Thereafter the findings were verified through a process of 'triangulation', which involved returning to the literature and data on Malawi, Sub-Saharan Africa and HIV/AIDS.

Documentary analysis

Documentary analysis of secondary and primary sources was undertaken alongside the interview method in order to verify, contextualise and clarify the interview data.⁵⁶ This allowed for interpretation of naturally occurring data outside the presence of the researcher.⁵⁷ Data was collected that provided contextual and background information. This methodology is in accordance with the ontological position that written words shape and form the social world and express and represent relevant elements of the social world.⁵⁸

The secondary documentary sources included grassroots studies, which provided information and data not available in other forms. Due to the constraints of time and resources, it was beyond the scope of this research to conduct a sufficient number of interviews with men and women at a grassroots level. It enabled the understanding of events

⁵⁶ Mason (2002) p.108

⁵⁷ Scott, J. (1990) *A Matter of Record: Documentary Sources in Social Research*, Polity Press: Oxford and Cambridge

⁵⁸ Mason (2002) p.110, 106

and processes that are not possible to observe, for example cultural sexual practices. The secondary sources were chiefly accessed in Malawi through bookshops, the University of Malawi and the national archives in Zomba.

Primary sources were analysed including international conventions and treaties, official government documents including the Malawi Constitution, legislation, policy proposals and reports from various organisations operating within Malawi. These documents are ‘open-archival’ (stored in a place potentially accessible to everyone) or ‘open-published’ (printed and reproduced for public circulation). A few documents were accessible online but the majority were collected whilst visiting the offices of various organisations.⁵⁹ Where organisations had a single, original document available the relevant sections were photographed. The process of locating documents was facilitated by the language training and a process of snowballing. In addition, there is an analysis of unofficial documents, including media articles and advertisements that are available in the public domain. Many of these documents were collected through visiting numerous offices of the National Initiative for Civic Education (NICE) across the country. Of particular use were the Public Affairs Committee pamphlets that compiled the main media stories for each month over the past few years.

Documents are socially constructed in accordance with rules, express a structure, are nestled within a specific discourse and their presence in the world depends on collective, organised action.⁶⁰ They are created by particular people, within certain contexts, for certain purposes and have various consequences.⁶¹ Qualitative validity is achieved through questioning the authenticity, credibility, representativeness and meaning of the document.⁶²

Data analysis

Although qualitative methods are essential to the research questions here, quantitative methods are employed to a limited extent to further understand the issues and questions

⁵⁹ Scott (1990)

⁶⁰ Prior, L. (2003) *Using Documents in Social Research*, Sage Publications: Thousand Oaks, CA, p.4; Mason (2002) pp.4,13

⁶¹ Prior (2003) p.4; Mason (2002) p.111

⁶² Scott (1990)

generated from the qualitative research.⁶³ In particular, statistics are utilised to reveal aspects of the situation of HIV/AIDS in Malawi and the position of women. National gender statistics have become available and key data for HIV/AIDS are disaggregated by gender.⁶⁴ The research particularly draws upon national surveys including statistics from the National Statistics Office 'Demographic Housing Survey (DHS)', 'Population Projections' and 'Crimes of need: Results of the Malawi National Crime Victimization Survey' (2004) and the National AIDS Commission (2003) 'HIV/AIDS in Malawi: Estimates of the prevalence of infection and the implications'.⁶⁵ However, these statistics can be limited in their reliability, especially because of enormous stigma surrounding issues of sex and HIV/AIDS. Personal sexual relations are hard to quantify, and therefore HIV data cannot always be precise or predictable.⁶⁶ Although the statistics have got better, the main problem with the HIV prevalence is that the methodology involves monitoring data primarily through antenatal clinic (ANC) sentinel surveillance. The MDHS recognises that the biases include: 'health facilities are not randomly selected and tend to be urban; pregnant women may have unprotected sex at a greater rate than the general population, which could overestimate the prevalence; the prevalence in ANC attendees may underestimate what is happening with the general population because women with HIV associated infertility are not captured; and men and non-pregnant women are not included in the sentinel surveillance sample'.⁶⁷ In addition, there are variations in the quality and some uncertainty concerning the magnitude and

⁶³ For a consideration of how quantitative methods can add to and draw on feminism see Caprioli, M. (2004) 'Feminist IR theory and quantitative methodology: A critical analysis', *International Studies Review*, 6, pp.253-69, pp.253, 261

⁶⁴ IPPF, UNFPA and The Global Coalition on Women and AIDS (2006) 'Report card: HIV prevention for girls and young women', IPPF, UNFPA and The Global Coalition on Women and AIDS: Lilongwe, Malawi, p.3

⁶⁵ NSO and ORC MACRO (2005); NSO and ORC MACRO (2004) 'Population Projections', National Statistics Office: Zomba, Malawi; Pelsier, E., Gondwe, L., Mayamba, C., Mhango, T., Phiri, W. and Burton, P. (December 2005) 'Intimate Partner Violence: Results from a National Gender-Based Violence Survey in Malawi', Crime and Justice Statistical Division, National Statistics Office: Zomba, Malawi
<http://www.iss.co.za/pubs/Books/IntimatePartnerViolenceDec05/IntimatePartnerViolence.pdf>; National AIDS Commission (NAC) (2003) 'HIV/AIDS in Malawi: Estimates of the prevalence of infection and the implications', NAC: Lilongwe

⁶⁶ Hans Morgenthau stressed the importance of 'scientific precision and predictability.' Morgenthau, H. (1995) 'The intellectual and political functions of theory', in Der Derian, J. (ed.) *International Theory: Critical Investigations*, New York: New York University Press

⁶⁷ NSO and ORC MACRO (2005) p.225

direction of biases being introduced in the population surveys due to refusal and absence.⁶⁸ A scenario assuming that non-responders have twice the HIV prevalence of those who fully participated in the survey suggests that individual non-response could result in an adjusted HIV prevalence 1.03 to 1.34 times higher than the observed prevalence.⁶⁹ It is important to note that the statistics beyond these national surveys are still partial. For example many organisations in Malawi do not compile basic statistics, including the Victim Support Units and Magistrates offices, which were approached during the fieldwork. In addition, as a HIV/AIDS specialist working with Canadian International Development Agency (CIDA) highlights there are issues surrounding the quality and relevance and methods of the available data and pointed to the contradictions in the information that the Health Sector-Wide Approach (SWAP) receives.⁷⁰

The conclusions and the wider debate

This research produces elaborative data that raises issues for further research, but general or quantifiable conclusions cannot be generated.⁷¹ Instead it contributes to the existing body of research and the case study of Malawi can be utilised to engage in the broader debates. Other studies are also limited in terms of the extent to which their conclusions can be generalised, but collectively they can reveal themes and similarities. The questions, themes and conclusions generated can be applied to further case studies to generate more general conclusions. The HIV/AIDS epidemic in Malawi, although distinct, is part of the broader global pandemic.⁷² In addition, there are commonalities between situations in developing countries that put women at risk of infection: including their limited access to education; lower literacy; greater poverty; vulnerability to sexual coercion and rape; need to engage in

⁶⁸ NSO and ORC MACRO (2005) p.226; Dzikedzeke, K. and Fylkesnes, K. (2004) 'Reducing uncertainties in HIV prevalence estimates: The case of Zambia' *15th International Conference on AIDS: Bangkok, Thailand Jul 11-16*, 15: abstract no. C11478

⁶⁹ García-Calleja, J.M., Gouws, E. and Ghys, P.D. (2006) 'National population based HIV prevalence surveys in Sub-Saharan Africa: Results and implications for HIV and AIDS estimates', *Sexually Transmitted Infections*, 82 (Supplement 3), pp.iii64-iii70

⁷⁰ Programme Manager - HIV and AIDS, Canadian International Development Agency (CIDA) (26/07/07) Offices of CIDA: Lilongwe, Malawi

⁷¹ Fontana, A. and Frey, J. (1994) 'The interview: From structured questions to negotiated text', in Denzin and Lincoln (eds.) pp.645-72, p.652

⁷² Poku (2005) p.59

transactional sex for survival; and, women are constricted especially in terms of their sexual behaviour.⁷³ During the interviews the situation in Malawi was contextualised within Sub-Saharan Africa and globally, which indicates that the issues are not unique.⁷⁴ The extent to which the issues raised in this research affects women across Sub-Saharan Africa was also highlighted when it was presented in a plenary session at the ‘Third Africa Conference on Sexual Health and Rights’.⁷⁵ Furthermore, the subordination of women has emerged as one of the biggest global issues, effecting women across cultural and geographical boundaries.

⁷³ Rivers, K., Aggleton, P., Elizondo, J., Hernandez, G., Herrera, G., Mane, P., Niang, C.I., Scott, S. and Setiadi, B. (1998) ‘Gender relations, sexual communication and the female condom’, *Critical Public Health*, 8:4, pp.273-90, pp.274,276

⁷⁴ Programme Officer – Reproductive Health and HIV/AIDS, United Nations Children’s Fund (UNICEF) (19/07/07) Ryall’s Hotel Conference Centre: Blantyre, Malawi; Head of Policy Support and Development, National AIDS Commission (NAC) (24/07/07) Offices of NAC: Lilongwe, Malawi; Representatives of the HIV/AIDS section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe: Malawi; Programme Officer, The Joint United Nations Programme on HIV/AIDS (UNAIDS) (25/07/07) Offices of UNAIDS: Lilongwe, Malawi; Executive Director, Malawi AIDS Counselling and Resource Organisation (MACRO) (25/07/07) Offices of MACRO: Lilongwe: Malawi; Programme Manager - HIV and AIDS, Canadian International Development Agency (CIDA) (26/07/07) Offices of CIDA: Lilongwe, Malawi; Programme Manager - Gender, Canadian International Development Agency (CIDA) (27/07/07) Offices of CIDA: Lilongwe, Malawi; Strategic Manager - Youth Alert Programme, Population Services International (PSI) (20/07/07) Offices of PSI Malawi: Blantyre, Malawi; Behaviour Surveillance Research Coordinator, Family Health International (FHI) (26/07/07) Offices of FHI: Lilongwe, Malawi; HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi; Acting Programmes Manager, The Malawi Network of People Living with HIV (MANET Plus) (24/07/07) Offices of MANET-Plus: Lilongwe, Malawi; Senior Assistant to the Chief State Advocate/ Human Rights Coordinator, Ministry of Justice and Constitutional Affairs (25/07/07) Offices of the Ministry of Justice and Constitutional Affairs: Lilongwe, Malawi; Advocacy Officer, National Association for People Living with HIV and AIDS (NAPHAM) (12/07/07) Offices of NAPHAM: Lilongwe, Malawi; Director of Planning, Research and Evaluation, Department of HIV, AIDS and Nutrition within the Office of the President and Cabinet (OPC) (25/07/07) Offices of the Department of HIV, AIDS and Nutrition: Lilongwe, Malawi; Programme Analyst - Governance and HIV/AIDS, United Nations Development Programme (UNDP) (27/07/07) Offices of UNDP: Lilongwe, Malawi; Programme Officer – HIV/AIDS, United Nations World Food Programme (WFP) (23/07/09) Offices of WFP: Lilongwe, Malawi; Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi

⁷⁵ 3rd Africa Conference on Sexual Health and Rights, 4-7 February 2008, Abuja, Nigeria

Ethics

This research complies with University of Southampton ethical guidelines. The main issues for this research were raised by the one-on-one interviews. There were relations of power and privilege because the interviewer/researcher is white, western and was often highly educated relative to the participants.⁷⁶ However, these issues were carefully managed and the researcher was presented as a student seeking to learn from the interviewees. Additionally, although issues of HIV/AIDS would be sensitive to Malawian people in general, the participants were interviewed as representatives of their organisations where they are involved in these issues on a day-to-day basis and not in a personal capacity. An understanding of the customs enabled the researcher to conduct themselves in a culturally respectful manner.

The semi-structured interviews gave the interviewees more freedom and control, and the opportunity to give fuller responses. The fluid and flexible structure allowed unexpected themes to be developed.⁷⁷ The participants were not under pressure to provide the correct answer or given the impression that the researcher knew the answers, instead they were encouraged to expand on how they understand the issues. The interviewees were firstly asked basic factual questions about their roles and the nature of their organisations to help them relax. The thesis has sought to ensure the responses of the interviewees are fairly represented. The marked disparity between the culture and experiences of African and Western women has led to the misinterpretation of African texts by many feminist scholars;⁷⁸ therefore greater credibility is achieved through using the participant's actual words.⁷⁹ However, there is some potential for distortion and inaccurate representation of the participant's intended meaning because of language. Although English is widely spoken by

⁷⁶ For a consideration of the challenges of reflexivity in feminist research in Africa see the discussion in Mkandawire-Valhmu, L. and Stevens, P.E. (2007) 'Applying a feminist approach to health and human rights research in Malawi: A study of violence in the lives of female domestic workers', *Advances in Nursing Science*, 30:4, pp.278-289. Nkenza (1997, reprinted 2000) 'Women in post-colonial Africa: between african men and Western feminists', in Darby, P. (ed.) *At the Edge of International Relations: Post-Colonialism, Gender and Dependency*, Continuum: London, p.215-16

⁷⁷ Mason (2002) p.62

⁷⁸ Nkenza (1997) p.215-16

⁷⁹ Strauss, A. and Corbin, J. (1998) *Basis of Qualitative Research: Techniques and Procedures*, Sage: California

the interviewees, it is not their mother tongue and the English spoken has developed locally, which means it is possible that some words were misunderstood from my British perspective. A summary report of the findings of this research will be distributed to the organisations represented by the participants to give them the opportunity to ensure they are not misrepresented.

Each participant received an information sheet that outlined the research prior to their interview and gave their informed consent on a signed consent form. (Copies of these documents are included in Appendix 2). It was made clear to the participants that they could withdraw consent to participate at any time without penalty. There was no reason to believe that any of the participants in this research were not in a position to give full informed consent. The audio recorder was stopped and specific information was not utilised where this was requested by the participants. The interviewees were assured of the anonymity of their responses and granted confidentiality. They are identified as representatives of their respective organisations except in those cases where this was not permitted. The data has been securely stored in audio and written form on my personal computer. Where respondents did provide accounts of their personal experiences these were omitted from the analysis.

It is important to note that there were some controls over the information that could be accessed. Several interviewees required permission from their superiors to be interviewed as representatives of their respective organisations. In one case this was declined. There were issues that they were not permitted to discuss, particularly where they compromised their funding interests.

The value and relevance of this research

The value and relevance of this research is twofold, as explored in greater depth in the conclusion. On the one hand, this research contributes to the feminist task of radically challenging the conventional boundaries of International Relations (IR),⁸⁰ which draws upon

⁸⁰ For a discussion of how feminism has challenged the conventional boundaries of IR see Steans (2003)

a predominantly masculine form of knowledge.⁸¹ Despite the increasing number and variety of critical feminist IR theories as a subfield on the margins of IR, the mainstream of the discipline remains silent about gender.⁸² Feminist analysis of the gendered dimensions of the pandemic makes an important contribution to the ongoing drive to place gender issues firmly on the IR agenda.⁸³ The vulnerability of women is central to one of the biggest global challenges of our time, the HIV/AIDS pandemic and it has implications for women worldwide. Whilst other disciplines have engaged with the HIV/AIDS pandemic, the literature on the politics of the pandemic is scant and there is a tendency for speculation from limited data.⁸⁴ There is a paucity of political scientists and international relations scholars engaging with the issues of HIV/AIDS. IR is typically concerned with the public spheres of the global and the national, whereas HIV/AIDS involves the private sphere of personal sexual relations. However, with the increasing impact of HIV/AIDS, it transcends the divide between the public and private sphere and places it on the national and international agenda.⁸⁵ An understanding of the vulnerability of women provides the opportunity to challenge existing gendered structures and talk meaningfully about their empowerment. On the other hand, this research challenges the dominance of the medical and health discourse on HIV/AIDS, examined further in chapter two, by making an important contribution to the understanding of why women are vulnerable to HIV infection. The analysis views the operation of gendered structures of power in Malawi from an external standpoint, as explored in chapter one.

⁸¹ Squires, J. and Weldes, J. (2007) 'Beyond Being Marginal: Gender and International Relations in Britain', *British Journal of Politics and International Relations*, 9:2, pp.185- 203, p.189

⁸² Sjoberg, L. (2006) 'Gendered realities of the immunity principle: Why gender analysis needs feminism', *International Studies Quarterly*, 50, pp.889-910, p.891; Carpenter, C. (2002) 'Gender theory in world politics: Contributions of a non-feminist standpoint', *International Studies Review*, 4:3, pp.153-65; Tickner, J.A. (2005) 'Gendering a discipline: Some feminist methodological contributions to international relations', *Signs: Journal of Women in Culture and Society*, 30:4, pp.2173-88, p.2173; Tickner (1997) 'You just don't understand: Troubled engagements between feminists and IR theorists', *International Studies Quarterly*, 41:4, pp.611-632; Zalewski, M. (2003) "'Women's troubles" again in IR', *International Studies Review*, 5:2, pp.287-302

⁸³ Steans (2003) p.435. For consideration of how feminism remains on the margins of political science see Sapiro, V. (1998) 'Feminist studies and political science – and vice versa', in Phillips, A. (ed.) *Feminism and Politics*, Oxford University Press: Oxford, pp.67-89

⁸⁴ Whiteside and Poku (2004) p.215

⁸⁵ See Boone and Batsell (2001) p.3

The structure

This thesis first introduces the theory, and then appraises the response in Malawi, and finally examines how gendered structures leave women vulnerable to infection. Chapter one outlines the theoretical basis for the empirical analysis. Feminist conceptualisations of how power operates through gender generally are introduced. It is argued that a combination of feminist post-structuralist and critical theory perspectives allow a deeper understanding of how power operates through gendered structures.⁸⁶ The term 'gendered structures' refers to the ways of thinking, knowing and acting in accordance with gender. Gendered structures of power include the gendered frameworks and discourses at one level and the gendered ideologies at the other. Two issues that underpin the premises for this research are explored: that empowerment is possible and where HIV/AIDS spreads along the gender fault lines of society it sheds light on them and creates a space to challenge them; how a capabilities approach to understanding what real interests are reveals how the current gender order harms women's 'real interests'. A post-structuralist perspective enables the analysis to question the ways in which certain gendered discourses and frameworks mean that the response fails to engage with the gendered power relations. A critical theory perspective allows the analysis to examine the ways in which certain gendered ideologies are reproduced and support asymmetric power relations between men and women that leave women vulnerable to HIV infection. In addition, the complexities of applying a feminist perspective to this research are explored.

Chapter two addresses the first of the research questions which asks: Does the response to HIV/AIDS in Malawi engage with the gendered power relations? The response to HIV/AIDS is appraised. There is an analysis of how certain gendered discourses and frameworks mean that the response fails to engage with the gendered power relations that underscore the vulnerability of women to HIV infection. The chapter explores the initial hesitancy to respond to HIV/AIDS and its gendered dimensions and how these issues emerged onto the political agenda. It is argued that although the vulnerability of women to HIV infection sheds light on the gendered structures, the response does not effectively

⁸⁶ Eschule, C. (2005) "“Skeleton women”: Feminism and the antiglobalisation movement", *Signs: Journal of Women in Culture and Society*, 30:3, pp.1741-1769, p.1743

engage with them. This discussion highlights the importance for a deeper understanding of why women are vulnerable to HIV infection, the task which the final chapters address, and for this understanding to inform the response.

Having established the theoretical foundations for the empirical analysis and the limitations of the response, chapters three, four and five explore the central research question: How do gendered structures of power underscore the vulnerability of women to HIV infection? This analysis questions the ways in which certain gender ideologies are reproduced and support asymmetric power relations between men and women that leave women vulnerable to HIV infection. The analysis in these chapters is broad, considering the wider social context of how gender-based norms operate to leave women marginalised across their lives and vulnerable to HIV infection. As the 'Commission on HIV/AIDS Governance in Africa' highlights, 'The gendered dimensions relevant to HIV/AIDS penetrate a whole range of aspects of society including the economic, legal, cultural, religious, political and sexual status of women.'⁸⁷ There is a focus on three separate aspects of women's vulnerability. It is not intended for this to be an exhaustive analysis but instead to facilitate an in-depth examination of the gendered dimensions and to reveal the importance for a broader understanding of how women need to be empowered across their lives.

Chapter three considers how gendered structures affect the position of women to negotiate for safer sex. It specifically examines the value placed upon reproduction; the construction of sex as a man's marital right; the subordinate position of women in their relationships; the civic duty for women to engage in cultural sexual rituals; the gendered dimensions of the stigma surrounding sex, HIV/AIDS and condoms; and, how women's marginalisation from education leaves them without sufficient knowledge and understanding to negotiate. Chapter four examines what powers women have to leave a sexual relationship if it puts them at risk of HIV infection and it focuses on the significance of marriage; the dependency of women on their husbands; and, their legal power. Chapter five explores the gendered dimensions that underscore the biological susceptibility of women to contracting HIV. On the one hand it examines how gendered structures underscore sexual behaviour that facilitates HIV transmission and this includes: the tendency for girls to have sex at a

⁸⁷ For the situation across Sub-Saharan Africa see CHGA (2004) p.6s

young age; the age asymmetry in relationships; the persistence of gender-based violence; how the emphasis on the man's pleasure leads to the practice of 'dry sex' and female genital mutilation/circumcision; and, the risk of men contracting sexually transmitted infections (STIs) from having multiple sexual partners. On the other hand it explores the predisposition of women to poor health that increases their risk of contracting HIV and this includes: the vulnerability of women to poverty; their poor nutrition; susceptibility to schistosomiasis infection; the limited access of women to health services; and, issues surrounding pregnancy.

1. Gendered Structures of Power

The feminisation of HIV/AIDS reveals the particular vulnerability of women to infection and there are widespread calls for women to be empowered.⁸⁸ A United Nations report in 2004 for example, outlined that ‘strategies to reverse the AIDS epidemic cannot succeed unless women and girls are empowered to claim their rights’.⁸⁹ However, the issues of how women lack power are not fully understood. This research therefore provides a theoretically informed analysis of how women lack power, to enable an understanding of what empowerment entails.

This chapter outlines the theoretical foundations of this research. This is not an exhaustive analysis of the debates surrounding and within feminism; instead there is a focused examination of those issues that are relevant to the empirical analysis. The discussion is conducted in three stages. Firstly, the ontological basis for this research is a combination of feminist post-structuralism and critical theory because these perspectives allow a deeper understanding of how power operates through gendered structures.⁹⁰ A post-structuralist perspective enables this research to question the ways in which certain discourses and frameworks fail to engage with the gendered power relations. A critical theorist perspective facilitates an examination of how certain gendered ideologies are reproduced and support asymmetric power relations between men and women that leave women vulnerable to HIV infection.

Secondly, this understanding of how power operates through gendered structures of power raises several issues that are relevant to this research. Firstly, how empowerment is conceptualised and whether it is possible is explored because this is central to the premises of this research. It is considered that where HIV/AIDS spreads along the gender fault lines of society it sheds light on them and creates a space to challenge them. Secondly, in order to argue that the current gender order harms women’s ‘real interests’ an account of what ‘real

⁸⁸ Craddock, S. (2006) ‘Disease, social identity and risk: Rethinking the geography of AIDS’, *Transactions of the British Institute of Geographers*, New Series, 25:2, pp.153-68, p.155

⁸⁹ UNAIDS, UNFPA and UNIFEM (2004) ‘Women and HIV/AIDS: Confronting the Crisis’, UN: Geneva

⁹⁰ Eschule, C. (2005) “‘Skeleton women’: Feminism and the antiglobalisation movement”, *Signs: Journal of Women in Culture and Society*, 30:3, pp.1741-1769, p.1743

interests' are essential. It is argued that the 'capabilities approach' is well suited to the research questions of this thesis. Two further issues are relevant to the empirical analysis. On the one hand, how the response to HIV/AIDS is limited by gendered structures of power is examined. This analysis draws upon post-structuralism and questions the ways in which gendered discourses and frameworks of HIV/AIDS fails to engage with the deeper gender power relations. On the other hand, how gendered structures underscore women's vulnerability to HIV infection is explored. This analysis draws upon critical theory and questions how certain gendered ideologies in Malawi are reproduced and support asymmetric power relations between men and women leave women vulnerable to HIV infection.

Thirdly, there is a detailed consideration of how this research addresses the controversies of applying these feminist perspectives to the case study of Malawi. 'Women' are not a homogenous group and the analysis here considers the complexity and diversity of how gendered structures underscore the vulnerability of women to HIV infection. The analysis recognises that neither men nor women are the perpetrators or victims of power and despite the pervasive gender structures, some women are challenging them. This research makes an important contribution because it views the operation of gendered structures of power for the specific context of Malawi from an external standpoint. However, it is reflexive of its own cultural biases and preconceptions. Crucially, a feminist perspective can offer a useful theoretical tool for analysing the vulnerability of women to HIV/AIDS for the case study of Malawi, provided it is coupled with a deep understanding of context.

1.1 Feminist conceptualisations of how power operates through gendered structures

Before outlining the specific ontological basis of this research, some general feminist arguments of how power operates through gender are introduced to contextualise this discussion within the broader literature. Feminism is not a single, monolithic discourse. It is diverse and contested, comprised of multiple, overlapping feminisms. Despite the tensions and differences within feminism however, common commitments can be identified.

Fundamental to feminist theory is the argument that gender is socially constructed. Although many feminist scholars propound that gender is distinct from sex, which concerns the biological difference between men and women; feminist post-structuralists contest that

sex is socially constructed too.⁹¹ Gender refers to the complex characteristics that denote what counts as 'female' and 'male', which are learned through a process of socialisation.⁹² There are three main aspects of assigning typical gender traits: male traits are positive and crucial for social life, female traits are considered with negative reference to male ones and this is based upon 'common sense'.⁹³ Masculine attributes can include the positive attributes of rationality, objectivity, logic, aggressiveness, toughness, courage, power, independence, and physical strength. In stark contrast, feminine attributes can include the negative attributes of irrationality, passiveness, emotion and sensitivity. These attributes suggest that men and women should fulfil certain 'sex roles', social functions fulfilled by and appropriate to men and women.⁹⁴ Male attributes are considered to enable men to fulfil the social functions of the 'breadwinner' and decision maker, thereby taking on primary productive and leadership roles. Conversely female attributes mean that women fulfil the roles of the housewife and homemaker, assuming responsibility for the burden of caring for the family. Male activities and contributions are typically more highly valued and privileged than female ones. This underscores a gendered structure of power, a hierarchy where women are inferior to men.⁹⁵ Although gender is not fixed, stable or universal, gendered structures are pervasive and justify men's domination over women across class, race and cultural differences.⁹⁶

⁹¹ Squires, J. and Weldes, J. (2007) 'Beyond being marginal: Gender and international relations in Britain', *British Journal of Politics and International Relations*, 9:2, pp.185- 203, p.187; Butler, J. (1990) 'Subjects of sex/gender/desire', *Gender Trouble and the Subversion of Identity*, Routledge: London, p.7

⁹² See Grant R. (1991) 'The sources of gender bias in international relations', in Grant and Newland, K. (eds.) *Gender and International Relations*, Open University Press: Milton Keynes, pp.8-25, p.8; Steans, J. (1998) *Gender and International Relations: An Introduction*, Polity Press: Cambridge, p.10; Hawkesworth, M. (1997) 'Confounding gender', *Signs: Journal of Women in Culture and Society*, 22:3, pp.649-85, p.649; Squires and Weldes (2007) p.186; Squires, J. (1990) *Gender in Political Theory*, Polity Press: Cambridge, p.54; Petersen, V.S. and Runyan, A.S. (1998) *Global Gender Issues*, Westview Press: Oxford

⁹³ Walker, S. and Barton, L. (1983) 'Gender, class and education: A personal view', in Walker and Barton (eds.) *Gender, Class and Education*, Falmer Press: Basingstoke, p.6

⁹⁴ Steans (1998) p.11; Marshall, B.L. (1994) *Engendering Modernity: Feminism, Social Theory and Social Change*, Polity Press: Cambridge, p.147

⁹⁵ Charlesworth, H. (1994) 'What are 'International Women's Rights'?' in Cook, R.J. (ed.) *Human Rights of Women: National and International Perspectives*, University of Pennsylvania Press: Philadelphia, pp.69-70; Petersen and Runyan (1998) p.18; Amaro, H. and Raj, A. (2000) 'On the margin: Power and women's HIV risk reduction strategies', *Sex Roles*, 42:7-8, pp. 723-749, p.731; Steans (1998) p.12; Tickner, J.A. (1992) *Gender in International Relations: Feminist Perspectives on Achieving Global Security*, New York: Columbia University Press p.7; Scott (1989);

Essential to understanding how power operates through gender is the feminist critique of the public/private dichotomy in republican and liberal political thought. According to republican scholars 'the private' concerns those things that should be hidden from view. In contrast, liberal scholars consider it to be the sphere where individuals are free from interference. Feminists propound that the public/private division is a gendered structure, a hierarchy that legitimates the domination of men over women.⁹⁷ Charlotte Hooper extends this argument to identify a triple boundary between the private sphere of the family, the public sphere of the state and the hyper-public sphere of the international.⁹⁸ At one level there is a division between the public sphere of the state and the private sphere of the family. The state is conceptualised around the generalised male individual. As a result the state is the domain of men, who represent the citizens, political actors and agents, and is concerned with the interests and needs of men.⁹⁹ In contrast the family is the domain of women and despite being essential to society, it is considered to be categorically different. Within the family the man is sovereign as the head of the household.¹⁰⁰ Carol Pateman propounds that underlying the liberal notion of a 'social contract' is the metaphor of a 'sexual contract', whereby 'the brothers' establish a law which confirms a universal 'masculine sex-right and ensures that there is an orderly access by each man to a woman.'¹⁰¹ This reinforces the idea that women, consigned to the family as wives

Tickner (1997) 'You just don't understand: Troubled Engagements Between Feminists and IR Theorists', *International Studies Quarterly*, 41:4, pp.611-632, p.615

⁹⁶ Squires and Weldes (2007) p.186; Tickner (1997) p.615; Fraser, N. and Nicholson, L. (1989) 'Social criticism without philosophy: An encounter between feminism and postmodernism', in Ross A., (ed.) *Universal or Abandon? The Politics of Postmodernism*, pp.83-104, p.92; Hawkesworth (1997) p.661; Amaro, H. (1995) 'Love, sex and power: Considering women's realities in HIV prevention', *American Psychologist*, 50:6, pp.437-447; Baum, B. (2004) 'Feminist politics of recognition', *Signs: Journal of Women in Culture and Society*, 29:4, pp.1073-1102, p.1074; Harding, S. (1986) *The Science Question in Feminism*, Cornell University Press: Ithaca and London, p.18

⁹⁷ See Steans (1998) p.12; Landes, J.B. (1998) 'Introduction' in Landes (ed.) *Feminism: The Public and the Private*, Oxford University Press: Oxford, pp.1-20

⁹⁸ Hooper, C. (2001) *Manly States: Masculinities, International Relations, and Gender Politics*, Columbia University Press: New York

⁹⁹ Grant (1991) p.9; Sydnie, R.A. (1987) *Natural Woman, Cultured Men: A Feminist Perspective on Sociological Theory*, Open University Press: Milton Keynes, p.46

¹⁰⁰ Refer to Hobbes, T. [1691] (1973) *Leviathan*, London: Dent and Son, p.105; Locke, J. (1950) *A Letter Concerning Toleration*, Bobbs-Merrill: Indianapolis, pp.23-4, 28-9.

¹⁰¹ Pateman, C. (1988) *The Sexual Contract*, Polity Press: Cambridge, pp.109-10

and mothers, are not political subjects in civil society and do not stand free.¹⁰² Women are considered within a man's privacy rights and are essentially his property.¹⁰³ The negation of women's individuality leaves them consigned to privacy, invisible and this preserves the status quo.¹⁰⁴ At the other level is the sphere of international, which is a hyper-public masculine sphere.¹⁰⁵ Ann Tickner propounds that the international sphere 'is a man's world, a world of power and conflict in which warfare is a privileged activity. Therefore traditionally, diplomacy, military service and the science of international politics have been largely male domains.'¹⁰⁶

The specific ontological basis for this research combines feminist post-structuralism and critical theory. Although these perspectives are complex and contested, with fraught relationships between them, they share a concern with the latent operation of power through knowledge and enable a deeper, fuller analysis of how gendered structures underscore the vulnerability of women to HIV infection.¹⁰⁷ The term 'gendered structures' refers to the ways of thinking, knowing and acting in accordance with gender. Gendered structures of power include the gendered frameworks and discourses at one level and the gendered ideologies at the other. This understanding draws upon Iris Young's work on positional difference and structural injustice, which considers how the reproduction of gender as a social structure leads to the reproduction of perspectives or pictures and beliefs.¹⁰⁸

Post-structuralists¹⁰⁹, notably Foucault, address the frameworks (pictures or perspectives) within which a range of true or false beliefs about gender arise. Those subject to power are held captive by perspectives - one's understanding of how the world is framed. There is a 'restricted consciousness' that is 'independent of the truth or falsity of the beliefs

¹⁰² Pateman (1988) p.109-10

¹⁰³ Warren, S.D. and Brandeis, L.D. (1890) 'The Right to Privacy', *Harvard Law Review*, 4:5, pp.193-220

¹⁰⁴ Marshall (1994) p.14; Charlesworth (1994) p.69

¹⁰⁵ Hooper (2001)

¹⁰⁶ J.A. Tickner (1991) 'Hans Morgenthau's principles of political realism: A feminist reformulation' in Grant and Newland (eds.) pp.27-40, p.27

¹⁰⁷ Eschule (2005) p.1743

¹⁰⁸ Young, I.M. (2007) 'Structural injustice and the politics of difference', in Lade, A.M. and Owen, D. (eds.) *Multiculturalism and Political Theory*, Cambridge University Press: Cambridge, pp.60-88

¹⁰⁹ This is not a label that these writers have given themselves and it is not a definition for what is involved in post-structuralism. However, I will use it to denote those ideas associated with post-structuralism in general, especially those espoused by Foucault.

held by the agent.’¹¹⁰ Feminist post-structuralists question the ways gender is problematised within certain frameworks of beliefs. It is critical of how patriarchal power operates through a masculine discourse whereby male voices and representations are universalised, whilst female ones are marginalised.¹¹¹ ‘The feminist gaze’ locates what is missing from the picture – ‘the excesses that a certain visualisation, characterisation, or measurement tries to control or keep out’.¹¹²

Critical theorists focus on essentially true and false beliefs and the ways in which these beliefs serve particular purposes of power through social structures. Ideologies shape the underlying ‘reality’ through structuring norms and assumptions. A ‘common sense’ is created whereby this reality is accepted as correct. Power therefore operates through consent not coercion. Those subject to power may act contrary to their interests because ideologies influence, shape or determine their very wants.¹¹³ ‘Ideological hegemony’ is the result of social processes whereby consensus is developed between the dominant and subordinate groups. The prevailing order is entrenched in the social institutions and structures including, but not limited to, education, the community and the mass media, which lie between the state and the individual.¹¹⁴ A feminist critical theory perspective recognises how power operates through gender ideology. It examines the true and false beliefs that men and women have about gender that govern their relationships to one another. These beliefs may be epistemically dubious but serve certain purposes of power.¹¹⁵

The combination of these approaches allows two questions to be asked at two different levels. Firstly, drawing upon post-structuralism, there is the question of the ways in which the certain discourses and frameworks mean that the response fails to engage with the

¹¹⁰ Owen, D.O (2002) ‘Criticism and captivity: On genealogy and critical theory’, *European Journal of Philosophy*, 10:2, pp.216–230, p.217

¹¹¹ Eschule (2005) p.1744

¹¹² Sylvester, C. (2006) ‘Bringing art/museums to feminist International Relations’, chapter in Ackerley, B.A., Stern, M. and True, J. (eds.) *Doing Feminist International Relations: A Guide*, Cambridge University Press: Cambridge, pp.201-220

¹¹³ Gramsci, A. (1996) *Selections from the Prison Notebooks*, London, Lawrence and Wishart: London; Lukes, S. (1974, second edition 2005) *Power: A Radical View*, Macmillan: London, p.23

¹¹⁴ For the application of these arguments to global power relations see Cox, R. (1992) ‘Multilateralism and the world order’, *Review of International Studies*, 18, p.161-180, p.179

¹¹⁵ Whitworth, S. (1994) ‘Feminist theories: From women to gender and world politics’ in Beckman, P. and D’Amico, D. (eds.) *Women, Gender, and World Politics: Perspectives, Policies, and Prospects*, Bergin and Garvey: Westport, CT, pp.68-71

gendered power relations. These discourses and frameworks include the scientific discourse of HIV/AIDS and the public/private divide. Secondly, drawing upon critical theory, there is the question of how certain gendered ideologies in Malawi are reproduced and support asymmetric power relations between men and women that leave women vulnerable to HIV infection.

1.2 Issues that gendered structures raise to inform this research

Expanding upon the theoretical understanding of how power operates through structures of gender outlined in the first section, this second section introduces the specific issues that are raised for this research. Firstly, how empowerment is conceptualised and whether it is possible is explored because this is central to the premises of this research. It is considered that where HIV/AIDS spreads along the gender fault lines of society it sheds light on them and creates a space to challenge them. Secondly, in order to argue that the current gender order harms women's 'real interests' an account of what 'real interests' are is essential. It is argued that the 'capabilities approach' is well suited to the research questions of this thesis. Two further issues are relevant to the empirical analysis. On the one hand, how the response to HIV/AIDS is limited by gendered structures of power is examined. This analysis draws upon post-structuralism and questions the ways in which gendered discourses and frameworks of HIV/AIDS fails to engage with the deeper gender power relations. On the other hand, how gendered structures underscore women's vulnerability to HIV infection is explored. This analysis draws upon critical theory and questions how certain gendered ideologies in Malawi are reproduced and support asymmetric power relations between men and women leave women vulnerable to HIV infection.

1.2.1 The possibility of empowerment

The analysis of how power operates to leave women vulnerable to HIV infection is conducted in order to be able to talk meaningfully about empowerment. Central to this discussion is how empowerment is conceptualised and whether it is possible. In accordance with feminist research, this research is motivated by the emancipatory goals of investigating

the disadvantaged lives of women in order to change them.¹¹⁶ As V. Spike Peterson argues feminist IR scholars can offer ‘critiques of modernity’s interlocking systems of domination’ and ‘speak of moving towards a more just, less terrifying world.’¹¹⁷ Furthermore, it is argued here that an understanding of how women are vulnerable to HIV infection sheds light on the gendered structures, which provides the space to challenge them and acts as a catalyst for empowerment.

The gendered structures that underscore the vulnerability of women to HIV infection are deeply embedded and hard to discern. The operation of power is highly effective because it is difficult to demonstrate that power is operating. There is resistance to the deconstruction or transformation of these structures and limited possibilities for them to be challenged. Individuals subject to this latent power are ‘happy slaves’ who do not know what their ‘real interests’ are, and thus do not realise that they are being harmed. Their desires are shaped and a ‘false consciousness’ is created in such a way its operation is not questioned. However, although the nature of how power is embedded differs between feminist critical theory and post-structuralist approaches, both allow for emancipation from power and therefore empowerment is possible.

On the one hand, critical theory has a theory of change that is grounded in an understanding of historical processes and the human capacity to adapt. Cox writes that ‘critical theory thus contains an element of utopianism’, although ‘it is constrained by its comprehension of historical processes’.¹¹⁸ The underlying goal of critical theory is emancipation from ideological captivity by standing aside from power; through a process of being highly reflexive to gain a ‘perspective on perspectives’.¹¹⁹ The existing structures need to be criticised in order to recognise how we became captive of ideology and thereby transform them. Gender based norms are not static and there is a possibility for emancipation because they are not impervious to change. Structures are only real and

¹¹⁶ Tickner, J.A. (2005) ‘Gendering a discipline: Some feminist methodological contributions to international relations’, *Signs: Journal of Women in Culture and Society*, 30:4, pp.2173-88, p.2177-8

¹¹⁷ Peterson, V.S. (1992) ‘Introduction’, Peterson (ed.) *Gendered States: Feminist (Re)Visions of International Relations Theory*, Lienne Rienr Publishers: Boulder, CO, pp.1-30

¹¹⁸ Cox, R. (1981, reprinted 1999) ‘Social forces, states and world orders’, *Approaches to World Order*. Cambridge, Cambridge University Press: Cambridge, p.99

¹¹⁹ Cox (1981) p.100

limiting because people act as if they are real.¹²⁰ Mark Hoffman therefore argues that critical theory is ‘not merely the expression of the concrete realities of the historical situation, but a force for change within those circumstances.’¹²¹

On the other hand, post-structuralism is often dismissed as ‘nihilistic’ because escape from the operation of power is impossible and this renders any ‘project’, including emancipation or empowerment, pointless.¹²² Where power is deeply embedded as ‘capillary power’, it ‘reaches into the very grain of individuals, touches their bodies, and inserts itself into their very actions and attitudes, their discourses, learning processes and everyday lives’ and this prevents the masses from uprising.¹²³ However, a more sophisticated understanding reveals that there is confusion because post-structuralists use the concept of ‘power’ in a broader sense than critical theorists. What critical theorists refer to as ‘power’ is what poststructuralists refer to as ‘domination’ – the condition under which those subject to power have limited effective capacity for resisting power and transforming their lives. Power is not necessarily a negative thing because it also encompasses positive situations where there is ‘power over’ and also ‘power to’. Power is the capacity to do things and ‘[f]requently we value power because it enables us to do things we want to do: to have more control over our own lives.’¹²⁴ Post-structuralists believe there can be escape from domination and what is intolerable is not having the capacity to resist power. The question is the extent to which power relation are static or mobile and symmetric or asymmetric, whereby one’s capacity to resist power is increasingly limited. Post-structuralism therefore also has the aims of enlightenment and emancipation, just in a different way. Post-structuralism seeks freedom from ‘aspectival captivity’ by ‘exhibiting the possibility of other pictures or perspectives’.¹²⁵ Baker argues that in this sense post-structuralists are ‘showing that we can take off the

¹²⁰ Cox (1981) p.99

¹²¹ Hoffman, M., ‘Critical theory and the interparadigm debate’, *Millennium* (10) 2

¹²² Hindess, B. (1996) *Discourses of Power: From Hobbes to Foucault*, Blackwell Publishing: Oxford, pp.149-58; Lukes (2005) pp.91,106-7

¹²³ Foucault, M. (1980) *Power/Knowledge*, Harvester: Brighton, p.39

¹²⁴ Foucault also distinguishes between ‘power over’ and ‘power to’. Morriss, P. (1987 - 2002 2nd edition) *Power: A Philosophical Analysis*, Manchester: Manchester University Press, p.12

¹²⁵ Owen (2002) p.217

spectacles through which we now see whatever we look at'.¹²⁶ For Foucault, an individual is increasingly free as they realise power acting over them and that they can take off the spectacles through which they see the world.¹²⁷

Drawing on these two perspectives, empowerment is possible. Empowerment is where individuals realise power is operating, are in a position to resist power and have the power to act in accordance with their 'real interests': they are in a position to stand aside from power. It is important to note that although individuals have the potential to act in accordance with their real interests, they do not necessarily do so. Having the 'power to' do something does not necessarily entail action: 'power is potentiality, not actuality' and may not be realised.¹²⁸ Power is relational because it occurs among people, and one can 'have' but not exercise relationship with someone.¹²⁹ This is worth taking into consideration because when women have the power to negotiate their sexual relationships or to leave an unsafe marital union, they are more likely to get desired outcomes, even if they do not exercise this power.

Although power is deeply embedded in the gendered structures its operation can be understood through observing whose interests are furthered by the dominant ideas of the current system and whose interests are harmed.¹³⁰ In Malawi the domination of men over women persists; men's interests prevail whereas the interests of women are harmed. It is reported by the UN that 'women are seriously disadvantaged in almost every sector of development.'¹³¹ Moreover, where HIV/AIDS spreads along the gender 'fault lines of inequalities'¹³² and increasing more women are infected this sheds light on how the gendered structures marginalise them across their lives. It becomes apparent that the response to HIV/AIDS fails to engage with these gendered structures and women do not have the

¹²⁶ Baker, G. (1991) 'Philosophical investigations - Section 122: Neglected aspects' in Arrington, R. and Glock, H-J. (eds.) *Wittgenstein's Philosophical Investigations*, Routledge: London, p.48-9

¹²⁷ Foucault (1980)

¹²⁸ Lukes (2005) p.69

¹²⁹ Pitkin, H. (1972) *Wittgenstein and Justice*, University of California Press: Berkley, CA, p.277-8

¹³⁰ Lukes (1974) p.23, 38; Lukes (2005) p.64

¹³¹ UN (Dec 2004) 'UN Joint Gender Policy Statement – Malawi: section 1', UN: Geneva, [1'\[http://www.sdn.org.mw/gender/un_pol_sec1.html\]\(http://www.sdn.org.mw/gender/un_pol_sec1.html\)](http://www.sdn.org.mw/gender/un_pol_sec1.html)

¹³² Baylies, C. (2004) 'Cultural hazards facing young people in the era of HIV/AIDS: Specificity and change', in Whiteside, A. and Poku, N. (eds.) *The Political Economy of AIDS in Africa*, Ashgate: Aldershot, p.71

means for modifying the system because it is presented as a rational, technical, medical structure. As Foucault argues, this system of constraints 'becomes truly intolerable when the individuals who are affected by it do not have the means of modifying it. This can happen when such a system becomes intangible as a result of its being considered a moral or religious imperative, or a necessary consequence of medical science.'¹³³ Where the situation becomes intolerable, increasingly questions of empowerment emerge onto the agenda. In this sense the vulnerability of women to HIV/AIDS can be considered as a catalyst for empowerment, because it reveals that women's real interests lie in social change and motivates both external and internal actors to challenge the gender inequalities.

1.2.2 *An account of 'real interests'*

To argue that the 'real interests' of women are harmed by the current gendered structures' relies upon an account of what real interests are. Although specifying what constitutes 'real interests' is notoriously difficult,¹³⁴ the 'capabilities approach' is well suited to the current research questions for theoretical reasons, outlined here, but also for the incidental methodological reason that it is the approach widely used in the development literature.

The 'capabilities approach', first articulated by Amartya Sen and expanded by Martha Nussbaum, presents the view that in accordance with an account of human flourishing the most basic of human interests lie in living a life that can be considered fit for a human being.¹³⁵ Drawing upon John Rawls (1971), Nussbaum weighs up people's capabilities to lead a life of their choosing by imagining a hypothetical group of people who are deprived of all knowledge of their social position, natural assets, and specific conception of the good life and they assemble to negotiate the fair terms of cooperation for regulating the basic structures of society. Nussbaum argues that they would aim at equality of capability rather

¹³³ Foucault M. (1988) *Politics, Philosophy, Culture: Interviews and Other Writings, 1977–84*, Kritzman, L.D. (ed.) Routledge: London, p.294

¹³⁴ Connolly, W.E. (1974 – 1983 2nd Edition) *The Terms of Political Discourse*, Martin Robinson: Oxford, p.53-4, 59

¹³⁵ Sen, A. (1985) *Commodities and Capabilities*, Oxford University Press: Oxford; Sen, A. and Nussbaum, M. (eds.) (1993) *The Quality of Life*, Clarendon Press: Oxford; Nussbaum, M. (2000) *Women and Human Development: The Capabilities Approach*, Cambridge University Press: Cambridge; Nussbaum, M. (1992) 'Human functioning and social justice: In defence of Aristotelian essentialism', *Political Theory*, 20:2, pp. 202-246

than equality of resources, since the latter would be more likely to lead to unequal outcomes because of individuals' differential abilities in turning resources into functionings.¹³⁶ Ten functions are identified that are particularly central to human life, in the sense that their presence or absence is typically understood to be a mark of the presence or absence of human life', and these include: life, bodily health, practical reason and control over their environment.¹³⁷

The 'capabilities approach' can be applied to this research. HIV/AIDS undermines an individual's capacity to fulfil their basic needs. It diminishes an individual's ability to be able to live to the end of a human life of normal length. It reduces bodily health, limits one's capabilities to secure adequate nourishment, water and shelter and has a bearing on one's ability to reproduce.¹³⁸ It reduces bodily integrity because people living with HIV/AIDS (PLWHA) face stigma that limits their opportunities for sexual satisfaction and to make choices about reproduction.¹³⁹ HIV/AIDS reduces one's potential for practical reason because the complications of infection and burden of care reduce the chance of self-realisation and to engage in critical reflection about the planning of one's own life. It impacts negatively on an individual's affiliation because PLWHA face stigma where they are not treated as a dignified being whose worth is equal to that of others. In addition, it inhibits control over one's environment. In the political respect, HIV infection and the burden of care limits ability to participate effectively and to the extent one wishes in political choices that govern one's life. In the material respect, HIV/AIDS can limit peoples' ability to retain their land holdings because customary tenure is based on actual use of land and HIV infection can reduce the productivity and households might be compelled to relinquish their

¹³⁶ Nussbaum (1992)

¹³⁷ Nussbaum (2000) p.72,74,78-80; Nussbaum, M. (1999) *Sex and Social Justice*, Oxford University Press, pp.41-42

¹³⁸ Ntozi, J.P.M and Zirimenya, S. (1999) 'Changes in household composition during the AIDS epidemic in Uganda', in Orubuloye, I.O., Caldwell, J.C. and Ntozi, J.P.M. (eds.) *The Continuing HIV/AIDS Epidemic in Africa: Responses and Coping Strategies*, Australian National University, National Centre for Epidemiology and Population Health, Health Transition Centre: Canberra, Australia, pp.193-209, p.195

¹³⁹ Were, B. (2008) 'Sexuality beyond reproduction: Beyond pleasure and wellness', *3rd Africa Conference on Sexual Health and Rights, 4-7 February 2008, Abuja, Nigeria*

landholdings in order to generate an income.¹⁴⁰ There is a particular gendered dimension: despite laws against discrimination against women, under both patriarchal and matriarchal systems of inheritance widows are frequently dispossessed of their land and this is prevalent with the increasing death of their husbands due to HIV/AIDS.¹⁴¹ Furthermore the stigma surrounding HIV/AIDS can deny people the right to seek employment on an equal basis with others. Where the current gendered structures underscore the vulnerability of women to HIV infection it compromises their basic human interests. Oppressive patriarchal conditions produce a distorted consciousness and they fail to recognise their needs for survival or flourishing and their human functioning is diminished. The 'real interests' of women are therefore in freedom from the gendered structures that underscore their vulnerability to HIV.

1.2.3 How the response to HIV/AIDS is limited by gendered structures of power

An understanding of how power operates through gendered structures reveals the limitations of the response to HIV/AIDS and its gendered dimensions, as explored in greater depth in chapter three. This analysis draws upon post-structuralism and questions the ways in which gendered discourses and frameworks fail to engage with the deeper gender power relations.

The state and the global order are gendered structures of domination and interaction because they are imagined according to a patriarchal framework: they are public spheres of masculine action, concerns and norms, founded by men upon masculine experiences.¹⁴² The public sphere is the sphere of order, regulation and political authority, whereas in contrast the private domestic sphere is protected from intrusion and regulation.¹⁴³ Where HIV/AIDS

¹⁴⁰ Mbaya, S. (2002) 'HIV/AIDS and its impact on land issues in Malawi', a paper presented at the FAO/SARPN Workshop on HIV/AIDS and Land, 24-25 June 2002, Shere View Lodge, Pretoria, p.3

¹⁴¹ Mbaya (2002) pp.8,10

¹⁴² Young, I.M. (1995) 'The ideal of community and the politics of difference', Weiss, P.A. and Friedman, M. (1995) *Feminism and Community*, Temple University Press: Philadelphia, pp.233-258; Phillips, A. (1991) 'Citizenship and Feminist Theory', in Andrews, G. (ed.) *Citizenship*, London: Lawrence and Wishart, p.81; McDonagh, E. (2002) 'Political citizenship and democratization: The gender paradox', *The American Political Science Review*, 96:3

¹⁴³ Okin, S.M. (1998) 'Gender, the public and the private', in Phillips, A. (ed.) *Feminism and Politics*, Oxford University Press: Oxford, pp.116-141, p.130-1; Charlesworth (1994) pp.69-70; Locke (1950) pp.28-9

is a private issue concerning personal sexual behaviour it is surrounded in the stigma of immorality and there was an initial hesitancy in the response. The gendered dimensions of HIV/AIDS are especially private because women and their lives are located within the domestic sphere. The violence women face in the domestic sphere, including rape within marriage, incest and domestic violence, is 'invisible' (obscured from public view) and harder to confront.¹⁴⁴ The lack of state protection from this violence leaves women vulnerable to HIV infection. However, where HIV/AIDS increasingly impacts on the public sphere it is emerging on the public agenda both nationally and internationally. It transcends the public/private/hyper-public divide: private sexual relations are having an impact on the state and in turn, national epidemics are part of a wider global pandemic. Moreover where women are increasing infected this has had a wide-ranging impact on the family, community and society because they fulfil multiple roles as mothers, wives, providers, farmers and caregivers.¹⁴⁵ The gendered dimensions of the pandemic have therefore slowly emerged on the political agenda.

Although HIV/AIDS and the gendered dimensions are emerging on the political agenda, the response has been limited by the gendered discourse about the pandemic. Gendered structures of power are institutionalised in the framework of the state and global order, which are largely controlled by elite men and thereby act as protectors and perpetrators of capitalist-patriarchal ideologies.¹⁴⁶ Men dominate in politics, male political behaviour is taken to be the standard and a political response has been typically in accordance with masculine ideology.¹⁴⁷ Essential to concerns of this research is that within western masculine culture, a scientific way of knowing the world prevails: there is the dominance of rational thought, scientific knowledge and the desire to control and predict.¹⁴⁸

¹⁴⁴ Gender Network National Coordinator, Action Aid (17/07/07) Offices of Action Aid: Lilongwe, Malawi

¹⁴⁵ UN (2004) 'Secretary-general, marking women's day, hails heroic leaders of fight against HIV/aids, urging their further empowerment: society's inequalities put women at unjust, unconscionable, untenable risk, he says', *Press Release*, <http://www.un.org/News/Press/docs/2004/sgsm9186.doc.htm> p.1

¹⁴⁶ Chin, C.B.N. (1998) *In Service and Servitude: Foreign Female Domestic Workers and the Malaysian Modernity Project*, Columbia University Press: New York, pp.17-18

¹⁴⁷ Bourque, S.C., and Grossholtz, J.P. (1998) 'Politics as an unnatural practice: Political science looks at female participation', in Phillips (ed.) pp. 23-43, pp.30, 37

¹⁴⁸ Capra, F. (1983) *The Turning Point*, Bantam Books: New York, p.39

Complex technologies are developed to solve problems and resolve human needs and primacy is accorded to the power of experts.¹⁴⁹ As Foucault explains:

Bio-power spread under the banner of making people healthy and protecting them. Where there was resistance, or failure to achieve its stated aims, this was construed as further proof of the need to reinforce and extend the power of experts. A technical matrix was established. By definition there ought to be a way of solving any technical problem. Once this matrix was established, the spread of bio-power was assured, for there was nothing else to appeal to: any other standards could be shown to be abnormal or to present merely technical problems. We are promised that normalisation and happiness through science and law. When they fail, this only justifies more of the same.¹⁵⁰

The response to HIV/AIDS lays emphasis on the conviction that science will find a solution, which has eclipsed an understanding of the social and cultural circumstances.¹⁵¹

The focus of the response to the pandemic has been to mitigate the impact of the crisis and a potential catastrophe in the future until science determines a solution. Antiretroviral drugs (ARVs) have been developed that slow down the onset of AIDS and prolong the time until the full impact is felt. The emphasis in HIV prevention campaigns has been on the A, B, Cs – abstain from penetrative sexual intercourse (also used to indicate delay of sexual debut); be faithful (reduce the number of partners or have sexual relations with only one partner); condomize (use male or female condoms consistently and correctly).¹⁵² However, this fails to consider the contextual personal and social cultural

¹⁴⁹ Oakley, A. (1986) 'Feminism, motherhood and medicine – Who cares?' in Mitchell, J. and Oakley, A. (eds.) *What is Feminism?*, Basil Blackwell: Oxford, pp.127-50, p.144

¹⁵⁰ Dreyfus, H. and Rainbow, P. (1982) *Michel Foucault: Beyond Structuralism and Hermeneutics*, Harvester: New York, p.196

¹⁵¹ McFadden, P. (1992) 'Sex, sexuality and the problem of AIDS in Africa', in Meena, R. (ed.) *Gender in Southern Africa: Conceptual and Theoretical Issues*, SAPES: Harare, Zimbabwe

¹⁵² UNAIDS (February 2008) 'UNAIDS' Terminology Guidelines', UNAIDS: Geneva http://search.unaids.org/Html.aspx?q=Publicationbestofandu=http://data.unaids.org/pub/Manual/2008/20080226_unaids_terminology_guide_en.pdf. For the situation across Sub-Saharan Africa see Poku, N. (2005) *AIDS in Africa: How the Poor are Dying*, Polity Press: Cambridge, p.3

variables including gender.¹⁵³ Furthermore, the tendency is to mitigate the gender impact through empowering women at a surface level in the public sphere: this aims at achieving gender neutrality and gender balance.

1.2.4 How gendered structures underscore the vulnerability of women to HIV infection

The understanding of how power operates through gendered structures enables an analysis of why women are vulnerable to HIV infection, as conducted in chapters three, four and five. Drawing upon critical theory this analysis questions how certain gendered ideologies in Malawi are reproduced and support asymmetric power relations between men and women that leave women vulnerable to HIV infection. Three pertinent issues are explored: how women lack the power to negotiate for safer sex, have a limited ability to leave a marital union that places them at risk of infection and their biological vulnerability to contracting HIV. Several issues that are relevant to this discussion are introduced here.

As is the situation more generally, in Malawi men are socially conditioned to be the breadwinners, whereas women are the housewives and homemakers.¹⁵⁴ A key part of this social conditioning is through the education system. As in other parts of Africa, the education system was imported by missionaries during colonialism and was built upon a

¹⁵³ Amaro and Raj (2000) p.727; Moser C.O. (1991) 'Gender planning in the third world' in Grant and Newland (eds.) p.86

¹⁵⁴ Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi; Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi; HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi; Head of Assemblies of God Relief, Assemblies of God Church (12/07/07) Offices of the Assemblies of God Church: Lilongwe, Malawi; Programme Officer, The Joint United Nations Programme on HIV/AIDS (UNAIDS) (25/07/07) Offices of UNAIDS: Lilongwe, Malawi; Representatives of the HIV/AIDS Section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi; Law Commissioner, Law Commission (11/07/07) Offices of the Law Commission: Lilongwe, Malawi; Advocacy Officer, National Association for People Living with HIV and AIDS (NAPHAM) (12/07/07) Offices of NAPHAM: Lilongwe, Malawi; Head, Women Lawyers Association (WLA) (16/07/07) Offices of the WLA: Lilongwe, Malawi. See also Malawi Human Rights Commission (MHRC) (December 2005) 'Gender based violence in the workplace with a focus on maternity leave', MHRC: Lilongwe, Malawi, p.26

narrow nineteenth century European gender ideology.¹⁵⁵ The schooling of girls was focused on domesticity to educate them to be suitable wives, expanding only to enable them to become more fitting companions.¹⁵⁶ Although it is no longer government policy that girls have to study home economics and needlework and boys have to study woodwork and technical drawing, a gender division persists.¹⁵⁷ A greater number of girls are enrolled in traditional domestic subjects than boys. Girls tend to take cookery and needlework at secondary level, and home economics, teaching, nursing and clerical and secretarial work at the tertiary level.¹⁵⁸ Few schools offer subject choice and in some schools home economics is scheduled at the same time as other subjects, excluding girls.¹⁵⁹ Furthermore, female images in textbooks depend upon the stereotyped role of women in the home. Boys are encouraged to aspire to wage earning, high status jobs and girls to aspire to domestic, low status jobs.¹⁶⁰ In the media program content on the radio relies upon stereotypical images of women emphasising their traditional domestic roles. The print media tends to omit stories of progressive women other than those in politics, government or business and focuses on stories of victimised women.¹⁶¹

Women are marginalised from economic activity as a result of the gender division of labour. On the one hand there is horizontal segregation, where men and women might work

¹⁵⁵ Thompson, T.J. (2005) 'Presbyterians and politics in Malawi: A Century of Interaction', *The Round Table*, 94:382, pp.575-87, p.576; Davidson, J. (1993) 'Tenacious women: Clinging to banja household production in the face of changing gender relations in Malawi', *Journal of Southern African Studies*, 19:3, pp.405-21, p.409

¹⁵⁶ For the situation in Sierra Leone see Leach, F. (2007) 'African girls and mission education – New identities and new boundaries', a paper presented at the *Gender and Education Conference, Trinity College Dublin, 28-30 March 2007*, p.1. For the situation in general see Leach, F. (1998) 'Gender, education and training: An international perspective', Sweetman, C. (ed.) *Gender, Education and Training*, Oxfam: Oxford, pp.9-18, p.11

¹⁵⁷ Hyde, K. (1999) 'Barriers to educational opportunity in Malawi', in Erskine, S. and Wilson, M. (eds.) *Gender Issues in International Education: Beyond Policy and Practice*, Falmer Press: London

¹⁵⁸ Semu, L. and Binauli, L.C. (1997) 'Women's status in Malawi: A case for gendered development', *Bwalo*, 1, pp.85-104, p.88

¹⁵⁹ Hyde (1999)

¹⁶⁰ Programme Officer, The Joint United Nations Programme on HIV/AIDS (UNAIDS) (25/07/07) Offices of UNAIDS: Lilongwe, Malawi. For the situation in general see Bray, M., Clarke, P. and Stephens, D. (1986) *Education and Society in Africa*, Edward Arnold: London, p.150

¹⁶¹ Gomile, F. and Kanjo, C. (2003) 'The representation of women in Malawian mainstream media', *Malawi Journal of Social Sciences*, 17, p.58

within different trades or occupations within the economy. Men spend more time in the labour market, undertaking greater salaried work and casual, part-time and *ganyu* work (short-term rural labour) and non-agricultural business-related work.¹⁶² Although women are active in a variety of economic activities ranging from wage labour, smallholder farming, fishing to the informal sector, their opportunities are constrained by several factors including access to land, capital, credit, technology, deep-rooted cultural practices and high illiteracy levels.¹⁶³ Women tend to be housewives and, as a Population and Health Specialist at the World Bank considers, ‘usually they do not have a job.’¹⁶⁴ On the other hand there is vertical segregation, whereby women tend to be concentrated in the lower tiers of a given profession and men in the higher. The few women that are employed in the formal sector earn less on average than men.¹⁶⁵ For example, in June 2006 the median monthly wage for women was 78 Malawi Kwacha and 124 Malawi Kwacha for men.¹⁶⁶ Women’s earnings from *ganyu* labour are two thirds of that of men on average and they are often paid in kind with food or clothing.¹⁶⁷ Although the informal sector employment is an important source of livelihood for many women, it is not fully developed and is often insecure.¹⁶⁸ For example women were particularly vulnerable to losing their livelihoods during the government operations in April

¹⁶² Wodon and Beegle (2006) ‘Labour shortages despite underemployment? Seasonality in time use in Malawi, in Blackden, C. M. and Wodon, Q. (eds.) *Gender Time Use and Poverty in Sub Saharan Africa*, World Bank working paper no.37, Washington DC, pp.97-118, p.103. For the situation in general see Kinnear, K.L. (1997) *Women in the Third World: A Reference Handbook*, ABC-CLIO Inc: Santa Barbara, CA, p.26

¹⁶³ Government of Malawi (March 2000) ‘National Gender Policy’, Ministry of Women and Child Development: Lilongwe, Malawi, 5.6; Programme Officer – HIV/AIDS, United Nations World Food Programme (WFP) (23/07/09) Offices of WFP: Lilongwe, Malawi. For the situation in general see Freedman, J. (2001) *Feminism*, Oxford University Press, Buckingham, p.47; Kinnear (1997) p.26; Hartmann, H. (1979) ‘Capitalism, patriarchy and job segregation by sex’ in Eisenstein, Z. (ed.) *Capitalist Patriarchy and the case for socialist-feminism*, Monthly Review Press: London

¹⁶⁴ Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi

¹⁶⁵ Government of Malawi (March 2000) 5.6

¹⁶⁶ Government of Malawi (June 2006) ‘Malawi poverty and vulnerability assessment’, Government of Malawi and World Bank: Lilongwe, p.33. For the situation in general see Freedman (2001) p.47; Kinnear (1997) p.26

¹⁶⁷ Technical Assistance to Non-Governmental Organisations (Tango International) (2004) ‘Theme Paper IV: Gender Exploitation in Malawi’, CARE: Lilongwe, Malawi, p.6; Pinter, C. (2004) ‘Economic pathways for Malawi’s rural households’, Report for Care International, Malawi

¹⁶⁸ Government of Malawi (March 2000) 5.6

2006 to remove the street traders. Moreover, women may engage in work that places them at risk of HIV infection, including commercial sex and bar work.¹⁶⁹ Women who work in the informal commercial sector may be vulnerable to HIV infection because they are vulnerable to sexual exploitation by other men.¹⁷⁰ For example girls that travel outside their villages for *ganyu* work and food for their households may have to engage in transactional sex with traders and employers.¹⁷¹

As for the situation in general, there is the failure to acknowledge the full socio-economic role of women and the multiplicity of ways that women do participate.¹⁷² Firstly, women have a primary domestic role, which, although crucial, is not recognised. Women are responsible for the health, education, and well-being of the family and therefore maintain the country's current and future citizens.¹⁷³ As Isabel Phiri highlights for the Chewa of central Malawi, 'besides giving life to the community the mother was also responsible for the nourishing and shaping of that life.'¹⁷⁴ Secondly, women play a vital productive role, particularly in the agricultural sector where they comprise an estimated seventy percent of full-time farmers and the economic value of this contribution is not acknowledged.¹⁷⁵ Women often provide a secondary income to support their family. However, greater numbers of households are female-headed and women are provide the primary income, either temporarily whilst the husband migrates to work or permanently if the husband is

¹⁶⁹ Tango International (2004) p.5

¹⁷⁰ For the situation in general see Rivers, K., Aggleton, P., Elizondo, J., Hernandez, G., Herrera, G., Mane, P., Niang, C.I., Scott, S. and Setiadi, B. (1998) 'Gender relations, sexual communication and the female condom', *Critical Public Health*, 8:4, pp.273-90, p.279

¹⁷¹ Tango International (2004) p.6; Pinter (2004)

¹⁷² For the situation in general see Moser (1991); Fenton, L. (2005) Citizenship in Private Space, *Space and Culture*, 8:2, pp.180-192; McDonagh (2002); Elson, D. (1993) 'Gender relations and economic issues', in Evers, B. (ed.) *Women and Economic Policy, Oxfam Focus on Gender*, 3, 1:3, pp.6-12, p.7

¹⁷³ For the situation in general see James, S. (1994) 'Women's unwaged work – The heart of the informal sector', in Evans, M. (ed.) *The Woman Question*, Sage: London, p.173-7, p.174; World Bank (2000) 'Voices of the Poor', Oxford University Press: New York, p.181; Oakley, A. (2005) *The Ann Oakley Reader: Gender, Women and Society*, Polity Press: Bristol, pp.74, 109

¹⁷⁴ Phiri, I. (1997) *Women, Presbyterianism and Patriarchy: Religious Experience of Chewa Women in Central Malawi*, CLAIM-Kachere: Blantyre, Malawi, p.36

¹⁷⁵ Government of Malawi (March 2000) 1.4; UN (Dec 2004) 'UN Joint Gender Policy Statement – Malawi: section 1', UN: Geneva
http://www.sdn.org.mw/gender/un_pol_sec1.html. For the situation in general see Kinnear (1997) p.26

deceased (particularly with increasing deaths from AIDS). Thirdly, women have an informal political role at the level of the community, which is crucial to African political organisation. In the absence of adequate state provision of housing and basic services, women take on the responsibility for allocating the limited resources.

Women have an inferior social status that is rooted in the social construction that the productive role of men is superior to the domestic work of women.¹⁷⁶ As a representative of Women's Voice explains, 'many women are suffering in our societies because they are regarded as second-class citizens by males.'¹⁷⁷ The greater value of males is evident when a child is born, as one woman interviewed in Mzimba by Women's Voice (2000) reveals;

When a boy is born there is *nthugururu* [ululation] in the room where the child is born. The attendants are too happy because he is the owner of the land (king). When a girl is born there is only information. A girl's birth does not go with *nthugururu*... and they say only that '*mwanakazi munyithu wobabbika*' [our fellow woman is born].¹⁷⁸

Stemming from the gender hierarchy, men are the decision makers and women are the decision takers across society.¹⁷⁹ The traditional leaders are overwhelmingly men where

¹⁷⁶ Charlesworth (1994) pp.69-70

¹⁷⁷ Mweninguwe, R. (17/03/2005) 'Ritual murder mars Women's Day', *News From Africa* http://www.newsfromafrica/articles/art_10175.html

¹⁷⁸ Reported in Malawi Human Rights Commission (MHRC) (May 2006) 'Cultural practices and human rights: A study into cultural practices and their impact on the enjoyment of human rights, particularly the rights of women and children in Malawi', MHRC: Lilongwe, Malawi, p.4

¹⁷⁹ Director of Planning, Research and Evaluation, Department of HIV, AIDS and Nutrition within the Office of the President and Cabinet (OPC) (25/07/07) Offices of the Department of HIV, AIDS and Nutrition: Lilongwe, Malawi; Head, Society for the Advancement of Women (SAW) (11/07/07) Offices of SAW: Lilongwe, Malawi; Head of Policy Support and Development, National AIDS Commission (NAC) (24/07/07) Offices of NAC: Lilongwe, Malawi; Advocacy Officer, National Association for People Living with HIV and AIDS (NAPHAM) (12/07/07) Offices of NAPHAM: Lilongwe, Malawi; Program Officer, National Initiative for Civic Education (NICE) (16/07/07) Offices of NICE: Lilongwe, Malawi; Strategic Manager - Youth Alert Programme, Population Services International (PSI) (20/07/07) Offices of PSI Malawi: Blantyre, Malawi; Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi; Programmes Coordinator, Malawi Center for

they are selected from the former leader's nephews. A female may be selected where there is no suitable nephew; however female village heads do not have the same powers as their male counterparts.¹⁸⁰ Although women have decision-making roles in the community, for example in matrilineal areas women elders discuss potential candidates for the traditional leader, these roles institutionalise their subordination.¹⁸¹ In addition, women rarely provide leadership within religious groups, except in evangelical churches, despite being active in the functions of the church. Rankin et al draw on one interview with a woman who reported:

Women sweep the church, women clean, they put the flowers and that's all they are expected to do. But when it comes to even discussing the church, you know, men expect to be up there. But now we know that we are the ones who do all the donkey work, so we might as well share on the pulpit.¹⁸²

As a result of their marginalisation from decision making women are not in a position to make the community or religious groups more responsive to their needs, including reducing their vulnerability to HIV infection.

Cultural norms legitimise gender inequality within the family, including marriage customs that posit men as dominant heads of households.¹⁸³ Where men are the

Advice, Research and Education on Rights (Malawi CARER) (18/07/07) Offices of Malawi CARER: Blantyre, Malawi; Programme Officer – HIV/AIDS, United Nations World Food Programme (WFP) (23/07/09) Offices of WFP: Lilongwe, Malawi; Programme Officer, The Joint United Nations Programme on HIV/AIDS (UNAIDS) (25/07/07) Offices of UNAIDS: Lilongwe, Malawi; Representatives of the HIV/AIDS Section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi; Programme Officer – Reproductive Health and HIV/AIDS, United Nations Children's Fund (UNICEF) (19/07/07) Ryall's Hotel Conference Centre: Blantyre, Malawi

¹⁸⁰ Banda, R. (2005) *Women of the Bible and Culture: Baptist Convention Women in Southern Malawi*, Kachere Series: Zomba, Malawi, p.9

¹⁸¹ Aguillar, M.I. and Aguillar, L.B. (1999) 'Women's Organising Abilities: Two Case Studies of Kenya and Malawi', Washington, D.C.: Organising for Development

¹⁸² Rankin, S.H., Lindgren, T., Rankin, W.W. and Ng'Oma, J. (2005) 'Donkey work: Women, religion, and HIV/AIDS in Malawi', *Health Care for Women International*, 26:1, pp.4-16, p.6, 9

¹⁸³ Advocacy Officer, National Association for People Living with HIV and AIDS (NAPHAM) (12/07/07) Offices of NAPHAM: Lilongwe, Malawi; Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi; Product Manager HIV Prevention - Chisango

breadwinners they marry on more favourable terms, whilst the lower status of women's domestic work leaves them in a subordinate position.¹⁸⁴ Women are dependent on men to access resources including land and its produce. Where the woman has worked on the land the man will often control the proceeds of their labour, as a Programme Officer at UNAIDS considers.¹⁸⁵ Husbands control their wives. In Ephesians 5:22, 23, a verse from the Bible that is well known in the south of the country, commands the wives to 'submit to your husbands as to the lord. For the husband is the head of the wife as Christ is the head of the church, his body, of which he is the saviour.'¹⁸⁶ For example men control the mobility of their wives, which leaves them vulnerable because it impacts on their ability to access health care facilities, medicines, education, and justice. The subordinate position of women is exacerbated when there is age asymmetry in the relationship: older men have greater control over younger girls.

Within the family there is a 'sexual contract' whereby sex is a husband's right and the wife has a duty to fulfil his sexual desires in exchange for supporting the family. Sex is conducted according to the man's terms, to meet his demands and for his pleasure.¹⁸⁷ Violence is considered acceptable if a woman denies her husband his marriage right and the concept of rape does not exist within the marriage context.¹⁸⁸ Women cannot negotiate for safer sex or leave a marital union if it puts them at risk of HIV infection. As the Senior Programme Manager of the Packachere Program at Populations Services International (PSI) explains 'most women are dependent on their husbands' and therefore 'whatever he does,

Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi; United Nations World Food Programme (WFP) (23/07/09) Offices of WFP: Lilongwe, Malawi. See also Tango International (2004) pp.1,8; Luciano, E. (13-19/05/2006) 'Stalemate on preventing domestic violence', *Malawi News*, p.4. For the situation in general see Okin (1998) p.120

¹⁸⁴ For the situation in general see Blackden, C. M. and Wodon, Q. (2006) 'Introduction', in Blackden and Wodon (eds.) pp.1-12; Okin (1998) p.118

¹⁸⁵ Programme Officer, The Joint United Nations Programme on HIV/AIDS (UNAIDS) (25/07/07) Offices of UNAIDS: Lilongwe, Malawi

¹⁸⁶ Banda (2005) p.182; Rankin *et al* (2005) p.14

¹⁸⁷ Tango International (2004) p.3. For the situation in general see Rivers *et al* (1998)

¹⁸⁸ Saur, M., Semu, L. and Hauya Nda, S. (2005) '*Nkanza*, listening to peoples voices: A study of gender-based violence, *Nkanza*, in three districts of Malawi', *Kachere Series*, Monfort Media: Balaka, Zomba, 21, p.12

wherever he goes the woman has got no say towards protecting herself or ensuring that the husband is faithful to the wife.’¹⁸⁹

Women have a gender-based obligation to fulfil certain cultural practices that put them at risk of HIV infection, including wife swapping, wife inheritance and *kusunga mwana*, a practice among the Yao whereby a girl (usually the younger sister) is chosen by the elders to have sex with the man whilst his wife is away from home for a prolonged period.¹⁹⁰

Priority is accorded to the health and education of the males in the family because they are the breadwinners. Decisions on education are partially related to the family’s ‘investment strategy’ for its own future. The education of children is a heavy financial burden upon families and often they cannot afford to educate all their children. The perceived costs and benefits of education for sons and daughters differ substantially. The sons have a future gender-based role as the wage earners and their education takes priority, whereas the daughters will raise a family, which is believed to solely benefit from experience in assisting the mother and informal education including initiation.¹⁹¹ Marriage for the daughter is believed to be of greater benefit for the family and the daughter than her education. The family bears the costs of educating the daughter but do not perceive it to benefit them. In the north families are dissuaded from educating girls because of the patrilineal marriage system; investing in the girl child’s education is seen as a ‘waste of resources’ because they will marry and join her husband’s family.¹⁹² In addition, the opportunity costs of educating girls are higher because they provide the family with an additional source of household labour, helping their mother with childcare, household chores and farm work. Until the daughter is married the family wants to benefit from her unpaid labour in the home and agriculture. Girls, especially over the age of 10 spend on average 16 hours a week on household chores compared to 10 hours for their male peers. These domestic tasks disrupt the schooling of the girl child because their attendance is irregular and they have little time to do school related activities at home. As a result the girls may perform poorly in examinations

¹⁸⁹ Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi

¹⁹⁰ Reported in MHRC (May 2006) p.5

¹⁹¹ Programmes Coordinator, Malawi Center for Advice, Research and Education on Rights (Malawi CARER) (18/07/07) Offices of Malawi CARER: Blantyre, Malawi

¹⁹² Programmes Coordinator, Malawi Center for Advice, Research and Education on Rights (Malawi CARER) (18/07/07) Offices of Malawi CARER: Blantyre, Malawi

and frequent absenteeism may eventually result in failure or dropout. This burden is exacerbated by HIV/AIDS where girls have to take on extra burdens of caring when their parents get infected.¹⁹³ As a result there is a gender imbalance in levels of education especially in terms of enrolment and performance.¹⁹⁴ Government statistics reveal that in 2005 the literacy rate for males aged 15 and over was 75.8%, whilst for females it was 52.4%

Women are responsible for the health and social education of the entire family. Men are not supposed engage in maternal responsibilities and they may receive a negative reaction if they are involved because these are considered to be 'women's issues'. The responsibility of women for reproductive health is reiterated and compounded by reproductive health programs and HIV prevention campaigns that are focused on women. Reproductive health services are biased against male involvement, for example men may be made to sit outside clinic. This increases the perception that reproductive health is 'women's business' and further absolves men of the responsibility.¹⁹⁵

Women and girls shoulder the burden of 'a higher percentage of responsibilities and manage heavy workloads in the community.'¹⁹⁶ Women must balance the many tasks including child-care, farming, shopping, cooking, and water collection. Women spend a greater amount of time on domestic work, including the collection of firewood and water.¹⁹⁷ Girls over ten years reportedly 'spend 16 hours a week on household chores compared to 10 hours for their male peers.'¹⁹⁸ The burden is exacerbated by HIV/AIDS as the burden of

¹⁹³ The Government of Malawi (June 2006); Njeuma, D.L. (1993) 'An overview of women's education in Africa', in Conway, J.K. and Bourque, S.C. (eds.) *The Politics of Women's Education: Perspectives from Asia, Africa and Latin America*, University of Michigan Press: Michigan, pp.123-32, pp.126; Kachiwanda, S. (Unpublished) 'Gender disparity in the acquisition of literacy in Sub-Saharan Africa: the case of Malawi', Centre for Language Studies, University of Malawi: Zomba, Malawi, p.5; Government of Malawi (2005) 'The Women, Girls and HIV/AIDS Program and National Plan of Action', Government of Malawi: Lilongwe, Malawi, 3.2.1; Burton, P. (2005) 'Suffering at School: Results of the Malawi Gender-Based Violence in Schools Survey', CJSJ/ISS: Pretoria; Jamieson, P. (1-7/03/2004) 'Sexuality and the Adolescent Girl', *The Chronicle*, Lilongwe, Malawi

¹⁹⁴ Hyde (1999) p.135

¹⁹⁵ MHRC (December 2005) p.27; For the case in general see Blanc, A.K. (2001) 'The effect of power in sexual relationships on sexual and reproductive health: An examination of the evidence', *Studies in Family Planning*, 32:3, pp.189-213, p.200

¹⁹⁶ UN (Dec 2004)

¹⁹⁷ Government of Malawi (June 2006) p.48; Wodon and Beegle (2006) p.104

¹⁹⁸ Government of Malawi (June 2006) p.33

care for those infected falls on women and girls.¹⁹⁹ The gender time differentiation leaves women and girls burdened by long working hours. Where women are time poor, their labour time and flexibility is constrained, which depletes their health and limits their access to health services and education.²⁰⁰

Men migrate to urban areas because of their productive role. Male migration was encouraged because the British Colonial administration made it difficult to maintain a living on rural lands through household tax implementation, arable appropriation of lands and the control of agricultural prices. This migration continued in post-colonial Malawi because of rural impoverishment, which was intensified by the Structural Adjustment Policies (SAPs) in the late 1980s.²⁰¹ In addition, in the south under matrilineage men are not required to support their wife and children in the long term or invest in the wife's village, which encourages them to work away from home and frequently results in permanent desertion.²⁰² Where men migrate for work it changed patterns of sexual behaviour. For example where men migrated to the gold mines in South Africa they were contracted to two-year contracts away from home. This increased the potential for commercial sex exchange and sex workers congregated around the camps. The men became infected with HIV and when they returned home they would infect their wives. Between 1988 and 1992 the Employment Bureau for Africa stopped employing Malawian mine workers because of their high HIV rates. However, they still were employed at mines, just with less optimal pay and working conditions.²⁰³

The domestic role of women means that 93 percent of women reside in the rural areas. Cultural norms restrict the mobility of women, they cannot travel outside their village and it is unacceptable for them to use common forms of transportation including bicycles and carts.²⁰⁴ Women in the rural areas have to endure 'severe and harsh living conditions': They face greater poverty, a lack of services and infrastructure, food insecurity and disease

¹⁹⁹ See for example Jamieson (1-7/03/2004)

²⁰⁰ MHRC (December 2005) p.vii; Blackden and Wodon (2006)

²⁰¹ Craddock (2006) pp.156-7, Whiteside, M. and Carr, S. (1997) 'Services and policies needed to support sustainable smallholder agriculture in Malawi', Report to the Overseas Development, UK, mimeo; Tango International (2004) p.6

²⁰² Tango International (2004) p.4

²⁰³ Chirwa, W. (1998) 'Aliens and AIDS in southern Africa: The Malawi-South Africa debate', *African Affairs*, 97, pp.53-79; Craddock (2006) p.156-7

²⁰⁴ Tango International (2004) p.3

outbreaks.²⁰⁵ Women are restricted to selling low-value crops in home villages where prices are lower and excluded from cash income generating opportunities, markets and informal networks.²⁰⁶ Moreover, 16.5 percent of urban households and 26.3 percent of rural households were female headed and with escalating AIDS-related deaths the number of female-headed households has increased.²⁰⁷ Female-headed households have poorer levels of health, education and employment.²⁰⁸ As a result there is a hierarchy of interests and although reducing vulnerability to HIV infection is in one's 'real interests' in the long term, other short term interests take priority. Women may be forced by their circumstances into transactional sex for survival despite knowledge of the risks, because they have no means of economic security for themselves and their children or siblings otherwise.²⁰⁹ The Malawi Development Goals Report reveals that 'in some cases, from an early age, women, driven by poverty, engage in pre-marital and extra-marital sex with multiple partners to earn money.'²¹⁰

1.3 The application of feminist theory

In recent years gender analysis of IR has developed a confidence and Gender and IR (GIR) scholars 'take it as given that their analytical concerns and frameworks are legitimate.'²¹¹ Despite these advances however, there are controversies when applying feminism to the case study of Malawi, and this section outlines how these are addressed.

A first controversy is that women are not a cross-culturally, singular, homogenous group; instead gender intersects with a multiplicity of other aspects of identity, including, but

²⁰⁵ UN (Dec 2004); Lele, U. (1990) 'Structural Adjustment, agricultural development and the poor: Some lessons from the Malawian Experience', *World Development*, 18:9, p.1207-19; Craddock (2006) p.156. Also reflected upon by Representatives of the HIV/AIDS Section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi

²⁰⁶ Tango Internacional (2004) p.3; Chalimba, M. and Pinder, C. (2002) 'Gender power relations study and the impact of safety nets in Malawi', Report for Care Malawi

²⁰⁷ National Statistics Office (NSO) [Malawi] and ORC Macro (2005) 'Malawi Demographic and Health Survey 2004', NSO and ORC Macro; Calverton, Maryland, p.11

²⁰⁸ Tango International (2004) p.5; Ngwira, N. and Mkandawire, E. (2003) 'Cost of gender disparities in access to socio-economic services in Malawi', IPRAD: Blantyre, Malawi

²⁰⁹ Rankin *et al* (2005) p.5. For the situation in general see Poku (2000) p.45; Craddock (2006) p.156

²¹⁰ UNDP Malawi (2003) 'Malawi Millennium Development Goals Report', UNDP Malawi: Lilongwe, Malawi, p.18

²¹¹ Squires and Weldes (2007) p.185

not limited to, race, ethnicity, class and religion.²¹² HIV/AIDS spreads along the multiple fault lines of society, including gender, class and ethnicity. Although the concern in this research is the gender fault lines, it is recognised that women are vulnerable to HIV infection to varying degrees, and where multiple fault lines intersect, this vulnerability is heightened.²¹³ Although gendered structures permeate society in Malawi to leave women vulnerable to HIV infection, these unequal power relations differ in their manifestation. This research is therefore careful to differentiate between women, which enables an understanding of the complexity, and diversity, of how gendered structures underscore the vulnerability of women to HIV infection.²¹⁴ As a result, more meaningful conclusions can be drawn about the specific context.

This research is specific about which ethnic groups are practicing the different cultural practices considered in the empirical analysis. There are nine major ethnic groups: the Ngoni, Tumbuka, Tonga, Sena, Ngonde, Chewa, Yao, Mang'anja and Lomwe. The Chewa is the dominant ethnic group. Under President Hastings Kamuzu Banda, President from 1966 until 1993, manipulated culture and capitalised on Chewa cultural values to entrench his political power.²¹⁵ Chichewa, the language of the Chewa people, is the national language and the language that English information, including policy and legislation is translated into for popular consumption. HIV/AIDS awareness posters, radio shows and condom instructions tend to be in Chichewa. This has implications for women's vulnerability to HIV infection because women of the other ethnic groups are less able to access the information.²¹⁶

²¹² Mohanty, C.T. (1998) 'Feminist encounters: Locating the politics of experience', in Phillips (ed.) pp.254-272, p.258; Hawkesworth (1997) p.680; Squires and Weldes (2007) p.191; Steans (1998) p.15

²¹³ Nassah, I.A. (23/02/2004) 'Safety in silence: The tale of HIV/AIDS in Malawi', *Daily Times*

²¹⁴ Fraser and Nicholson (1989) p.102

²¹⁵ Forster, P.G. (1994) 'Culture, nationalism, and the invention of tradition in Malawi', *The Journal of Modern African Studies*, 32:3, pp.477-497, p.477,481

²¹⁶ Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi; Head of Assemblies of God Relief and Development Services (AGREDS), Assemblies of God Church (12/07/07) Offices of the Assemblies of God Church: Lilongwe, Malawi; Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi

This research differentiates between the experiences of women in the patrilineal and matrilineal areas. The Ngoni, Tumbuka, Tonga, Sena and Ngonde in all five districts in the north and Nsanje in the south are patrilineal; where the wife moves to the husband's village and the man is dominant. In contrast the Chewa, Yao, Mang'anja and Lomwe in the twenty districts of central and southern regions are matrilineal; where the husband moves to the wife's village and the lineage is traced through the women.²¹⁷ Some scholars argue that matriliney depicts a reversal of the western feminist gender model, because women have a higher position in society and have a greater range of powers. It is evident that in the matrilineal areas the women elders decide upon the village head and exert influence over decision-making, land is inherited through the woman's lineage, marriages are wife-headed and the children, an important asset, belong to the woman's lineage.²¹⁸ In reality however, matrilineal societies are 'largely patrilineal in principle' and, although women in the matrilineal areas have some powers, they are still under male control.²¹⁹ In patrilineal areas, the woman's father or husband is the highest authority; whilst in matrilineal areas, the power lies with the wife's maternal uncle who is custodian of the children (*bambo aang'ano* or *bambo aakulu* - small father or big father, depending on the age difference between the biological father and paternal uncle).²²⁰ In patrilineal areas, land is inherited through the man's lineage and women access land through their husbands; in matrilineal areas, although land is inherited through the women on marriage, it is jointly owned by the husband, controlled by the maternal uncle, and the husbands control the household resources, including the income and crops.²²¹ Furthermore, there has been a shift in matrilineal societies towards patriarchal structures; attributed by some, to the arrival of Christian missionaries, and by others, to

²¹⁷ Tango International (2004) p.1

²¹⁸ Mwale, P.N. (2002) 'Where is foundation of African gender? The case of Malawi', *Nordic Journal of African Studies*, 11:1, pp.114-137, pp.134-5; Banda (2005) p.9; Peters, P.E. (1992) 'Against all odds: Matriliney, land and gender in the Shire highlands', *Critique of Anthropology*, 17:2, pp.189-210; Chim'modzi, H.F. (1994/5) 'Addressing African feminism', *Journal of Humanities*, 8/9, p.50

²¹⁹ Mwale (2002) pp.134-5; Programme manager, Story Workshop (18/07/07) Offices of the Story Workshop: Blantyre, Malawi; Semu, L. (2002) 'Kamuzu's Mbumba: Malawi women's embeddedness to cultures in the face of international political pressure and internal legal change', *Africa Today*, 49:2, pp.77-99, pp.78-9

²²⁰ Banda (2005) p.9; Phiri (1997) p.1; Tango International (2004) p.1; Muula, A.S. and Mtshutso-Bengo, J.M. (2004) 'Important but neglected ethical and cultural considerations in the fight against HIV/AIDS in Malawi', *Nursing Ethics*, 11:5, pp.479-488, p.483

²²¹ Tango International (2004) pp.1, 2

employment opportunities in tea farming in Thyolo, sugar cane production in Chikwawa and the urban centres of Blantyre, Zomba and Balaka.²²² The tradition of the husband moving to wife's home is also diminishing; with some men only agreeing to stay for one year to prove himself to the family, and where the husband's do move to the wife's home they spend most of their time away on business.²²³

The stark inequalities between the urban elite and the poor rural population are also recognised in this thesis. Women in urban areas tend to be better situated to stand up against gender oppression, to negotiate for safer sex or leave an unsafe marital union.²²⁴ The statistics reveal that women in urban areas are better educated: 26.6 percent of women in rural areas had no education compared with 8.2 percent of women in urban areas, 10.1 percent of women in rural areas had attended secondary level education compared with 40.2 percent of women urban areas. 42.1 percent of women in rural areas cannot read at all, compared with 15.8 percent of women in urban areas.²²⁵ Women in urban areas have greater access to information and services: for example 34.6 percent of women are not exposed to mass media (newspapers, television or radio), compared with 16.8 percent of women in urban areas.²²⁶ For the majority of women in the rural areas, they experience poverty, illiteracy, and inadequate health, lack of water, malnutrition, and the impact on their family of HIV/AIDS; confronting the gendered structures is therefore not on their agenda.²²⁷ However, women with greater economic stability are still vulnerable because the gendered structures of power are pervasive.²²⁸

²²² Banda (2005) p.10; Phiri (1997) p.48; Schoffeleers, M. (1997) *Religion and the Dramatisation of Life: Spirit Beliefs and Rituals in Southern and Central Malawi*, CLAIM-Kachere: Blantyre, Malawi, pp.34-37; Semu (2002) p.79; Phiri, K. (1983) 'Some changes to the matrilineal family system among the Chewa of Malawi since the nineteenth century', *The Journal of African History*, 24;2, pp.257-74, p.273

²²³ Banda (2005) p.174

²²⁴ Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi

²²⁵ NSO and ORC Macro (2005) pp.28,30

²²⁶ NSO and ORC Macro (2005) pp.32

²²⁷ Nkenza (1997, reprinted 2000) 'Women in post-colonial Africa: Between African men and Western feminists', in Darby, P. (ed.) *At the Edge of International Relations: Post-Colonialism, Gender and Dependency*, Continuum; London, p.221-2

²²⁸ Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi

This research considers the specific case study of Malawi in the present day, and is aware of the historical context of how gender-based norms have formed over time. Gender is historically situated, and patriarchal relations assume different characteristics at different points in history.²²⁹ Hierarchical structures, including patriarchal structures, were imposed under colonial rule and the post-colonial government.²³⁰ As considered in further depth in chapter two, the subordination of women was entrenched in order to consolidate Banda's political power. Women were not fairly represented and primarily their role was limited to dancing and singing songs that praised and supported Banda in everything.²³¹ The status of women was seen in traditional terms, under male guardianship and with strictly enforced gender roles.²³² The marginalisation of the participation of women in politics continued under President Bakili Muluzi, President May 1994 to 2004. Furthermore, the historical specificity of this research avoids the totalising fiction of permanent relations of domination and subordination.²³³ Gender norms are not static they change as a result of external and internal factors. Crucially the vulnerability of women to HIV infection sheds light on their subordination and provides the possibility to challenge the gendered structures.

The second controversy is the simplistic views of patriarchy, associated with radical feminists of the 1970s, where men as a group are seen to oppress women, and all men benefit from, or are complicit in, patriarchal relations. This debate has been criticised under more sophisticated models of patriarchy, offered for example by Valerie Bryson, and this is not much of a debate anymore.²³⁴ This controversy is worth noting however, because in this research it is recognised that neither men nor women are the victims or perpetrators of

²²⁹ Walker and Barton (1983) p.5-6; Baum (2004) p.1097; Hawkesworth (1997) p.681; Mohanty (1998) p.259

²³⁰ Banda (2005) p.13; Ross, A.C. (1996) *Blantyre Mission and the Making of Modern Malawi*, CLAIM-Kachere: Blantyre, Malawi; Craddock (2006) p.157

²³¹ Chirwa, W.C. (2001) 'Dancing towards dictatorship: Political songs and popular culture in Malawi', *Nordic Journal of African Studies*, 10:1, pp.1-27, p.4,9,13; McCracken (1998) p.238,241

²³² Forster (1994) p.491; Chirwa (2001) p.11; Ngulube-Chinoko, P. (1995) 'The experience of women under the one party state and in the political transition', in Nzunda, M.S. and Ross, K.R. (eds.) *Church, Law and Political Transition in Malawi, 1992-94*, Mambo Press: Gweru, Zimbabwe, pp.89-100, p.95

²³³ Bordo, S. (2003) *Unbearable Weight: Feminism, Western Culture and the Body*, University of California Press: Berkley, CA

²³⁴ Bryson, V. (1999) 'Patriarchy: A concept too useful to lose', *Contemporary Politics*, 5(4), pp. 170-4

power because, as Foucault argues, power is never ‘in anybody’s hands’.²³⁵ Power operates ‘through’ individuals rather than ‘against’ them; and constitutes individuals who are the ‘vehicles of power’.²³⁶ As Cox propounds for structures in general, gendered structures are socially constructed and they only have real concrete effects because we act as *if* they were real.²³⁷ There is ‘a form of self-imposed coercion’ that legitimises oppressive social institutions, as Geuss argues, ‘the agents in the society impose coercive institutions on themselves by participating in them, accepting them without protest... Simply by acting in an apparently ‘free’ way according to the dictates of their world-picture, the agents reproduce relations of coercion.’²³⁸ In Malawi although it appears that women are acting according to their own ‘free will’, they are acting within the existing patriarchal structures. Both women and men adhere to gender-based cultural scripts, for example to justify decision making outcomes.²³⁹ Gendered structures are constituted through the social relations in which they are situated and both men and women produce and reproduce patriarchy;²⁴⁰ although an examination of women’s lives is central to understanding how power operates through structures of gender, this research also considers the general social context and men’s lives.²⁴¹

In addition, women are using agency to challenge the patriarchal structures globally, and in Malawi specifically. Marking the International Women’s Day in 2004, Kofi Annan reflects that in most countries and communities ‘it is indeed women who have been the most

²³⁵ Foucault (1980) p.98

²³⁶ Garland, D. (1990) *Punishment and Modern Society: A Study in Social Theory*, Oxford: Clarendon Press, p.158; Foucault (1980) p.98; Philp, M. (1983) ‘Foucault on power: A problem in radical translation?’, *Political Theory*, 11:1, pp.29-52, p.36; Digesser, P. (1992) ‘The fourth face of power’, *Journal of Politics*, 54:4, pp.977-1007, p.982

²³⁷ For structures in general see Cox (1981) p.99

²³⁸ Geuss, R. (1981) *The Idea of Critical Theory*, Cambridge University Press: Cambridge, p.60

²³⁹ Mbweza, E., Norr, K.F. and McElmurry, B. (2008) ‘Couple decision making and the use of cultural scripts in Malawi’, *Journal of Nursing Scholarship*, 40:1, pp.12-19

²⁴⁰ Steans, J. (2003) ‘Engaging from the margins: Feminist encounters with the ‘mainstream’ of international relations’, *British Journal of Politics and International Relations*, 5:3, pp.428-54, p.439. See also Flax, J. (1987) ‘Postmodernism and gender relations in feminist theory’, *Signs: Journal of Women in Culture and Society*, 12:4, pp.621-643

²⁴¹ Enloe, C. (2001) ‘Interview with professor Cynthia Enloe’, Annual Conference of the ISA in Chicago, Feb 2001, *Review of International Studies*, 27:4, pp.649-666, p.663

active and effective advocates and activists in the fight against HIV/AIDS'.²⁴² In Malawi, some women who are empowered are campaigning and lobbying against the negative traditional customs and cultural beliefs and their wider subordination. Many women's NGOs have been established including 'Women's Voice', the 'Society for the Advancement of Women' SAW, the Women Lawyers Association (WLA) and the 'Women's Coalition', a network of women living with HIV/AIDS (WLWHA). However, these organisations tend to be dominated by a small clique of women, whose power derives from the powerful men to whom they are married; these women tend to protect their own positions of power and restrict the advancement of other women.²⁴³ At the grassroots level, although some women can negotiate for safe sex or leave an unsafe marital union, the vast majority live in rural areas and these women tend to lack the education and power to be able to protect themselves from HIV infection. Therefore, whilst we cannot simply talk of women as the victims, there is only a limited potential for women to be agents of change within the pervasive patriarchal structures.

A third controversy is that feminism is dominated by western scholars, and its applicability to the African context is controversial. Some critics dismiss feminism for being a new form of Western imperialism; universalising a Western model of social ordering. Male Malawian scholars argue that the issue of 'gender equality' is a Western concept that is not compatible with African cultural norms, fails to reflect African experience and does not deal with issues that directly affect Africans.²⁴⁴ Western feminist scholarship is criticised for failing to account for the multiple struggles that African women face including racism, sexism, colonialism, imperialism, and monopoly capital.²⁴⁵ Hermes Chim'modzi therefore believes that African womanists 'would rather identify more with the African man in the struggle for social and political freedom than with the middle class white feminist who ignores the fact

²⁴² Secretary-General Kofi Annan's remarks on International Women's Day in New York today, 8 March – UN (2004)

²⁴³ For the situation in general see Ampofo, A.A., Beoku-Betts, J.N., Wairimu, N., Osirim, M. (2004) 'Women's and gender studies in English-speaking Sub-Saharan Africa: A review of research in the social sciences', *Gender Society*, 18: 6, pp.685-714, p.702

²⁴⁴ Ampofo *et al* (2004) p.688; Nkenza (1997, reprinted 2000) p.215; Chim'modzi (1994/5); Semu and Bin-Uli (1997) p.100

²⁴⁵ Mohanty, C.T., Russo, A., and Torres, L. (1991) 'Introduction', in Mohanty, C.T., Russo, A., and Torres, L. (eds.) *Third World Women and the Politics of Feminism*, Indianapolis: Indiana UP, pp.2-38; Nkenza (1997) pp.215-16

that racism and capitalism are concomitants of sexism'.²⁴⁶ There is a marked disparity between the culture and experiences of African and Western women; which has led to the misinterpretation of African texts by feminist scholars and significant relationships of power and privilege between the Western researcher and the African object of study.²⁴⁷ Mwale argues that

At the local level in Malawi, African womanism seems to exist in print only. Therefore, it seems that African feminism masquerades in literature as African womanism, and only a handful of westernised or elite women really know it's message, and hence the problem using it to mobilize women anywhere in Africa.²⁴⁸

The tendency for white, western feminists to identify with the black female 'other' is criticised because this idealisation erases difference, denies black women a voice, threatens the perception of the other as other and confuses the perspective of these women with the white, western feminist's own.²⁴⁹ Western feminism often marginalises African women, who do not and cannot speak from a location of white, western, middle-class privilege.²⁵⁰

African feminist literature has played a key role in repositioning feminism, with an increase in research by African feminists and womanists.²⁵¹ Both African womanists and African feminists emphasise the centrality of children, multiple mothering, kinship and more inclusive of men because they are central to life including as a husband. It is worth noting that there are also similarities with western feminism, because they all stress female autonomy and self-determination.²⁵² However, there are significant barriers to the development of African feminist scholarship, and these include; the impact of economic and

²⁴⁶ Chim'modzi (1994/5) p.45

²⁴⁷ Nkenza (1997) pp.215-16

²⁴⁸ Mwale (2002) p.118; Nkenza (1997, reprinted 2000) p.215

²⁴⁹ For the American context see Wyatt, J. (2004) 'Toward cross-race dialogue: Identification, misrecognition, and difference in feminist multicultural community', *Signs: Journal of Women in Culture and Society*, 29:3, pp.879-903, p.879-80, 97; Schueller, M.J. (2005) 'Analogy and (white) feminist theory: Thinking race and the colour of the cyborg body', *Signs: Journal of Women in Culture and Society*, 31:1, pp.64-92, p.65

²⁵⁰ Mohanty (1998) p.259

²⁵¹ Ampofo *et al* (2004) pp.686, 688

²⁵² Chim'modzi (1994/5) p.46

political crisis on funding and institutional support; a shortage of current publications; few available publishing outlets; women's conflicting responsibilities within the universities; a hostile intellectual climate; and, patriarchal structures.²⁵³ For the case of Malawi, Isabel Phiri highlights the barriers to female African researchers in her account of her own personal experiences.²⁵⁴ In addition, studies on women are less likely to receive government funding and there is a lack of gender disaggregated data. Women are marginalised from being included in statistics and gendered statistics have been generated only recently.²⁵⁵ Moreover, African feminist literature remains largely invisible in Western feminist discourses.²⁵⁶

Despite the importance of African feminist perspectives however, feminist post-structuralism questions the positivist myth of the existence of 'one true story' or a universal perspective.²⁵⁷ Everybody views the world from somewhere and different perspectives and gazes can be combined together for a more holistic understanding. This research makes an important contribution because it views the operation of gendered structures of power for the specific context of Malawi, from an external standpoint. Where power operates at a latent level, it requires this 'external standpoint' to assess the situation from a view outside the operation of power.²⁵⁸ This does not assume a privileged access to knowledge of what constitutes 'real interests'. As Stephen Lukes propounds, 'false consciousness' refers to the '*the power to mislead*', this is not condescending but partial and limited because 'one can *consent* to power and *resent* the mode of its exercise.'²⁵⁹ Susan Bordo argues that 'although many people *are* mystified... often there will be a high degree of consciousness. Often, given the sexism, racism, narcissism of the culture, their personal happiness and economic security may depend on it.'²⁶⁰ Viewing power from an external standpoint and mobilising those subject to its operation is necessary because mystification prevents the realisation of the full extent of the latent operation of power and challenges to it arising. External actors can

²⁵³ Ampofo *et al* (2004) p.687

²⁵⁴ Phiri, I. (1996) 'Marching, suspended and stoned: Christian women in Malawi 1995', Ross, K.R. (ed.) *God, People and Power in Malawi*, Assemblies of God Press: Limbe, Malawi, pp.63-106

²⁵⁵ Semu and Binauli (1997) p.86

²⁵⁶ Ampofo *et al* (2004) pp.686-7

²⁵⁷ Bordo (2003)

²⁵⁸ Lukes (2005) p.146

²⁵⁹ Lukes (2005) p.150

²⁶⁰ Bordo (2003) p.30

educate those subject to the operation of power and mobilise them to empower themselves.²⁶¹ However, it is important to recognise that true empowerment also requires internal action from those subject to the operation of power.

This research is reflexive of its cultural biases and preconceptions; because everyone's outlook and assessment is related to the restricted set of options that they have available to them from the position from which they view the world.²⁶² There are inherent cultural differences and distances in Western and African women's concerns. The tendency amongst white, western feminists is to make assumptions that the 'real interests' of women in the third world lie in emancipation from gender-based norms; however, empowerment in some contexts can lead to disempowerment in other contexts. There must be caution on the part of western feminists in interpreting areas where they have limited experience. For example, western feminists perpetuate the perceived silence of African women, when this silence can be a 'voice' of resistance and a powerful tool.²⁶³

A feminist perspective can offer a useful theoretical tool for analysing the vulnerability of women to HIV/AIDS for the case study of Malawi, provided it is coupled with a deep understanding of context. In accordance with trends in feminism, this research takes a 'bottom up' approach, which begins with an exploration of the complexities of women's lived experiences and the hierarchical social relations in which their lives are situated.²⁶⁴ This is important because women's vulnerability to HIV infection involves personal sexual relations, interpersonal factors and individual lives. Personal sexual relations at the grass-roots level are driving the pandemic, with far-reaching implications at the national and international levels, as noted in the introduction. The empirical analysis is therefore deeply contextualised. Cultural, religious and gender identities are dynamic and complex, and therefore a particularised analysis is required that is linked with larger, rather than a totalising, meta-narrative. This requires an appreciation of the meaning derived from the gender-based cultural norms and practices, and how they leave women vulnerable to infection. It emphasises local and contextual knowledge. It moves beyond a recognition of

²⁶¹ Kelsall, T. and Mercer, C. (2003) 'Empowering people? World Vision and "transformatory development" in Tanzania', *Review of African Political Economy*, 30:96, pp. 293-304, p.295

²⁶² Connolly (1983) p.73

²⁶³ Nkenza (1997) p.223

²⁶⁴ Tickner (2005) pp.2177-8; Tickner (1991) p.35

other cultures that accepts the justifications and reasons behind it, to a culturally-respectful critique of those aspects that are oppressive.²⁶⁵ This grassroots approach facilitates a deeper understanding of intersectionality, and responds to the criticism of feminist top-down application of western theories; as a result it allows for conclusions to be generated about empowerment that are relevant at the grassroots.

An understanding of the position and relations of women at the grassroots level allows for a more complete approach to international relations, however this grassroots perspective is not superior and should it be privileged. As Mohanty argues 'cross-cultural feminist work must be attentive to the micro politics of context, subjectivity, and struggle, as well as the macro politics of global economic and political systems and processes'.²⁶⁶ Local cultural patterns are reshaped by globalisation but not subsumed to economics.²⁶⁷ Therefore a contextual analysis can reveal how the particular is often universally significant, without using universal to erase the particular.²⁶⁸ This approach serves to reemphasise the connections between local and universal.²⁶⁹ As a result, it is likely that this research can reveal questions that are applicable to other case studies in order to generate more general conclusions.

Conclusion

Feminist critical theory and post-structuralist perspectives of how power operates through gendered structures provide the theoretical foundations for this research. A combination of these perspectives facilitates a deeper, fuller analysis of how gendered structures limit the response and underscore the vulnerability of women to HIV infection. The term 'gendered

²⁶⁵ Baum (2004) pp.1077, 1096

²⁶⁶ Mohanty (1991) 'Under western eyes: Feminist Scholarship and Colonial Discourses', in Mohanty, C.T., Russo, A., and Torres, L. (eds.) *Third World Women and the Politics of Feminism*, Indianapolis: Indiana UP, pp.51-80; Mohanty (2003) "'Under western eyes" revisited: Feminist solidarity through anticapitalist struggles', *Signs: Journal of Women in Culture and Society*, 28:2, pp.499-535, p.501

²⁶⁷ Baum (2004) p.1095

²⁶⁸ Mohanty (1991); Mohanty (2003) p.501; Lionnet, F., Nnaemeka, O., Perry, S.H., and Schenck, C. (2003) 'Introduction – The human face of development: Disciplinary engagement and new areas of engagement', *Signs: Journal of Women in Culture and Society*, 29:2, pp.291-7, p.292

²⁶⁹ Mohanty (2003) p.505

structures' refers to the ways of thinking, knowing and acting in accordance with gender. Gendered structures of power include the gendered frameworks and discourses at one level and the gendered ideologies at the other. It is important to note that what critical theorists refer to as 'power' is what poststructuralists refer to as 'domination' – the condition under which those subject to power have limited effective capacity for resisting power and transforming their lives. For the purposes of this research the term 'power' will be used.

Central to this thesis is that despite the embeddedness of gendered structures of power, empowerment is possible. Both critical theory and post-structuralism allow for the emancipation from power. Empowerment is where individuals realise power is operating and have the power to act in accordance with their 'real interests'; they are in a position to resist power and stand aside from power. Moreover where HIV/AIDS spreads along the gender fault lines of society it sheds light on them and creates a space to challenge them.

Drawing upon the 'capabilities approach' that asserts that the most basic human interests lie in living a life fit for a human being, it is meaningful to talk about how the 'real interests' of women are in freedom from the gendered structures that underscore their vulnerability to HIV. Where the current gender order underscores the vulnerability of women to HIV infection it compromises their basic human interests: HIV/AIDS undermines women's capacity to fulfil the functions including life, bodily health, practical reason and control over their environment.

Feminist post-structuralist and critical theory perspectives of how power operates through gender are applied to the empirical analysis in the subsequent sections. Chapter two explores how the response to HIV/AIDS is limited by gendered structures of power. This analysis draws upon post-structuralism and questions the ways in which the certain gendered discourses and frameworks fails to engage with the deeper gender power relations. Chapters three, four and five explore how gendered structures underscore women's vulnerability to HIV infection. This analysis draws upon critical theory and questions how certain gendered ideologies in Malawi are reproduced and support asymmetric power relations between men and women leave women vulnerable to HIV infection.

This research is careful to differentiate between women including different ethnic groups, matriarchal and patriarchal areas and urban and rural women. It also focuses on a historically specific case study. This enables an understanding of the complexity and diversity of how gendered structures underscore the vulnerability of women to HIV infection. As a

result more meaningful conclusions can be drawn about the specific context. The analysis recognises that neither men nor women are the perpetrators or victims of power. Although the focus is on analysing women's lives, the general social context and the lives of men are also examined. In addition, despite the pervasive gender structures some women are challenging them. This research makes an important contribution because it views the operation of gendered structures of power for the specific context of Malawi from an external standpoint. However, it is also reflexive of its own cultural biases and preconceptions. The empirical analysis is deeply contextualised and a 'bottom-up' approach is taken to provide a culturally-respectful critique of those aspects that are oppressive. The conclusions that are generated are relevant at the grassroots. A thorough and theoretically informed analysis of how gendered structures underscore the vulnerability of women enables a more a meaningful discussion of what empowerment entails.

2. A Critique of the Response to the Gendered Dimensions of HIV/AIDS

In March 2005 the Government of Malawi formulated the ‘Women, Girls and HIV/AIDS Program and National Plan of Action – 2005-2010’. It was recognised ‘that HIV/AIDS has a gender dimension and unless the HIV/AIDS gender issues are addressed, little progress will be made in the fight against the epidemic.’²⁷⁰ The program represented a first step toward implementing the ‘National Gender Policy’ (2000) and was created to guide the action to reduce infection rates amongst women and girls. The interviews conducted in Malawi also revealed that the various organisations engaged in the response are broadly aware of many of the relevant issues and are beginning to intellectualise about women’s vulnerability to infection.

This chapter critiques the response to the gendered dimensions of HIV/AIDS in Malawi. This analysis draws upon the feminist post-structuralist question of how certain discourses and frameworks mean that the response fails to engage with the gendered power relations. Firstly, the context of HIV/AIDS and its gendered dimensions in Malawi are introduced. Secondly, how the initial hesitancy to respond to HIV/AIDS and its gendered dimensions is rooted in the gendered framework of the public/private dichotomy is explored. According to this framework HIV/AIDS and issues pertaining to women are part of the private sphere of non-intervention. There is an examination of how a cause for action arose as a result of two developments that place HIV/AIDS and its gendered dimensions on to the agenda: the shift to democracy and the escalation of the impact of HIV/AIDS and the gendered dimensions. Thirdly, although HIV/AIDS and its gendered dimensions have emerged onto the political agenda, the response continues to be limited by the dominant scientific discourse of HIV/AIDS. The focus is upon mitigating the impact of the perceived crisis, rather than engaging with the deeper structures that leave populations vulnerable. Fourthly, despite the advances in recent years with the ‘National AIDS Policy’ (2003) and the

²⁷⁰ Government of Malawi (2005) ‘The Women, Girls and HIV/AIDS Program and National Plan of Action’, Government of Malawi: Lilongwe, Malawi, 2.0

‘Women, Girls and HIV/AIDS – Program and National Plan of Action’ (2005), these are limited in their effectiveness to challenge the gendered structures. This analysis highlights the relevance of understanding why women are vulnerable, the task to which chapters three, four and five turn.

2.1 The context of HIV/AIDS and its gendered dimensions in Malawi

The first case of HIV was diagnosed in Malawi in 1985.²⁷¹ HIV/AIDS prevalence escalated over the next decade, rising from 1.7 percent in 1987 to 14.3 percent ten years later. In recent years prevalence has stabilised at around 14 percent²⁷² and there are some indications that it perhaps declined from 14.7 to 14.0 percent in December 2006.²⁷³ However, a surface level surveillance of prevalence statistics obscures the recent trends in the epidemic, including the increasing impact on women.²⁷⁴ In the early stages of the epidemic more men were infected than women, but as it matures 20-40 percent more women are infected than men.²⁷⁵ In 2004 57 percent of infected adults were women. 13.3 percent of the total

²⁷¹ USAID (February 2005) ‘Health Profile: Malawi HIV/AIDS’, USAID-Malawi: Lilongwe, Malawi; Government of Malawi (2003) ‘National HIV/AIDS Policy: A call for renewed action’, Office of the President and Cabinet (OPC) and National AIDS Commission (NAC): Lilongwe, Malawi, 1.1; Government of Malawi (November 2000) ‘The National Strategic Framework for HIV/AIDS 2000-2004’, Government of Malawi: Lilongwe, Malawi; UNAIDS and WHO (2004) ‘Malawi: Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Infections – 2004 Update’, UNAIDS and WHO: Lilongwe, Malawi www.unaids.org/html/pub/publications/fact_sheets01/malawi_en_pdf.pdf; UNICEF (2002) ‘Education and HIV/AIDS in Malawi’, *The State of the World’s Children 2002*, UNICEF: Geneva <http://www.unicef.org/sowc02/feature5.htm>.

²⁷² National AIDS Commission (NAC) (2001) ‘National HIV Prevalence Estimates Report’, Government of Malawi: Lilongwe; National Statistics Office (NSO) [Malawi] and ORC Macro (2005) ‘Malawi Demographic and Health Survey 2004’, NSO and ORC Macro; Calverton, Maryland

²⁷³ HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi; Programme Officer – HIV/AIDS, United Nations World Food Programme (WFP) (23/07/09) Offices of WFP: Lilongwe, Malawi

²⁷⁴ Programme Manager - Gender, Canadian International Development Agency (CIDA) (27/07/07) Offices of CIDA: Lilongwe, Malawi

²⁷⁵ National AIDS Committee (NAC) (2003) ‘HIV/AIDS in Malawi: Estimates of the prevalence of infection and the implications’, NAC: Lilongwe, p.17

population of women was HIV positive compared with 10.2 percent of men.²⁷⁶ HIV prevalence rates do not differentiate between those recently infected, whereas the incidence rate measures the number of new cases arising in a given period in a specified population. Although measuring the incidence rate is expensive and complicated, young people can be used as a proxy because they have been recently infected and this reflects new trends in the epidemic.²⁷⁷ As is the situation more generally the epidemic in Malawi has a 'young woman's face', which indicates the greater infectivity of women.²⁷⁸ According to National AIDS Commission (NAC) statistics, in 2004 40 percent of newly reported HIV infection occurred in people under the age of 30 years and of these, almost 60 percent occurred in women and girls.²⁷⁹ The Malawi Demographic and Health Survey reveals that 9 percent of young women (aged 15-24 years) were infected compared to 2 percent of young men. This is reflected in the regional statistics: in the north 9 percent of young women were infected and 0.7 percent of young men, in the south 3.9 percent of young women were infected compared to 1.2 percent of young men and central region 13.4 percent of young women were infected compared to 3.2 percent of young men.²⁸⁰ There is a necessity to address the gendered dimensions of the epidemic, which is the concern of this thesis.

2.2 A cause for action

The Government of Malawi has been hesitant in its response to HIV/AIDS in general and the gendered dimensions in particular. The gendered framework of the private/public/hyper-public division, introduced in chapter one, underscores this hesitancy: HIV/AIDS and the vulnerability of women to infection are considered private issues. Within

²⁷⁶ UNAIDS (2004) 'Report on an Epidemic', Geneva: UNAIDS
http://www.unaids.org/bangkok2004/GAR2004_html/GAR2004_00_en.htm; NSO and ORC Macro (2005) p.230

²⁷⁷ Poku, N. (2005) *AIDS in Africa: How the Poor are Dying*, Polity Press: Cambridge, p.58

²⁷⁸ For the situation in general see Commission on HIV/AIDS and Governance (CHGA) (2004) 'Impact of HIV/AIDS on gender, orphans and vulnerable children', Discussion outcomes of CHGA Interactive UN Commission on HIV/AIDS and Governance in Africa, Addis Ababa cited in Poku (2005) p.66

²⁷⁹ National AIDS Commission (NAC) (2004) 'National HIV/AIDS Research Dissemination Conference', NAC: Lilongwe, Malawi

²⁸⁰ NSO and ORC MACRO (2005)

this gendered framework certain gendered ideologies and stigma about HIV/AIDS are situated.

Typically political activity occurs within the public (masculine) sphere and this limits the response to HIV/AIDS because of the belief that sexual relations occur within the private (feminine) sphere of non-intervention. HIV/AIDS is particularly private because of stigma associating it with immoral sexual behaviour and issues of HIV for women are especially taboo.²⁸¹ When the first case of HIV was diagnosed in Malawi it was a one-party state under the Malawi Congress Party (MCP) led by Hastings Kamuzu Banda, President from 1966 until 1993. The government was aware of HIV/AIDS but it was surrounded in the stigma of immorality and privacy. Similarly a HIV/AIDS Advisor at DFID reflects that 'When HIV first appeared in Malawi the government at that time suppressed it so there was no talk about HIV infection, there was no talk about HIV interventions.'²⁸² A gender specialist working with CIDA suggests it was kept 'under cover for some time, they thought it would be something small that will just die naturally.'²⁸³ It was officially taboo during the Banda regime to discuss sexual behaviour publically.²⁸⁴ HIV/AIDS was blamed on high-risk groups engaging in immoral sexual behaviour because Banda chose to make a stance against Western 'immorality and decadence'.²⁸⁵

As is the situation across developing countries, issues of women's sexuality and their vulnerability to HIV was taboo, and as examined in chapter three this situation persists today. Women cannot discuss sexual issues because it is considered inappropriate for women to discuss sex and culturally they should not be knowledgeable about sexual matters. There was also a deeply embedded traditional discourse about the role and place of women within the private sphere, which kept issues of women's sexuality and vulnerability to HIV infection off the agenda. The subordination of women was further entrenched during Banda's rule in

²⁸¹ The hesitancy to respond as a result of the stigma is reported for the situation in general in The Commission for Africa (2005) 'Our Common Interest: Report of the Commission for Africa', The Commission for Africa, March, Section 85, p.204

²⁸² HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi

²⁸³ Programme Manager - Gender, Canadian International Development Agency (CIDA) (27/07/07) Offices of CIDA: Lilongwe, Malawi

²⁸⁴ Rankin, S.H., Lindgren, T., Rankin, W.W. and Ng'Oma, J. (2005) 'Donkey work: Women, religion, and HIV/AIDS in Malawi', *Health Care for Women International*, 26:1, pp.4-16, p.5

²⁸⁵ Lwanda, J. (2005) *Politics, Culture and Medicine in Malawi*, Kachere Series: Zomba, Malawi, p.115

order to consolidate his political power, despite the image that he was active in changing the position of women in the country. Political stability relied upon the manipulation of culture to form the basis for political legitimacy, consolidate the president's power and create a disciplined population.²⁸⁶ Hierarchy was central and the status of women was seen in traditional terms, under male guardianship and with strictly enforced gender roles. As Forster outlines:

Malawians were constantly reminded that the *mbumba* [women] could expect to remain under the guardianship of all *nkoswe* – male members of a Chewa family [the guardian of the family, usually a maternal uncle or eldest brother]... with Banda even declaring himself to be the '*Nkoswe* No.1'.²⁸⁷

The rise of nationalism gave previously marginalised groups, including women, an opportunity to participate but it did not lead to their empowerment.²⁸⁸ Women were not fairly represented, with only one female minister in the first cabinet in 1964 and less than five female MPs in the national assembly up to the early 1970s.²⁸⁹ 'The Women's League', founded by Banda in September 1958, the women were instructed, maybe forced, to dance and to compose and sing songs that praised and supported Banda in everything.²⁹⁰ In 1985 Banda established the *Chitukuko cha Amayi m'Malawi* (CCAM) (Organisation for the Advancement of Women in Malawi) to promote the socio-economic welfare of women, however it is criticised because it was 'designed to coerce women into submission and loyalty

²⁸⁶ Forster, P.G. (1994) 'Culture, Nationalism, and the invention of tradition in Malawi', *The Journal of Modern African Studies*, 32:3, pp.477-497, p.477; Chirwa, W.C. (2001) 'Dancing towards Dictatorship: Political Songs and Popular Culture in Malawi', *Nordic Journal of African Studies*, 10:1, pp.1-27, pp.11,17

²⁸⁷ Forster (1994) p.491. See also Chirwa (2001) p.11; Ngulube-Chinoko, P. (1995) 'The experience of women under the one party state and in the political transition', Nzunda, M.S. and Ross, K.R. (eds.) *Church, Law and Political Transition in Malawi, 1992-94*, Mambo Press: Gweru, Zimbabwe, pp.89-100, p.95; Semu, L. (2002) 'Kamuzu's Mbumba: Malawi women's embeddedness to cultures in the face of international political pressure and internal legal change', *Africa Today*, 49:2, pp.77-99, p.82

²⁸⁸ Chirwa (2001) pp.4,12; Ngulube-Chinoko (1995) p.95; McCracken, J. (1998) 'Democracy and nationalism in historical perspective: the case of Malawi', *African Affairs*, 97, 231-249, p.249

²⁸⁹ Chirwa (2001) p.13

²⁹⁰ Chirwa (2001) p.4,9; McCracken (1998) pp.238,241

to the party' and their labour was used in the organisation's gardens, without pay.²⁹¹ The marginalisation of the participation of women in politics continued under President Bakili Muluzi, President May 1994 to 2004. According to one newspaper female teachers reported that 'We are being forced by government officials to organize choirs, poems, dramas and *chintali* or *chivoda* dances to perform for the president or the first lady, whenever they visit us in our respective districts.'²⁹²

A cause for action arose as a result of two key developments that challenged the gendered structures whereby HIV/AIDS and gender issues are considered private issues in the sphere of non-intervention. On the one hand, a shift towards democracy provided a space for HIV/AIDS and gender issues in general to enter onto the political agenda. On the other hand, the escalation of HIV/AIDS and the feminisation of the epidemic increased the impact nationally and globally.

Firstly, there was a shift to democracy in 1994 when the United Democratic Front (UDF) won the first multiparty elections and the new Constitution of Malawi was created. This paved the way for greater government accountability and the protection of human rights.²⁹³ It also challenged and destabilised the gendered framework of the state and its activity, allowing issues of HIV/AIDS and gender to enter onto the political agenda. On the one hand, democratisation was accompanied by the emergence of some political will to engage with HIV/AIDS, as has been witnessed in other countries.²⁹⁴ President Bakili Muluzi publicly acknowledged the severity of the HIV crisis and the need for a unified response. Despite these advances however, the government, largely accountable to a narrow urban-based elite rather than the broad majority of the population,²⁹⁵ was driven by elite self-

²⁹¹ Chirwa (2001) pp.13-14. See also Ngulube-Chinoko (1995) p.95

²⁹² (26/02 – 03/03/2004) 'Female Teachers Slam UDF', *The Dispatch*

²⁹³ Senior Assistant to the Chief State Advocate/ Human Rights Coordinator, Ministry of Justice and Constitutional Affairs (25/07/07) Offices of the Ministry of Justice and Constitutional Affairs: Lilongwe, Malawi; Representatives of the HIV/AIDS Section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi

²⁹⁴ For the situation in Malawi see Mhone, C.S. (1996) 'Autocracy and AIDS: the post-Banda challenge. Country focus: Malawi', *AIDS Analysis Africa*, 6(5):16. For the situation in general see Whiteside, A. (2004) 'Responding to AIDS in crisis situations', in Poku, N.K. and Whiteside, A. (eds.) *The Political Economy of AIDS in Africa*, Ashgate, pp.1-18, p.6. For the situation in Nigeria see Folayan, M. (2004) 'HIV/AIDS: The Nigerian Response', in Poku and Whiteside (eds.) pp.85-104, p.85,92.

²⁹⁵ For the situation in general see Poku (2005) p.81

interest because between 1994 and 1998 over twenty United Democratic Front (UDF) MPs and senior activists died from AIDS-related illnesses. The problems facing the population as a whole were not tackled; instead the government secured their own MPs access to treatment in South Africa.²⁹⁶

On the other hand, the emergence of democracy created the space for gender issues in general to enter onto the political agenda. In section 13(a) of the 1994 Malawi Constitution it enshrines gender equality and in section 24(1) it establishes the rights of women 'to full and equal protection by the law, and have the right not to be discriminated against on the basis of their gender or marital status.'²⁹⁷ As is witnessed in other countries, with the transition to democracy women may begin to recognise and use their new political rights to secure further civil and social rights.²⁹⁸

The Ministry of Women and Child Development (has also been the Ministry of Gender, Child Welfare and Community Services) was established as the national machinery for all gender related issues and was responsible for mainstreaming gender at all levels and in all sectors of development. However, the Ministry is one of the least powerful in the Government and has limited influence on the national agenda, although the Minister does sit in Cabinet. It is greatly understaffed with a very high senior staff turn over.²⁹⁹ The Ministry has limited funds as revealed in the graph showing the budget allocation for the Ministries of Education, Health and Women and Child Development in figure 2.

Taking the budget allocation for the financial year 2006/7, of 804.5 million Malawi Kwacha (MKW)³⁰⁰ (which equated to approximately £3.2 million at the time)³⁰¹ 11 million MKW went to the Ministry of Health, 9.1 million MKW went to the Ministry of Education

²⁹⁶ Lwanda (2005) p.140

²⁹⁷ Government of Malawi (1994) 'The Malawi Constitution', Government of Malawi: Lilongwe Malawi, section 13(a)

²⁹⁸ For the case of Ghana see Fallon, K.M. (2003) 'Transforming women's citizenship rights within an emerging democratic state: The case of Ghana', *Gender and Society*, 17:4, pp.525-543, p.538-9

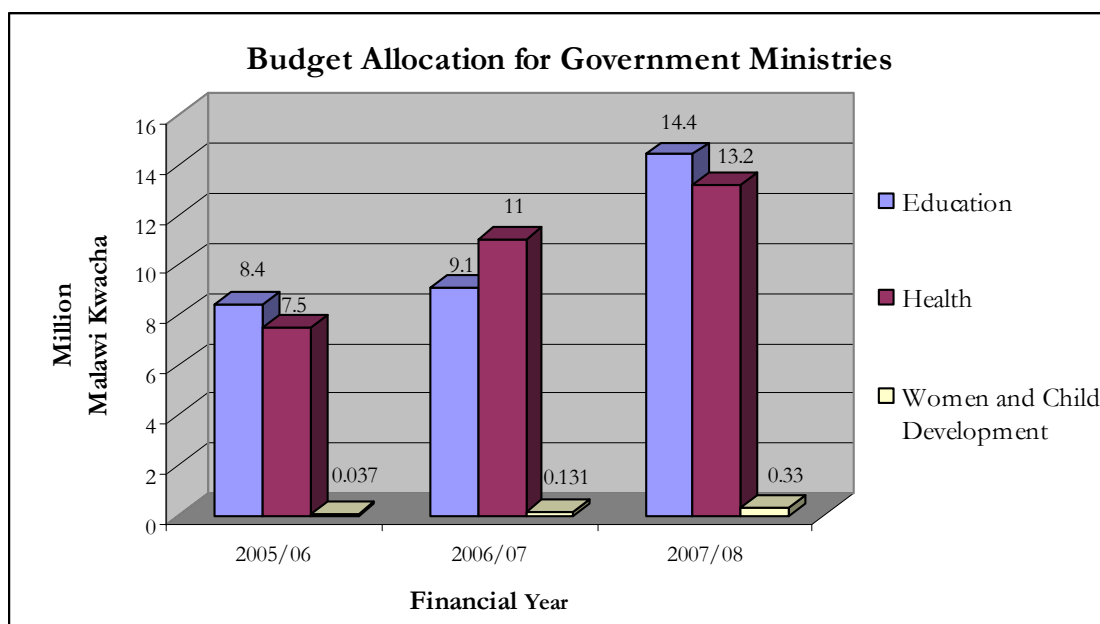
²⁹⁹ White, S. (2003) 'The Malawi National Gender Policy: Mainstreaming Success or Failure?', Dissertation submitted as a final Assessment for the MA programme University of Sussex. UK. Cited in White, S. (2007) 'Malawi country gender profile', JICA: Lilongwe, Malawi, p.8

³⁰⁰ White (2007) p.8

³⁰¹ 100 Malawi Kwacha was £0.40 see Government of Malawi (2006) 'Malawi Budget 2006-7 (Kwacha 100 = £0.40/\$0.80)' *Africa Research Bulletin: Economic, Financial and Technical Series*, 43:7, pp.17045B-17046C

and only 131 thousand went to the Ministry of Women and Child Development. Although there was a 152 percent increase in funding to the Ministry of Women and Child Development over the period 2006/7 to 2007/8, the absolute increase in the allocation was 191 thousand MKW, which is small compared with the increases for the Ministries of Education and Health (5.3 million and 2.2 million respectively).

Figure 2



Source: Approved Estimates of Expenditure on Recurrent and Capital Budget for Financial Year 2006/08.³⁰²

In addition, the National Gender Policy was formulated in March 2000 with the aim of mainstreaming gender in the national development process to enhance the participation of women and men, girls and boys for sustainable and equitable development for poverty eradication. It recognised that gender is a crosscutting issue and identifies the critical gender concerns in key priority areas. Specifically the importance of the gendered dimensions of HIV/AIDS was highlighted and how '[w]omen are at a greater risk because of their

³⁰² Government of Malawi (Unknown) 'Supplementary information on the second periodic report of the Republic of Malawi: Implementation of the Convention on the Rights of the Child', Government of Malawi: Lilongwe, Malawi, part2, section 6.2

disadvantaged and subordinate positions.³⁰³ Despite the strengths of the National Gender Policy on paper however, it has had a limited impact because it has not filtered down to the district level, a point which is returned to later.³⁰⁴ The traditional discourse on the role and place of women in the private sphere is a deeply entrenched, and has not been effectively challenged. A strong belief in the maintenance of the traditional role of women therefore persists throughout society, marginalising women across their lives.³⁰⁵

It is important to highlight that despite the shifts towards democracy that challenge the gendered ideologies, women are not equally represented in government. In 2005 only 27 percent of MPs were women.³⁰⁶ This has almost reached what Dahlerup defines as the 'Critical Mass' whereby there is a 30 percent female presence in the legislature, which he identifies for the effective representation of women.³⁰⁷ However, women are not in a position to challenge the gendered structures and to put issues that affect them on the agenda.³⁰⁸ At policy and decision making levels men dominate and tend to ward off any challenges to the status quo that might threaten their power. Where women are represented, they do not always act in the best interests of women.³⁰⁹ Women members of parliament are under pressure to tow partisan lines and for example overturned the appointment of Malawi's first female Inspector General of Police, Mary Nangwale.³¹⁰ Polygamy for example leaves women vulnerable to HIV infection, as explored in chapter three, but it is legal and

³⁰³ Government of Malawi (2000) 'National Gender Policy', Ministry of Women and Child Development; Lilongwe, Malawi 3.1, 5.0, 5.2

³⁰⁴ Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi

³⁰⁵ BBC (2004) 'The pulse of Africa Survey', BBC focus on Africa

³⁰⁶ Phiri, F. (18/12/2005) 'Challenges 2005-2006: Where are Malawi's Women Legislators Now?' <http://www.ipsterraviva.net/Africa/print.asp?idnews=465>

³⁰⁷ Dahlerup cited in Albertyn C., Hassim S. and Meintjes S. (2002) 'Making a difference? Women's struggles for participation and representation', in Flick, S., Meintjes, S. and Simon, M., (eds.) *One Woman, One Vote: The Gender Politics of South African Elections*, Electoral Institution of South Africa: Johannesburg, South Africa, p.24-52, p.37

³⁰⁸ Program Officer, National Initiative for Civic Education (NICE) (16/07/07) Offices of NICE: Lilongwe, Malawi

³⁰⁹ UN (Dec 2004) 'UN Joint Gender Policy Statement – Malawi: section 1', UN: Geneva http://www.sdn.org.mw/gender/un_pol_sec1.html

³¹⁰ Phiri (18/12/2005)

guarded from criticism by pervasive traditionalism.³¹¹ Rather than making polygamy illegal, the government instead pledges in the 'National HIV/AIDS Policy' to 'promote and encourage monogamous marriages'.³¹² The Law Commission has recommended that polygamy should be abolished in line with commitments to Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (1987) and the African Protocol on the Rights of Women.³¹³ However, as the Senior Assistant to the Chief State Advocate/Human Rights Coordinator at Ministry of Justice and Constitutional Affairs the Ministry of Justice explains, should the bill be presented before Parliament they 'it would be very interesting to see how the parliament would react to the idea that polygamy should be abolished'.³¹⁴ As considered in chapter one, gendered structures of power become intolerable where those that are subject to them are not in a position to challenge or modify them.

A second development that pushed HIV/AIDS onto the political agenda is the increasing impact on the public sphere as prevalence has escalated. This acts as a catalyst for challenges to the perception that HIV/AIDS is a private issue. As HIV/AIDS escalated to reach 'catastrophic' proportions the government became under pressure to respond to the wider issues facing the nation.³¹⁵ The National HIV/AIDS Policy (2003) recognises the impact across all sectors of society, highlighting that: it is threatening development,

³¹¹ Advocacy Officer, National Association for People Living with HIV and AIDS (NAPHAM) (12/07/07) Offices of NAPHAM: Lilongwe, Malawi; Head, Society for the Advancement of Women (SAW) (11/07/07) Offices of SAW: Lilongwe, Malawi; Head, Women Lawyers Association (WLA) (16/07/07) Offices of the WLA: Lilongwe, Malawi; Chingwede, W. (4-9/02/2004) 'Of Polygamy, Women and Children's Rights', *The Malawi Standard*

³¹² Government of Malawi (2003) 'National HIV/AIDS Policy' – also in Guiding principles section 6.1.2; Government of Malawi (2005) 'The Women, Girls and HIV/AIDS', 3.1.1

³¹³ Malawi Law Commission (June 2006) 'Report of the Law Commission on the Review of the Laws on Marriage and Divorce', Malawi Law Commission: Lilongwe, Malawi

³¹⁴ Senior Assistant to the Chief State Advocate/ Human Rights Coordinator, Ministry of Justice and Constitutional Affairs (25/07/07) Offices of the Ministry of Justice and Constitutional Affairs: Lilongwe, Malawi

³¹⁵ HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi. Also indicated by Programme Manager - Gender, Canadian International Development Agency (CIDA) (27/07/07) Offices of CIDA: Lilongwe, Malawi

undermining development gains and changing the nature of development.³¹⁶ In the economic sector, labour productivity is diminishing and economic growth is reducing. Families are losing their breadwinners, children are being orphaned and the burden on elderly family members and older siblings has heightened.³¹⁷ In the health sector, HIV/AIDS patients occupy more than fifty percent of hospital beds and maternal mortality rate more than doubled, a large part of which has been attributed to HIV/AIDS. In the agricultural sector, extension workers have been dying at a faster rate than replacements can be trained and it is estimated that by 2020 the agricultural workforce will be fourteen percent smaller than it would have been without HIV/AIDS.³¹⁸ Chronic illness reduces productivity and results in land being left fallow, where adults are absent for long periods to nurse sick relatives they cannot guard their land and livestock against theft, women are particularly vulnerable to property grabbing on the death of their spouse, the short-term outlook means people invest in petty trading rather than agricultural enterprises and children left orphaned do not have the skills to perform agricultural activities.³¹⁹ In the political sector, HIV/AIDS impacts the capacity of the political system to effectively and efficiently perform its mandates, and thereby respond to the multiplicity of challenges posed by the epidemic.³²⁰ It exacerbates the demand on the public services to respond to the plethora of challenges and yet it decreases the capacity of these services.³²¹ As a result the UNDP highlighted in the 'Malawi Human Development Report' (2005) that 'unless HIV and AIDS is placed at the centre of national planning processes Malawi's chances of stimulating economic growth, reducing poverty and promoting human development are dramatically reduced.'³²²

³¹⁶ Government of Malawi (2003) 'National HIV/AIDS Policy'; UNDP (2005) 'Malawi Human Development Report: Reversing HIV/AIDS in Malawi', UNDP: Lilongwe, Malawi, p.1

³¹⁷ Government of Malawi (2003) 1.1

³¹⁸ BBC (October 2005) 'Malawi issues food crisis appeal', 15 October 2005 <http://news.bbc.co.uk/1/hi/world/africa/4345246.stm> ; Government of Malawi (2003) 'National HIV/AIDS Policy' 1.1; UNAIDS (2006) 'Report on the Global AIDS Epidemic', UNAIDS: Geneva, chapter 4

³¹⁹ Ngwira, N., Bota, S. and Loevinsohn (2001) 'HIV/AIDS, agriculture and food security in Malawi: Background to action', Regional Network on HIV/AIDS, Rural Livelihoods and Food Security (RENEWAL): Lilongwe, Malawi and the Hague, Netherlands, pp.15-16

³²⁰ Government of Malawi (2003) 1.2; UNDP (2005) p.1

³²¹ Government of Malawi (2003) 1.4

³²² UNDP (2005) p.1

More specifically, as the epidemic matures women are increasingly infected. This makes the gendered dimensions of the pandemic increasingly visible and places them on the agenda. Heightened HIV prevalence amongst women has a negative impact on the family, community and society because women fulfil multiple roles as mothers, wives, providers, farmers and caregivers.³²³ The susceptibility of women to HIV infection in turn has important ramifications for the health of their children, which impacts upon the future population of the country more generally. The risk to children with mother-to-child-transmission accounted for approximately 25 percent of all new HIV infections in Malawi in 2004.³²⁴ In addition, the increasing impact on women also acts as a catalyst to motivate them to engage as political agents to call for their interests to be protected. However, although the gendered dimensions are beginning to be recognised, most notably in the 'National AIDS Policy' and the 'Women, Girls and HIV/AIDS Program and Plan of Action, it amounts to little more than rhetoric. Despite the impact on the public sphere, the government has not been held accountable for the failed response due to inaction. As is the case more generally, despite the high HIV prevalence and the increasing impact on women there has been no rioting to put pressure on the government to act. The government is cautious in putting HIV/AIDS onto the agenda because they do not wish to cause trouble for themselves.³²⁵

Perhaps the biggest impact has been as a result of the heightened international pressure on the government to respond to HIV/AIDS and its gendered dimensions from the 'top-down'. As HIV/AIDS has escalated it has emerged as a global pandemic of separate but connected epidemics it has entered the international political agenda.³²⁶ It therefore transcends the gendered structure of the private/ public/hyper-public, outlined in chapter one. With the escalating severity indicated by the prevalence rates and there has been a proliferation of global and regional treaties, conventions and organisations committing Governments to respond.³²⁷ In April 2001 the 'Abuja Declaration and Framework for

³²³ UN (2004) p.1

³²⁴ National AIDS Commission (2004) 'HIV and AIDS monitoring and evaluation report 2004', National AIDS Commission: Lilongwe, Malawi

³²⁵ For the situation in general see Caldwell, J.C. (2000) 'Rethinking the African AIDS epidemic', *Population and Development Review*, 26, pp.117-135, p123

³²⁶ Poku (2005) p.59

³²⁷ UNAIDS (2001) 'Twenty Years of AIDS, UNAIDS – Factsheets'; Geneva, Switzerland <http://library.unesco->

Action for the Fight Against HIV/AIDS, Tuberculosis, and Other Related Infectious Diseases in Africa' was created at a special summit of the Organisation of African Unity to focus African leadership on the response to AIDS. The UN General Assembly held a special session on AIDS at the end of June which represented 'the most concerted, high level and comprehensive gathering of nations ever held to discuss AIDS' and a declaration of commitment was created.³²⁸ Combating HIV/AIDS is included amongst the Millennium Development Goals included. Increasing funds have been made available to respond to HIV/AIDS. The Global Fund to fight AIDS, Tuberculosis and Malaria for example had 136 million US dollars of funding in 2004.³²⁹

Moreover, the global pandemic has a 'female face', with greater numbers of women infected than men. Gender analysis has led to the recognition of the importance of the gendered dimensions of HIV/AIDS. As a result there is increasing external pressure on the government to respond to the gendered dimensions of HIV/AIDS. In 1992 the International Community of Women Living with HIV/AIDS was established by HIV positive women from different countries attending the 8th International Conference on HIV/AIDS in Amsterdam. The aim was to allow the voices of women to be heard and to advocate for change. In 2004 UNAIDS launched the Global Coalition on Women and HIV/AIDS. In accordance with these agreements the 'National HIV/AIDS Policy' (2003), 'Human Development Report' (2003) and 'Women Girls and HIV/AIDS Program and Plan of Action' (2005) recognise the vulnerability of women and girls to HIV/AIDS.³³⁰ An HIV/AIDS Advisor at the DFID reports that 'gender has been a big agenda for Malawi especially with the Ministry of Women and Child Development'.³³¹ The Technical Advisor to the 'Women' Girls and HIV/AIDS – Programme and Plan of Action' highlights that the

iicba.org/English/HIV_AIDS/cdrom%20materials/Fact%20sheets%20-%20Twenty%20years%20of%20HIV-AIDS.htm

³²⁸ Piot, P. and Seck, A.M.C. (2001) 'International responses to the HIV/AIDS epidemic: Planning for success', *Bulletin of the WHO*, 79:12, pp.1106-1112, p.1107

³²⁹ Muula, A.S. and Mtshato-Bengo, J.M. (2004) 'Important but neglected ethical and cultural considerations in the fight against HIV/AIDS in Malawi', *Nursing Ethics*, 11:5, pp.479-488, p.487

³³⁰ Government of Malawi (2003) 'National HIV/AIDS Policy' 1.2; UNDP (2005) p.44; Government of Malawi (2005) 'The Women, Girls and HIV/AIDS'

³³¹ HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi

national response to HIV/AIDS 'has gender concerns as one of the principles ensuring that all HIV/AIDS initiatives actually take on board issues of gender'.³³²

There has also been pressure from the 'top-down' on the government to respond to the subordination of women more generally. Malawi has ratified a number of International Declarations and Conventions including the CEDAW (1987), the Earth Summit of Rio de Janeiro (1992), the International Conference on Nutrition (1992), the Convention on the Rights of the Child (1991), the Human Rights Conference in Vienna (1993), the Women in Development (WID) Strategy (1993); the International Conference on Population and Development in Cairo (1994), the World Summit for Social Development in Copenhagen (1995), the World Food Summit in Rome (1996) and the Fourth World Conference on Women in Beijing (1995). The National Gender Policy claims that it 'takes cognizance of these UN Conventions and aims at harmonising them with the national policies and laws.'³³³ As a result, as the Technical Advisor to the 'Women' Girls and HIV/AIDS – Programme and Plan of Action' reflects, gender 'is a policy concern in its own right'.³³⁴

The shift to democracy and the escalating impact of HIV/AIDS and its gendered dimensions has shed light on the issues of HIV/AIDS and the vulnerability of women to infection and led to some internal and external pressure on the government to respond. Although these developments meant some of the HIV/AIDS stigma and gender ideologies have been challenged, the overarching gendered structures of power remained in place and HIV/AIDS and particularly the gendered dimensions have only emerged on the agenda to a limited extent.

2.3 The action that has been taken – mitigating the impact of the perceived crisis

Having explored how the gendered dimensions of HIV/AIDS are beginning to emerge on the political agenda, this section examines the action that has been taken. Drawing upon

³³² Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi

³³³ Government of Malawi (March 2000) 1.10

³³⁴ Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi

feminist post-structuralism, outlined in chapter two, it is argued that the response has been limited by the gendered frameworks and discourses that govern the way that HIV/AIDS is conceived and responded to. Gender structures of power are institutionalised in the framework of the state and the global order and as a result a political response has been typically in accordance with masculine ideology.³³⁵ The examination in this section considers the response to HIV/AIDS more generally in order to contextualise the specific response to the gendered dimensions.

The response to HIV/AIDS is in accordance with the masculine western discourse that science will find a solution, which has eclipsed an understanding of the social and cultural circumstances.³³⁶ The aim of the policy response is to mitigate the impact of the perceived crisis until a scientific solution is found, rather than engaging with the deeper structures that leave populations vulnerable.³³⁷ This perspective was likely to have been inculcated in the leaders of Malawi whilst they were educated in North America and Europe.³³⁸ Although the goals of the National HIV/AIDS Policy are 'to prevent the further spread of HIV infection' as well as 'to mitigate the impact of HIV/AIDS on the socioeconomic status of individuals, families, communities and the nation';³³⁹ the tendency has been to respond at a superficial level only.³⁴⁰

HIV/AIDS is perceived to be a crisis situation and this has been entrenched by the speed with which it has spread across Sub-Saharan Africa.³⁴¹ The rapid increase in mortality has brought about uncertainty about the magnitude of the risk and this is compounded by

³³⁵ Elson, D. (1993) 'Gender relations and economic issues', in Evers, B. (ed.) *Women and Economic Policy, Oxfam Focus on Gender*, 3, 1:3, pp.6-12, p.6

³³⁶ McFadden, P. (1992) 'Sex, sexuality and the problem of AIDS in Africa', Meena, R. (ed.) *Gender in Southern Africa: Conceptual and Theoretical Issues*, SAPES: Harare, Zimbabwe

³³⁷ Fauci, A.S. (2003) 'HIV and AIDS: 20 years of science', *Nature Medicine*, 9:7, pp.839-843, p.839; Piot and Seck (2001)

³³⁸ Banda studied at Wilberforce Institute in Ohio, University of Chicago, Meharry Medical College in Tennessee, and the School of Medicine of the Royal College of Physicians and Surgeons of the University of Edinburgh; Muluzy attended the Bolton College of Education in UK and the Thisted College of Further Education in Denmark; Bingwa was educated at University of Dehli in India and the Pacific Western University in Los Angeles.

³³⁹ Government of Malawi (2003) 'National HIV/AIDS Policy' forward

³⁴⁰ Programme Manager - HIV and AIDS, Canadian International Development Agency (CIDA) (26/07/07) Offices of CIDA: Lilongwe, Malawi

³⁴¹ Poku, N.K. and Whiteside, A. (2004) 'Introduction: Africa's HIV/AIDS crisis', in Poku and Whiteside (eds.) pp.xvii-xxii, p.xvii

the time-lag between infection and AIDS-related deaths a decade later. The long-term impact of HIV/AIDS is hard to measure, which impairs the response to HIV/AIDS as a systemic condition.³⁴² The uncertainty and the fact that healthy looking people can be infected culminate in a sense of emergency.³⁴³ As a result, although it is over 25 years since the first clinical evidence of AIDS was reported in 1981, the pandemic is still treated as an emergency situation. At the International level, 'The Global Fund to Fight AIDS, Tuberculosis and Malaria' was established in 2001 and the US President's Emergency Plan for AIDS Relief (PEPFAR) was established in 2003 both with the aim of mitigating the impact of the pandemic.³⁴⁴ At a regional level, 'The Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases' described the AIDS situation as 'a state of emergency facing the continent'.³⁴⁵ At the national level, as a UNAIDS report on sexual behaviour change interventions in general highlights, many governments 'have been propelled to do anything to slow the epidemic, particularly in resource poor settings'.³⁴⁶ An emergency response situation fits the short-term view of the various organisations involved in the response. Governments, non-governmental organisations (NGOs) and the media respond to current events and emergency situations, and Malawi is no exception.³⁴⁷

In Malawi a whole plethora of institutions, policies and documents have been created to manage the emergency response situation, which give the appearance that the epidemic is

³⁴² Poku and Whiteside (2004) p.xvii

³⁴³ Anglewicz, P. and Kohler, H.P. (2009) 'Over-estimating HIV infection: The construction and accuracy of subjective probabilities of HIV infection in rural Malawi', *Demographic Research*, 20:6, pp.65-96, pp.65, 67

³⁴⁴ <http://www.theglobalfund.org/en/> - Since 2001, the Global Fund has attracted US\$ 4.7 billion in financing through 2008. In September 2007 the donors provided initial pledges to the Global Fund worth US\$ 9.7 billion over three years. These pledges constitute the largest single financing exercise for health ever and they will allow the Global Fund to move towards annual commitments of US\$ 6–8 billion by 2010.

<http://www.pepfar.gov/press/81352.htm> - For fiscal year 2008, President Bush requested US\$ 5.4 billion - It includes support for treatment for two million HIV infected people, support for prevention of seven million new infections, and support for care for 10 million people infected or affected by HIV.

³⁴⁵ 'The Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases' cited in Piot and Seck (2001) p.1106

³⁴⁶ UNAIDS (1992) p.5

³⁴⁷ Advert for funding applications in the Malawian Press look for one-year projects with measurable outcomes. For the situation in general see Melesse, T. (2008) 'Human Security and Sexual Health', *3rd Africa Conference on Sexual Health and Rights, 4-7 February 2008, Abuja, Nigeria*

being dealt with. Various institutions have been set up to coordinate the response including the Parliamentary Committee on HIV/AIDS, the Department of HIV/AIDS and Nutrition within the Office of President and Cabinet (OPC), the NAC and the Malawi Business Coalition on HIV and AIDS (MBCA). There have also been tokenistic budgetary allocations in accordance with 'The Abuja Declaration' (2001) the Governments must commit at least 15 per cent of national budgets to the health sector to assist in the fight against HIV, tuberculosis and other infectious diseases.³⁴⁸

The response to HIV/AIDS focuses on the most immediate issues including the microbiological and micro environmental factors.³⁴⁹ The main thrust of the response has been to address the microbiological factors through Antiretroviral Treatment (ART) to slow down the onset of AIDS and prolong the time until the full impact is felt. According to orthodox HIV/AIDS ideology Antiretroviral drugs (ARVs) are presented as the singular solution to the crisis.³⁵⁰ The World Health Organisation (WHO)/UNAIDS '3 by 5' global initiative aimed at placing three million people living with HIV in low- and middle-income countries on ART by the end of the year 2005. In Malawi the National Strategic Action Framework on HIV/AIDS has treatment amongst its five key areas.³⁵¹ ARVs are available free of charge, which acts as an incentive for people to get tested. Increasing the availability of ART has improved the quality of life and reduced mortality rates amongst infected persons.³⁵² However, many people do not access ARVs because of the distance to the

³⁴⁸ Programme Manager - HIV and AIDS, Canadian International Development Agency (CIDA) (26/07/07) Offices of CIDA: Lilongwe, Malawi; Piot and Seck (2001) pp.1106-7. For the situation in general see Webb, D. (2004) 'Legitimate actors? The future role for NGOs against HIV/AIDS in Sub-Saharan Africa' in Poku and Whiteside (eds.) pp.19-32, p.20

³⁴⁹ Ngwira, Bota and Loevinsohn (2001) p.7; Awusabo, K. and Anarfi, J.K. (1999) 'Routes to HIV transmission and intervention: An analytical framework', Orubuloye, I.O., Caldwell, J.C. and Ntozi, J.P.M. (eds.) *The Continuing HIV/AIDS Epidemic in Africa: Responses and Coping Strategies*, Australian National University, National Centre for Epidemiology and Population Health, Health Transition Centre: Canberra, Australia, pp.1-8

³⁵⁰ For the situation in general see Lauer, H. (2006) 'Cashing in on shame: How the popular 'tradition vs. modernity' dualism contributes to the 'HIV/AIDS crisis' in Africa', *Review of Radical Political Economics*, 38:1, pp.90-138, p.120; 86; Commission for Africa (2005) section 86, p.204

³⁵¹ Government of Malawi (November 2000) 'The National Strategic Framework for HIV/AIDS 2000-2004', Government of Malawi: Lilongwe, Malawi

³⁵² Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi; Muula and Mfutso-Bengo (2004) p.480

dispensing hospitals, limited availability and long waiting lists and as chapter five considers there is a particular gendered dimension.³⁵³

There has been a shift in recent years and micro environmental factors are being addressed, including personal and interpersonal relations, to prevent the spread of infection. The National Strategic Action Framework on HIV/AIDS includes prevention amongst the government's specific objectives and the proposal for round seven of 'National AIDS Control' is on prevention.³⁵⁴ It is worth noting however, that there has been insufficient action and money dedicated to prevention measures.³⁵⁵ As is the situation globally, most HIV prevention aims at reducing immediate risk through behaviour change, which mirrors the approach to health promotion in general.³⁵⁶ Information and Education Campaigns (IECs) are based on the belief that knowledge of HIV/AIDS would bring about behaviour change.³⁵⁷ This approach is attractive because it has an impact that can be measured. It was deemed to be the most successful phase of the response in Malawi because it resulted in high levels of HIV awareness.³⁵⁸ In 2004 98.6 percent of women and 99.5 percent of men age 15-49 have heard of AIDS and this was evident across age group, urban-rural residence, marital status, wealth index, and education.³⁵⁹ The Malawi Diffusion and Ideational Change Project (MDICP) survey reports that over 90 percent of people realise that HIV can be transmitted from someone who appears healthy and that more than 80 percent know that an STI increases the likelihood of transmission.³⁶⁰ A gender specialist working with CIDA reports

³⁵³ Fielder, K. (2005) 'Access to ARVs and the role of the churches', *Religion in Malawi*, 12, pp.6-10, p.8

³⁵⁴ HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi; Head of Policy Support and Development, National AIDS Commission (NAC) (24/07/07) Offices of NAC: Lilongwe, Malawi; Government of Malawi (2003) 'National HIV/AIDS Policy' 1.3

³⁵⁵ Programme Manager - HIV and AIDS, Canadian International Development Agency (CIDA) (26/07/07) Offices of CIDA: Lilongwe, Malawi

³⁵⁶ Piot and Seck (2001) p.1107

³⁵⁷ Poku and Whiteside (2004) p.xvii

³⁵⁸ Lwanda (2005) p.128

³⁵⁹ NSO and ORC Macro (2005) p.186

³⁶⁰ Watkins, S., Kohler, H.P., Behrman, J. and Chimbiri, A. (2004) 'The Malawi Diffusion and Ideational Change Project (MDICP)', Population Studies Centre, University of Pennsylvania: Pennsylvania; Anglewicz and Kohler (2009) p.8

that ‘in the typical village... you wouldn’t find somebody who had never heard of the words HIV and AIDS.’³⁶¹

However, as Caldwell argues for the situation across Africa, ‘a decade ago it was believed that such knowledge should be sufficient to contain the epidemic’,³⁶² but basic factual knowledge about HIV/AIDS does not tend to result in behaviour change.³⁶³ On closer analysis it is evident that comprehensive knowledge of HIV/AIDS transmission and prevention is low in Malawi, at only 22.4 percent of women and 38.6 percent of men.³⁶⁴ As a gender specialist with CIDA reflects, there are ‘pockets of misconceptions about the disease’.³⁶⁵ For example the MDICP survey reveals that 97 percent of men and 95 percent of women in rural areas believe transmission is certain during sexual intercourse with an infected person.³⁶⁶ The Head of Assemblies of God Relief and Development Services (AGREDS) explains that people do not know how you handle and treat an infected person and how to protect oneself from infection, including how to use condoms properly.³⁶⁷ The UNFPA HIV/AIDS Programme Officer suggests that ‘once we reach one hundred percent

³⁶¹ Programme Manager - Gender, Canadian International Development Agency (CIDA) (27/07/07) Offices of CIDA: Lilongwe, Malawi. Also considered by Behaviour Surveillance Research Coordinator, Family Health International (FHI) (26/07/07) Offices of FHI: Lilongwe, Malawi

³⁶² Caldwell, J.C. (2000) ‘Rethinking the African AIDS epidemic’, *Population and Development Review*, 26, pp.117-135, p.120

³⁶³ For the situation in Malawi see Ngwira, Bota and Loevinsohn (2001) p.7 For the situation in general see Kelly, J.A. (1995) ‘Advances in HIV/AIDS education and prevention’, *Family Relations*, 44:4, pp.345-352, p.346

³⁶⁴ Respondents with comprehensive knowledge say that the use of a condom for every sexual intercourse and having just one uninfected and faithful partner can reduce the chance of getting the AIDS virus, say that a healthy-looking person can have the AIDS virus, and reject the two most common preconceptions (that the AIDS virus is transmitted through mosquito bites or supernatural means) - NSO and ORC Macro (2005) p.189-91; Programme Officer - HIV/AIDS, United Nations Population Fund (UNFPA) (19/07/07) Ryall’s Hotel Conference Centre: Blantyre, Malawi

³⁶⁵ Programme Manager - Gender, Canadian International Development Agency (CIDA) (27/07/07) Offices of CIDA: Lilongwe, Malawi

³⁶⁶ Anglewicz and Kohler (2009) p.3

³⁶⁷ Head of Assemblies of God Relief and Development Services (AGREDS), Assemblies of God Church (12/07/07) Offices of the Assemblies of God Church: Lilongwe, Malawi

on comprehensive knowledge then we will start seeing the impact because then behaviour change will start.’³⁶⁸

For the past two decades in Malawi and across Sub-Saharan Africa more generally the dominant behaviour change strategy has been the ‘ABCs’— abstain from penetrative sexual intercourse (also used to indicate delay of sexual debut); be faithful (reduce the number of partners or have sexual relations with only one partner); condomize (use male or female condoms consistently and correctly).³⁶⁹ The ‘ABCs’ have enormous currency because, as Kelly explains, ‘the most certain way for persons to avoid sexually contracting HIV infection is by refraining from sex under any circumstances where a partner might be infected, whether this is achieved by abstinence or by having sex only in the context of a mutually-monogamous relationship.’ In addition, research has established ‘the efficacy of consistent use of latex condoms in preventing HIV transmission.’³⁷⁰ Population Services International (PSI Malawi), a key American reproductive health NGO active in Malawi, for example conducts prevention interventions that promote risk-avoidance and risk reduction to young people that adhere to the A,B,Cs through the ‘Youth Alert!’ program, condom social marketing, and ‘Pakachere’ mass media program.³⁷¹ However, in accordance with funding restrictions there is attention to abstinence only education with condoms targeted at high risk groups.

Although behaviour change is an important first step in the response, it is not sufficient on its own and has not curbed the pace and intensity of HIV prevalence.³⁷² As Poku considers this is what has to be done whilst determining more effective ways to respond.³⁷³ Firstly, behaviour change campaigns in Malawi, as is the situation across Africa in

³⁶⁸ Programme Officer - HIV/AIDS, United Nations Population Fund (UNFPA) (19/07/07) Ryall’s Hotel Conference Centre: Blantyre, Malawi

³⁶⁹ UNAIDS (February 2008). For the situation across Sub-Saharan Africa see Poku (2005) p.3

³⁷⁰ For the research on the impact of condom use of the spread of HIV infection in southern Malawi and how even inconsistent use can reduce the risk see Bracher, M., Santow, G., and Watkins, S.C. (2004) ‘Assessing the potential of condom use to prevent the spread of HIV: A microsimulation study’, *Studies in Family Planning*, 35:1, pp.48-64, p.62; For the situation in general see Kelly (1995) p.345-6

³⁷¹ Population Services International (PSI)/Malawi (2006) ‘PSI/Malawi project TraC – HIV/AIDS prevention’, PSI/Malawi: Blantyre, Malawi, pp.3-4

³⁷² Poku and Whiteside (2004) pp. xvii-xviii

³⁷³ Poku (2005) p.192

general, target ‘high-risk groups’ because this is deemed to be cost effective by the World Bank.³⁷⁴ These ‘high risk groups’ include truck drivers, borders traders, street vendors, truck drivers, police officers, teachers, fishermen, estate workers, sex workers and young people, based on assumptions of the high rates of partner change amongst these groups.³⁷⁵ However, although the language of ‘risk’ is useful, it cannot be narrowly conceived as ‘high risk groups’ because it implies the risk is contained within the group.³⁷⁶ The focus on risk groups has resulted in little action or progress and the focus on sex workers in particular, eclipses the vulnerability of women more generally.³⁷⁷ For example, many of the interviewees focused their answers on sex workers, only considering the issues facing women more generally when the subject was raised.³⁷⁸ There is a need to look beyond traditionally conceived ‘risk groups’ to address the gendered structures of why women are vulnerable. Chapters three, four and five therefore examine the vulnerability of women more generally but with a particular on women in marriage who are in ‘situations of risk’.³⁷⁹ As the Director of Planning, Research and Evaluation at the Department for Nutrition, HIV and AIDS reflects ‘most of the transmission now is through the husbands in the family’.³⁸⁰ It also recognised in this research that women, ‘while being important to the dynamics of HIV

³⁷⁴ Tinker A., Finn, K. and Epp, J. (2000) ‘Improving women’s health: Issues and interventions’, *Health, Nutrition and Population (HNP) Discussion Paper*, World Bank: Washington D.C., p.18

³⁷⁵ Programme Officer – HIV/AIDS, United Nations World Food Programme (WFP) (23/07/09) Offices of WFP: Lilongwe, Malawi; Behaviour Surveillance Research Coordinator, Family Health International (FHI) (26/07/07) Offices of FHI: Lilongwe, Malawi; Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi. Government of Malawi (2003) National AIDS Policy. For the situation in general see Poku (2005) p.3 . For a discussion of the situation in general based on the case studies of Uganda and Malawi see Marcus, R. (1993) ‘Gender and HIV/AIDS in Sub-Saharan Africa: The cases of Uganda and Malawi’, Institute of Development Studies: Brighton, p.17-18

³⁷⁶ UNAIDS (February 2008)

³⁷⁷ Craddock, S. (2006) ‘Disease, social identity and risk: Rethinking the geography of AIDS’, *transactions of the British Institute of Geographers*, New Series, 25:2, pp.153-68; Marcus (1993) p.17

³⁷⁸ Programme Manager - Gender, Canadian International Development Agency (CIDA) (27/07/07) Offices of CIDA: Lilongwe, Malawi; Executive Director, Malawi AIDS Counselling and Resource Organisation (MACRO) (25/07/07) Offices of MACRO: Lilongwe, Malawi

³⁷⁹ UNAIDS (February 2008)

³⁸⁰ Director of Planning, Research and Evaluation, Department of HIV, AIDS and Nutrition within the Office of the President and Cabinet (OPC) (25/07/07) Offices of the Department of HIV, AIDS and Nutrition: Lilongwe, Malawi

transmission in a setting, are equally essential partners for an effective response to the epidemic.’³⁸¹

Secondly, behavioural change programs fail to consider the contextual personal and social cultural variables, including the realities of women’s lives within the context of patriarchy.³⁸² There is the assumption that behaviour is under the individual’s control but this ignores the social, structural and environmental constraints.³⁸³ Sexual behaviour alone cannot explain HIV prevalence it is underscored by the context of the social structures and this needs to be addressed.³⁸⁴ As the next three chapters explore, women in Malawi are susceptible to contracting HIV, are not in a position to negotiate for safer sex and cannot leave an unsafe marital union because of the persistence of gender-based norms. For example the husband is in control of the reproductive health of the family because of the power resulting from his productive role as ‘breadwinner’, whereas women lack agency within the relationship because of the subordinate status of their domestic reproductive role. The emphasis is on women to bring about the necessary behaviour change to ensure safe sex exacerbates the burden of reproductive health on women.³⁸⁵

Moreover, although there is widespread recognition that the pandemic has gendered dimensions, the tendency is to mitigate the gender impact through empowering women at a surface level in the public sphere. Gender neutrality is sought through giving institutions a ‘female face’ which masks the pervasive gendered structures of difference and inequality.³⁸⁶ The gender imbalance is addressed through enabling more women to access education, engage in economic activity, participate in decision-making and access justice. As an HIV/AIDS specialist working with CIDA explains that there is a focus on achieving the appearance of gender balance in at all levels:

³⁸¹ UNAIDS (February 2008)

³⁸² CHGA (2004) p.9; UNAIDS (2004) ‘Facing the future together’, Report of the Secretary General’s Task Force on Women, Girls and HIV/AIDS in Southern Africa, UNAIDS: Geneva, p.12; Amaro and Raj (2000) p.727

³⁸³ Smith, K.P. (2003) ‘Why are they worried? Concern about HIV/AIDS in rural Malawi’, *Demographic Research*, Special Collection 1:9, pp279-318

³⁸⁴ Poku (2005) p.3; Piot and Seck (2001) p.1108

³⁸⁵ Moser C.O. (1991) ‘Gender planning in the third world’ in Grant and Newland (eds.) p.86

³⁸⁶ Okin (1998) p.120; Tickner (1997) p.614

I do not know how much women are a part of this dialogue... it is more important that you have five women and four men but it doesn't mean that they have anything to say, it is just a picture... so people say 'well we are gender balanced'.³⁸⁷

This surface level approach can yield observable results, but leaves the underlying gender structures in place and consolidated. True empowerment can only be achieved if it occurs at a structural level across women's lives. However, this requires a long term, deeper commitment, which is beyond the potential life of the government and the outlook of other organisations engaged in the response.³⁸⁸ The need to engage with the gendered structures is recognised, but this amounts to little more than rhetoric and does not result in effective policies and outcomes. The government wants to be seen to be taking action to appease the electorate and to fulfil its international commitments. The deeper gender structures must be engaged with for an effective and sustainable response to HIV/AIDS and its gendered dimensions.

2.4 Current planning for the future - a centralised response

There have been important developments in the response in recent years. In 2004 President Bingu Wa Mutharika launched Malawi's first National AIDS Policy as a centralised action framework to provide the basis for a multi-sectoral response to the epidemic.³⁸⁹ The government was placed at the centre of the response, with the NAC coordinating the policy.³⁹⁰ The donors pool their money in the Health Sector-Wide Approach (Health SWAP)

³⁸⁷ Programme Manager - HIV and AIDS, Canadian International Development Agency (CIDA) (26/07/07) Offices of CIDA: Lilongwe, Malawi

³⁸⁸ The need for a long-term response for the situation in general was identified by Whiteside, A. (01/2005) 'HIV/AIDS in South Africa: A dispatch from the battle lines', *Seminar at University of Southampton*

³⁸⁹ Government of Malawi (2003) – also in Guiding principles section 1.5

³⁹⁰ HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi. See also Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi

established in 2003/4.³⁹¹ The framework is coordinated at the district level through the District Assemblies as part of the wider decentralisation policy.³⁹² NGOs are funded through the framework to bring policies into action, which enables a more coordinated response.³⁹³ However, although the framework has been in place for almost five years, it is only in its early implementation stages. By 2007 the NAC was not an act of Parliament and was not in a position to fulfil its mandate.³⁹⁴ Within the National AIDS Policy the ‘Women, Girls and HIV/AIDS - Program and National Plan for Action’ was formulated in 2005 to provide the framework for coordinating the response to the gendered dimensions of the epidemic. It is coordinated separately through the Ministry of Women and Child Development and is implemented at the district level through the District Assemblies and the district level offices of the other Ministries. The central task is to mainstream gender through training gender focal points in various organisations and bodies of the government. The Technical Advisor to the program reports that it has been disseminated to most NGOs and government institutions, and a number of projects have been developed.³⁹⁵ However, although the ‘National AIDS Policy’ and the ‘Women, Girls and HIV/AIDS – Program and Plan of Action’ represent shifts towards recognition of the gendered structures, they do not effectively challenge them. Two aspects are explored here: the limitations of the centralised response and how gender is treated as separate and marginal.

There are two issues that the centralised response raises that are of concern to this discussion. Firstly, it reduces the ability of both donors and NGOs to challenge existing power structures and bring gender issues onto the agenda. As an HIV/AIDS specialist working with CIDA explains, although CIDA is traditionally committed to gender equality,

³⁹¹ Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi; HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi; Programme Officer – Gender, United Nations Population Fund (UNFPA) (17/07/07) Offices of UNFPA: Lilongwe, Malawi; Programme Officer - HIV/AIDS, United Nations Population Fund (UNFPA) (19/07/07) Ryall’s Hotel Conference Centre: Blantyre, Malawi

³⁹² Chinsinga, B. (2007) ‘District Assemblies in a fix: The perils of self-seeking tendencies in decentralization policy reforms in Malawi’, *Africa Development*, XXXII:1, pp.89-111, p.89

³⁹³ For the situation in general see Webb (2004) p.19

³⁹⁴ Programme Manager - HIV and AIDS, Canadian International Development Agency (CIDA) (26/07/07) Offices of CIDA: Lilongwe, Malawi

³⁹⁵ Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi

the multilateral approach means that they ‘do not have actually direct influence on indicators and so forth like you would have in a project.’³⁹⁶ The priorities of the national framework change over time and gender is not always a priority area, as a Population and Health Specialist at the World Bank highlights.³⁹⁷ Likewise, where NGOS are incorporated within the framework they lose the power to critique the government and push their own agendas.³⁹⁸

Secondly, the coordination through the framework is not all-encompassing and as a result is largely ineffective for challenging the gendered structures. The tendency is to mitigate the impact at a surface level because this yields the most measurable results in the shortest time-frame. Whereas engaging with the gendered structures requires a more long-term commitment and does not yield short-term, observable results. There is a wide spectrum of organisations engaged in the response, with an overlapping of diverse sub-groupings and sometimes competing agendas.³⁹⁹ Where the system of pooling the funding does not attribute special credit to the individual donors and NGOs, the donors are keen to directly fund certain NGOs and projects.⁴⁰⁰ Driven by self-interest, each stakeholder wants to differentiate themselves and define their competitive advantages.⁴⁰¹ As Blessings Chinsinga identifies there is ‘a strong desire among NGOs and donors to be the only organisation within a particular field and to be able to point to a demonstrable impact within the shortest time possible’.⁴⁰² The external provision of funds leads to a ‘top-down’ control of the programs⁴⁰³ and they tend to be in accordance with the external rather than national

³⁹⁶ Programme Manager - HIV and AIDS, Canadian International Development Agency (CIDA) (26/07/07) Offices of CIDA: Lilongwe, Malawi

³⁹⁷ Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi

³⁹⁸ Head, Society for the Advancement of Women (SAW) (11/07/07) Offices of SAW: Lilongwe, Malawi

³⁹⁹ Representatives of the HIV/AIDS Section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi. For the situation in general see Webb (2004) p.19

⁴⁰⁰ Programme Manager - HIV and AIDS, Canadian International Development Agency (CIDA) (26/07/07) Offices of CIDA: Lilongwe, Malawi; HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi

⁴⁰¹ Webb (2004) p.23

⁴⁰² Chinsinga (2007) p.92

⁴⁰³ Esiet, A. (2008) ‘Rights, sexuality education and development’, 3rd *Africa Conference on Sexual Health and Rights*, 4-7 February 2008, Abuja, Nigeria

interests and priorities. The PEPFAR provides \$15 million of funding annually to Malawi for example and this funding comes with the ideology of abstinence. PEPFAR funds Population Services International (PSI) and Family Health International (FHI) and as a result these organisations are limited in their activities: they must follow certain rules, cannot make independent decisions, and can only provide technical support based on what the headquarters determines is ‘best practice’.⁴⁰⁴

There is a multiplicity of organisations working across the country with diverse programmes.⁴⁰⁵ The coverage of the response is low and urban centric,⁴⁰⁶ rather than tackling the problems facing the most vulnerable women in the rural areas and results in ‘small islands of excellence’.⁴⁰⁷ A HIV/AIDS Advisor at DFID considers how resources are channelled into the wrong areas ‘so as result you have a very fragmented response that is not sustainable and then the whole initiative collapses after a year or maybe six months’.⁴⁰⁸ In addition, where the donors and NGOs have ventured in without the District Assembly’s knowledge it becomes difficult to assess how an area is serviced.⁴⁰⁹ Steps have been made towards the linking up of these initiatives.⁴¹⁰ A gender specialist with CIDA explains how the Development Assistant Group on Gender (DAGG) explores how gender equality initiatives can be done jointly.⁴¹¹ The Strategic Manager of the PSI-Malawi *Youth Alert!* Programme reports how a life skills working group has been formed in an effort to coordinate interventions in schools, which is comprised of USAID, Malawi Bridge Project, PSI, the

⁴⁰⁴ Strategic Manager - Youth Alert Programme, Population Services International (PSI) (20/07/07) Offices of PSI Malawi: Blantyre, Malawi; Behaviour Surveillance Research Coordinator, Family Health International (FHI) (26/07/07) Offices of FHI: Lilongwe, Malawi

⁴⁰⁵ Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi

⁴⁰⁶ Webb (2004) p.23

⁴⁰⁷ Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi

⁴⁰⁸ HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi

⁴⁰⁹ Chinsinga (2007) p.104

⁴¹⁰ Representatives of the HIV/AIDS Section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi

⁴¹¹ Programme Manager - Gender, Canadian International Development Agency (CIDA) (27/07/07) Offices of CIDA: Lilongwe, Malawi

Ministry of Education and other stakeholders.⁴¹² Despite some advances however, as an HIV/AIDS Advisor at DFID argues, the initiatives need to be linked up with the wider national response.⁴¹³

Moreover, despite the rhetoric that gender is recognised as a crosscutting issue across all policy areas by the government and major stakeholders, gender is treated as separate and marginal in the response to HIV/AIDS. The NAC does not engage with the specific gendered dimensions, instead that is delegated to the Ministry of Women and Child Development under the 'Program on Women, Girls and HIV/AIDS', which is limited in its capacity to be effectively implemented. First is the lack of financial capacity. As already highlighted, the allocation from the national budget for the Ministry of Women and Child Development is small compared with the other Ministries and this restricts its day-to-day functions. More specifically the Ministry is dependent on attracting donor funding for its programs. The 'Women, Girls and HIV/AIDS Program and Plan of Action' has been funded by the NAC for five years since 2004 and has secured funding from the Flemish Government for four years from 2007. However, there has been mismanagement of the funding and it was suspended after the first six months in December 2006. In July 2007 the program was seeking to recruit a program officer and accounts assistant to support the Ministry in managing their resources.⁴¹⁴ Second there is a lack of personnel with only one technical advisor coordinating the program in July 2007. She explained that rather than coordinating the national response, she was implementing the program and this was largely through producing gender materials in Chichewa that organisations can use. However, in July 2007 they were hoping to employ a second member of staff. Third, the Ministry of Women and Child Development is not represented at the district level and the 'National Gender Program' has not filtered to the local levels and as a result the Program is

⁴¹² Strategic Manager - Youth Alert Programme, Population Services International (PSI) (20/07/07) Offices of PSI Malawi: Blantyre, Malawi

⁴¹³ HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi

⁴¹⁴ Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi; Programme Manager - HIV and AIDS, Canadian International Development Agency (CIDA) (26/07/07) Offices of CIDA: Lilongwe, Malawi

implemented through the other Ministries.⁴¹⁵ As a result the program was unable to keep on target with their plan of action and does not have the capacity to utilise the data it receives from other organisations or to follow-up on the training programs.⁴¹⁶

It is worth noting that HIV/AIDS is compounding the situation because it is reducing the capacity of the Government to respond effectively. On the one hand, HIV/AIDS heightens the issues facing the government because it reduces GDP, increases incidences of hunger, undermines development and increases the burden on the health system. On the other hand, it diminishes the capacity of the government to deliver goods and services because of the reduced staff and resources due to illness and death leading to a hollowing out of the state structures.⁴¹⁷

In addition, within each organisation the focal points that deal with HIV/AIDS and gender are separate. As the 'Technical Advisor to the 'Women' Girls and HIV/AIDS – Programme and Plan of Action' reports, 'The focal points for HIV/AIDS are people dealing with human resources but the focal points for gender... are technical people in Ministries.' However, the representative suggests that there are proposals for the creation of 'a mechanism that brings these two together so that you have women, girls and HIV/AIDS issues in the programs that are being implemented by the institution and also in the mainstreaming of HIV/AIDS in the workplace.'⁴¹⁸

⁴¹⁵ Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi; Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi; Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi

⁴¹⁶ Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi; UNFPA (2000)

⁴¹⁷ Poku (2005) pp.190-1

⁴¹⁸ Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi; Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi

2.5 The value of this research

As noted in the introduction, this research makes a valuable contribution to the understanding of why women are vulnerable to HIV infection. The importance of this contribution is further highlighted in this chapter. Although the gendered dimensions of HIV/AIDS are recognised and are on the political agenda, they are not effectively understood and engaged with. As a CIDA gender specialist argues:

We all sing a song, we are just singing a song: ‘Women are vulnerable because they are poor’, ‘culturally they are supposed to be this submissive’ or ‘it is acceptable culturally in Malawi for men to have many women’ but to say ‘yes, we have discovered that women are vulnerable, so what do we do?’, I don’t think that there is anything.⁴¹⁹

As an HIV/AIDS specialist working with CIDA highlights, although there is a gender sensitive work plan it is not enforced, society is not changing and the real issues are not engaged with.⁴²⁰ In order for an effective response to the gendered dimensions of HIV/AIDS it is necessary to challenge the historically and culturally embedded gendered structures at a deeper level.⁴²¹ The effective governance of HIV/AIDS requires a deep understanding of the context, including the gender context, and for this understanding to inform the response. The discussion here highlights several key issues surrounding how the response in Malawi is not informed by an understanding of the gender context.

There is a necessity for more evidence and research to guide the response to HIV/AIDS in general and specifically women’s vulnerability, as is recognised in the

⁴¹⁹ Programme Manager - Gender, Canadian International Development Agency (CIDA) (27/07/07) Offices of CIDA: Lilongwe, Malawi

⁴²⁰ Programme Manager - HIV and AIDS, Canadian International Development Agency (CIDA) (26/07/07) Offices of CIDA: Lilongwe, Malawi; Strategic Manager - Youth Alert Programme, Population Services International (PSI) (20/07/07) Offices of PSI Malawi: Blantyre, Malawi

⁴²¹ Programme Manager - HIV and AIDS, Canadian International Development Agency (CIDA) (26/07/07) Offices of CIDA: Lilongwe, Malawi

‘National AIDS Policy’.⁴²² Monitoring and Evaluation (M&E) is highlighted to guide future strategies and interventions and it is one of the six pillars of the Health SWAP program of work.⁴²³ In accordance with the global push for greater M&E, the NAC coordinates the M&E at the national level with a reporting facility for the NGOs that it funds. The donors receive quarterly financial reports and six-monthly progress reports, followed up with meetings to assess this progress.⁴²⁴ However, there is a need for a greater emphasis on M&E of the response in general and as an HIV/AIDS specialist working with CIDA proposes the NAC has to become much more of an M&E entity.⁴²⁵ In addition, there is insufficient M&E to understand what works in the specific contexts and, as the interviewees report, the tendency is for the M&E to be conducted at the end of the programs, and not to feed back into the programmes.⁴²⁶ The effectiveness of the programmes at the grassroots is limited because of the tendency to apply a philosophy of ‘best practice’ based on a body of information on ‘what works’ in other countries.⁴²⁷

There have been some advances in gender M&E: the mid-term evaluation of the Government’s Strategic Plan includes a gender assessment and there has been a push to monitor disaggregated by gender within the NAC framework to encourage organisations to

⁴²² Government of Malawi (2003) 1.5, 8.1. Programme Manager - HIV and AIDS, Canadian International Development Agency (CIDA) (26/07/07) Offices of CIDA: Lilongwe, Malawi; Programme Officer - HIV/AIDS, United Nations Population Fund (UNFPA) (19/07/07) Ryall’s Hotel Conference Centre: Blantyre, Malawi; Behaviour Surveillance Research Coordinator, Family Health International (FHI) (26/07/07) Offices of FHI: Lilongwe, Malawi. For the situation in general see Melesse (2008)

⁴²³ Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi; Government of Malawi (2003) ‘National HIV/AIDS Policy’ 9.1

⁴²⁴ Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi

⁴²⁵ Programme Manager - HIV and AIDS, Canadian International Development Agency (CIDA) (26/07/07) Offices of CIDA: Lilongwe, Malawi

⁴²⁶ Behaviour Surveillance Research Coordinator, Family Health International (FHI) (26/07/07) Offices of FHI: Lilongwe, Malawi; Programme Officer – HIV/AIDS, United Nations World Food Programme (WFP) (23/07/09) Offices of WFP: Lilongwe, Malawi; Head of Policy Support and Development, National AIDS Commission (NAC) (24/07/07) Offices of NAC: Lilongwe, Malawi; Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi

⁴²⁷ Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi

implement an effective response to the gendered dimensions of HIV/AIDS.⁴²⁸ Despite this however, there was no M&E system for the 'Program on Women, Girls and HIV/AIDS' in June 2007 because it was not included in the project document for NAC funding. The Ministry was trying to get NAC approval to include an M&E element. As a result, when asked about the impact the response, the representative of the 'Women, Girls and HIV/AIDS - Program and National Plan for Action' revealed that they have increased awareness of the problem but not measures of the impact the Program has on reducing women's vulnerability.⁴²⁹

There is lack of capacity of universities across Sub-Saharan Africa.⁴³⁰ An HIV/AIDS specialist working with CIDA expressed the need to utilise the research of the University of Malawi but there is limited research and it is expensive.⁴³¹ In particular, there are the barriers of social norms and the stigma of silence surround the study of women's sexuality.⁴³² It is hard for women researchers to bring these issues onto the agenda and women are discriminated against in the University system. Isabel Phiri for example reports how female students at Chancellor College were sexually harassed on campus: 49.5 percent reported that they received 'unwelcome sexual advances' in 1994. This paper was highly controversial and Phiri was subject to considerable criticism, opposition and personal threats as a consequence of it.⁴³³

There is uncertainty as to what information is required for evaluations, how it should be produced and by whom. As is the situation more generally, the source of the information

⁴²⁸ Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi

⁴²⁹ Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi

⁴³⁰ For the situation in general see Webb (2004) p.29

⁴³¹ Programme Manager - HIV and AIDS, Canadian International Development Agency (CIDA) (26/07/07) Offices of CIDA: Lilongwe, Malawi

⁴³² For the situation in general see Amoeyemi, O.B. (2008) 'Socialisation and women's sexuality: Conceptual and methodological issues in Nigeria', *3rd Africa Conference on Sexual Health and Rights*, 4-7 February 2008, Abuja, Nigeria

⁴³³ Phiri, I., Semu, L., Nankhuni, F. and Madise, N. (1995) 'Violence against women in educational institutions: The case of sexual harassment and rape on Chancellor College Campus', unpublished research paper. Cited in Phiri, I. (1996) 'Marching, suspended and stoned: Christian women in Malawi 1995', Ross, K.R. (ed.) *God, People and Power in Malawi*, Assemblies of God Press: Limbe, Malawi, pp.63-106, p.89

often ‘lies within institutions with little or no capacity or interest for research or documentation.’⁴³⁴ An HIV/AIDS specialist working with CIDA for example argues that the NAC reporting facility ‘is not a very active way of evaluating. It is a very passive way of evaluation and to do this kind information ... what is the quality of this data.’⁴³⁵ In addition, there are important questions of how to measure the impact of the interventions and the tendency is to rely upon subjective measures.⁴³⁶

Where research has been done it is not effectively utilised to inform policy.⁴³⁷ An HIV/AIDS specialist working with CIDA considers how it is necessary to understand what the figures mean and translate them into a more targeted response. The representative identifies that there is not a dialogue between researchers and policy makers.⁴³⁸ The interviews revealed some research and findings are shared amongst partner organisations, there is a resource centre at NAC and some reports of informal sharing with other organisations.⁴³⁹ However, there are not the proper channels for the effective dissemination of information. There are barriers to sharing information, particularly because of the issues of the ownership of the data. As an HIV/AIDS specialist working with CIDA explains the NAC is not yet an act of parliament and does not have the mandate to request the data it

⁴³⁴ For the situation in general see Webb (2004) p.31

⁴³⁵ Programme Manager - HIV and AIDS, Canadian International Development Agency (CIDA) (26/07/07) Offices of CIDA: Lilongwe, Malawi

⁴³⁶ Behaviour Surveillance Research Coordinator, Family Health International (FHI) (26/07/07) Offices of FHI: Lilongwe, Malawi; Anglewicz and Kohler (2009) p.1. For example subjective measures were referred to in the interviews when the representatives were asked about the effectiveness of the interventions made by their respective organisations. Head of Assemblies of God Relief and Development Services (AGREDS), Assemblies of God Church (12/07/07) Offices of the Assemblies of God Church: Lilongwe, Malawi; HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi; Executive Director, Malawi AIDS Counselling and Resource Organisation (MACRO) (25/07/07) Offices of MACRO: Lilongwe, Malawi; Programme Manager - Gender, Canadian International Development Agency (CIDA) (27/07/07) Offices of CIDA: Lilongwe, Malawi

⁴³⁷ Programme Manager - Gender, Canadian International Development Agency (CIDA) (27/07/07) Offices of CIDA: Lilongwe, Malawi. Identified for the situation in general by Melesse (2008)

⁴³⁸ Programme Manager - HIV and AIDS, Canadian International Development Agency (CIDA) (26/07/07) Offices of CIDA: Lilongwe, Malawi

⁴³⁹ Programme Officer – HIV/AIDS, United Nations World Food Programme (WFP) (23/07/09) Offices of WFP: Lilongwe, Malawi. Similar reports from representatives of the HIV/AIDS Section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi

requires, especially from organisations that do not receive money from the NAC.⁴⁴⁰ For example the NAC does not have the right to access data from the National Statistics Office. Some forums to disseminate data are being established. The Executive Director of MACRO identifies that there is research dissemination annually through the NAC and at college of medicine in Blantyre.⁴⁴¹ The UNFPA HIV/AIDS Programme Manager also reports that ‘two weeks ago we had a youth forum and stakeholders meeting where we were disseminating the findings of IPPF and UNFPA on ‘Women, Girls and HIV’.⁴⁴²

Further forums and more effective channels for the dissemination of information are required. A Technical Advisor to the ‘Women, Girls and HIV/AIDS – Program and Plan of Action’ explains that ‘As a Ministry we should be able to develop a total perspective on the issue of women, girls and HIV/AIDS based on the information we should be receiving from the various organisations. So that is somebody asks “I want to know what is happening in the area of women, girls and HIV in Malawi” we are able to say “here you are”. At the time of the interview despite coordinating the national response to the gendered dimensions of HIV/AIDS, the office did not have any copies of reports or research.⁴⁴³ Therefore the HIV/AIDS specialist working with CIDA reflects that although research is being undertaken across Malawi by numerous organisations ‘we do not know really what this research is doing, we do not really know how many researches have already been conducted and what is it doing?’⁴⁴⁴ The research needs to be coordinated in order to research those areas that require it. ‘We do not have that mechanism that brings the information to a central point and can be processed to create a national picture.’⁴⁴⁵ It is vital to link work and share information through sustained coordination and collaboration. The representative of the ‘Women, Girls

⁴⁴⁰ Programme Manager - HIV and AIDS, Canadian International Development Agency (CIDA) (26/07/07) Offices of CIDA: Lilongwe, Malawi

⁴⁴¹ Executive Director, Malawi AIDS Counselling and Resource Organisation (MACRO) (25/07/07) Offices of MACRO: Lilongwe, Malawi

⁴⁴² Programme Officer - HIV/AIDS, United Nations Population Fund (UNFPA) (19/07/07) Ryall’s Hotel Conference Centre: Blantyre, Malawi

⁴⁴³ Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi

⁴⁴⁴ Programme Manager - HIV and AIDS, Canadian International Development Agency (CIDA) (26/07/07) Offices of CIDA: Lilongwe, Malawi

⁴⁴⁵ Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi

and HIV/AIDS – Program and Plan of Action’ identifies that there are plans for an annual stakeholders meeting to share knowledge and information.⁴⁴⁶ This thesis is important because it draws upon the wide range of expertise and resources from stakeholders in Malawi and a report will be produced for the participants in order to share and disseminate the information collected.

In order to effectively respond to the vulnerability of women to HIV infection the context needs to be understood because sexual behaviour is the result of social norms and values.⁴⁴⁷ The subsequent analysis in chapters three, four and five provides a detailed, theoretically and culturally grounded analysis of the gender context of HIV/AIDS in Malawi. This is important because the most success in prevention strategies has occurred where there is respect for the needs of the community and an understanding of the gender context.⁴⁴⁸ There is a degree of cultural understanding in the response to the vulnerability of women to HIV infection. In May 2006 the Malawi Human Rights Commission (MHRC) produced a detailed, thorough investigation of the various cultural practices across the country and their impact on the enjoyment of human rights, especially for women.⁴⁴⁹ The Behaviour Surveillance Research Coordinator at FHI outlines that within their approach there is a drive to try and address the cultural practices that leave women and girls vulnerable to HIV infection in a culturally grounded way: ‘ok she could be my sister or my daughter... wait a minute this is not on’.⁴⁵⁰ However, as is the situation more generally, there is only a limited understanding of the cultural context.⁴⁵¹ Although the interviewees begun to intellectualise

⁴⁴⁶ Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi

⁴⁴⁷ Poku (2005) p.82

⁴⁴⁸ For the situation in general see Esiet (2008); Rivers, K., Aggleton, P., Elizondo, J., Hernandez, G., Herrera, G., Mane, P., Niang, C.I., Scott, S. and Setiadi, B. (1998) ‘Gender relations, sexual communication and the female condom’, *Critical Public Health*, 8:4, pp.273-90, p.287

⁴⁴⁹ The study covered nine districts, although of the 28 districts only five were not mentioned as home districts for the interviewees. Malawi Human Rights Commission (MHRC) (May 2006) ‘Cultural practices and human rights: A study into cultural practices and their impact on the enjoyment of human rights, particularly the rights of women and children in Malawi’, MHRC: Lilongwe, Malawi, p. 2,7

⁴⁵⁰ Behaviour Surveillance Research Coordinator, Family Health International (FHI) (26/07/07) Offices of FHI: Lilongwe, Malawi

⁴⁵¹ Muula and Mtfutso-Bengo (2004) p.479

about how the gender structures are reinforced in culture and leave women vulnerable, they tended to have a vague and patchy knowledge of the cultural practices in the different areas and when answering the questions on cultural practices they would often draw upon hearsay rather than hard evidence or find the correct answer from resources in the office.⁴⁵² As a result ‘top down’ information and education campaigns (IECs) are often created to introduce norms and coordinate messages, which demand radical change of cultural norms without understand the socio-cultural context.⁴⁵³

Conclusion

The response to HIV/AIDS in Malawi fails to engage with the gender power relations because of pervasive gendered frameworks and discourses. The initial hesitancy to respond to HIV/AIDS and its gendered dimensions was rooted in the gendered framework of the public/private dichotomy. According to this framework the public sphere of the state is the realm of politics, whereas HIV/AIDS and issues pertaining to women are part of the private sphere of non-intervention. Crucially HIV/AIDS is shrouded in the stigma of immorality and it is particularly taboo for women.

A cause for action arose as a result of two developments. On the one hand the shift to democracy created the space for HIV/AIDS and gender issues to emerge onto the political agenda. On the other hand HIV/AIDS and the feminisation of HIV/AIDS has had a heightened impact at a national and international level, which has increased national and international pressure for an effective response. Where HIV/AIDS spreads along the gender

⁴⁵² Interviews with Head of Policy Support and Development, National AIDS Commission (NAC) (24/07/07) Offices of NAC: Lilongwe, Malawi; Strategic Manager - Youth Alert Programme, Population Services International (PSI) (20/07/07) Offices of PSI Malawi: Blantyre, Malawi; Head of Assemblies of God Relief and Development Services (AGREDS), Assemblies of God Church (12/07/07) Offices of the Assemblies of God Church: Lilongwe, Malawi; Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi; Programme Officer - HIV/AIDS, United Nations Population Fund (UNFPA) (19/07/07) Ryall’s Hotel Conference Centre: Blantyre, Malawi; HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi

⁴⁵³ Poku (2005) p.169

‘fault lines of inequalities’⁴⁵⁴ increasingly more women are infected, which sheds light on how gendered structures marginalise them across their lives. Increasingly questions of empowerment are emerging onto the agenda. In this sense the vulnerability of women to HIV/AIDS becomes a mobilising factor because it allows them to realise that their real interests lie in social change. Furthermore, there is increasing international pressure to respond from the ‘top-down’.

Although HIV/AIDS and its gendered dimensions have emerged onto the political agenda, the response continues to be limited by certain gendered frameworks and discourses that govern the way that HIV/AIDS is conceived. In accordance with the dominant scientific discourse the focus is upon mitigating the impact of the perceived crisis, rather than engaging with the deeper structures that leave populations vulnerable. The response addresses the most immediate microbiological and micro environmental factors and alleviates the impact on women at a surface level. Anti-retroviral treatment is available and behaviour changes is sought through the A,B,Cs. However, despite the observable results, this approach leaves the underlying structures in place and consolidated.

In recent years there have been important developments with the ‘National AIDS Policy’ (2003) and the ‘Women, Girls and HIV/AIDS – Program and National Plan of Action’ (2005). These both recognise the gendered structures but fail to effectively challenge them. The centralised response limits the ability of donors and NGOs to bring gender onto agenda and to challenge the gendered structures. The tendency is to mitigate the impact at a surface level as this yields measurable results. Moreover the gendered dimensions are treated as separate and marginal. The office within the Ministry of Gender lacks capacity. As a result, although the Program looks good on paper, the planning for past has not been implemented and has become planning for the future.⁴⁵⁵ The understanding of how gendered structures underscore women’s vulnerability, does not translate into effective policies and outcomes.

This thesis contributes to the understanding the gender context of HIV/AIDS in Malawi. This is important because although the gendered dimensions of HIV/AIDS are

⁴⁵⁴ Baylies, C. (2004) ‘Cultural hazards facing young people in the era of HIV/AIDS: Specificity and change’, in Whiteside and Poku (eds.) pp.71-84, p.71

⁴⁵⁵ Gender Network National Coordinator, Action Aid (17/07/07) Offices of Action Aid: Lilongwe, Malawi

recognised and on the political agenda they are not understood and engaged with. An effective response requires a deep understanding of the context and for this understanding to inform the response. There is the necessity for more evidence and research to guide the response. The M&E tends to be conducted at the end of projects, does not feed back into the programmes and despite some advances in gender M&E there is no M&E element in the 'Women, Girls and HIV/AIDS – Program and National Plan of Action'. The universities lack capacity and there are barriers to women's issues emerging onto the agenda. There is uncertainty about what information is required for the evaluations, how it should be produced and by whom. The research that has been done is not utilised to inform policy. A report from this thesis will therefore be disseminated to organisations engaged in the response to share and disseminate the information that has been collaborated.

The response to the gendered dimensions of HIV/AIDS requires a broader approach to women's vulnerability to address their wider subordination.⁴⁵⁶ The discussion in the later chapters explores how women are vulnerable to HIV infection because they lack power across their lives including in the areas of health, education, economics, justice and participation and therefore Government policy needs to address these areas. Although HIV/AIDS and gender is recognised as crosscutting across all policy areas, these wider issues are not incorporated into a holistic response to the gendered dimensions of HIV/AIDS. At present the belief persists that fulfilling economic goals will in turn bring about social goals and the focus of government policy has been poverty eradication.⁴⁵⁷

Having examined the limitations of the response to the gendered dimensions of HIV/AIDS, chapters three, four and five provide a thorough and theoretically informed analysis of how gender structures underscore the vulnerability of women to HIV infection. Three pertinent issues are explored: women's lack of power to negotiate for safer sex; women's limited ability to leave a marital union that places them at risk of infection; and, the biological vulnerability of women to contracting HIV.

⁴⁵⁶ Ngwira, Bota and Loevinsohn (2001) p.7

⁴⁵⁷ Government of Malawi (2000) forward

3. Negotiating for Safer Sex

The Malawi National HIV/AIDS Policy (2003) pledges to ‘protect the rights of women to have control over and to decide responsibly, free of discrimination or coercive violence, on matters related to their sexuality, including sexual and reproductive health.’⁴⁵⁸ Despite Government commitment however, the situation persists that women do not have the power to negotiate for safer sex⁴⁵⁹ and this leaves them vulnerable to HIV infection.

Drawing upon the theoretical framework established in chapter one, the analysis here explores the ways in which certain gendered ideologies limit the power of women to negotiate for safer sex.⁴⁶⁰ Several pertinent issues are addressed: the value placed upon reproduction; the construction of sex as a man’s marital right; the subordinate position of women in their sexual relationships; the gender-based civic duty for women to engage in cultural sexual rituals; the gendered dimensions of the stigma surrounding sex, HIV/AIDS and condoms; and, how women lack knowledge and understanding of the issues that effect them. Although the inability of women to leave a sexual relationship has important implications for their ability to negotiate for safer sex, this is discussed in chapter four because of the complexity of the issues involved.

⁴⁵⁸ Government of Malawi (2003) ‘National HIV/AIDS Policy’: A call for renewed action’, Office of the President and Cabinet (OPC) and National AIDS Commission (NAC): Lilongwe, Malawi, 5.2.2

⁴⁵⁹ The term ‘safer sex’ is used in this research because the term ‘safe sex’ may imply complete safety. As the UNAIDS considers ‘reduction in the numbers of sexual partners and correct and consistent use of male or female condoms can reduce the risk of HIV transmission. The term safer sex more accurately reflects the idea that choices can be made and behaviours adopted to reduce or minimize risk.’ UNAIDS (February 2008) ‘UNAIDS’ Terminology Guidelines’, UNAIDS: Geneva
http://search.unaids.org/Html.aspx?q=Publicationbestofandu=http://data.unaids.org/pub/Manual/2008/20080226_unaids_terminology_guide_en.pdf

⁴⁶⁰ For the situation more generally see UNAIDS (2004) ‘Report on an Epidemic’, Geneva: UNAIDS, p.13

3.1 The value of reproduction

In Malawi, as is the case across Africa, the worth of an individual is associated with reproduction, and traditionally families are large. The power and prosperity of an ethnic group is linked to reproduction because 'the more members a lineage has the more land it can cultivate and the greater is its political power.'⁴⁶¹ In Malawi the number of children a family has is therefore considered to be a status symbol.⁴⁶² The Population and Health Specialist at the World Bank explains how 'people bear children as wealth, so as soon as you get in the marriage the issue is have as many children as you can.'⁴⁶³ This has a particular bearing on women because of their gender-based reproductive role. According to pervasive gendered ideology, the social status of a woman is intimately linked to the number of children she bears. Amongst the Chewa, a woman is called '*achembere 1*' (a fertile woman or woman with children) when she has her first child, '*achembere 2*' with the second, and so on.⁴⁶⁴ Bearing a child is central to the identity of women: a woman is not valued in her own right but for the children she can bear for the benefit of the community.⁴⁶⁵ Isabel Phiri explains that for the Chewa, 'As the root of the lineage, the woman was seen as a sacred vessel of life. She was responsible for the continuation of the community. Thus the community's future and destiny was decisively dependent on her.' As a result, 'being barren

⁴⁶¹ Luig, U. (1997) 'Ethnographische anmerkungen zum Verhlthnis von Fruchtbarkeit, Gelslecht und Macht in Afrika', in Braig, M. *et al* (ed.) *Begegnungen und Einmischungen*, Stuttgart, p.251 cited in Wolf, A. (2004) 'AIDS and the discourse on morality in Malawi', *Religion in Malawi*, 11, pp.44-49, p.46

⁴⁶² Malawi Human Rights Commission (MHRC) (May 2006) 'Cultural practices and human rights: A study into cultural practices and their impact on the enjoyment of human rights, particularly the rights of women and children in Malawi', MHRC: Lilongwe, Malawi, p.13

⁴⁶³ Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi. Also a representative of PSI-Malawi reflects on the value of reproduction - Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi

⁴⁶⁴ Drake, A.M. (1976) 'Illness, ritual, and social relations among the Chewa of central Africa', PhD, Duke University, p.87. Cited in Wolf (2004) p.46

⁴⁶⁵ For the situation of the Chewa in Malawi see Wolf (2004) p.46. For the case of West Africa see Fortes, M. (1978) 'Family, Marriage and Fertility in West Africa' in Oppong, C., Adaba, G., Bekombo-Priso, M. and Moge, J. (eds.) *Marriage, Fertility and Parenthood in West Africa*, Australian National University Press: Canberra, pp.17-54, p.45; Chim'modzi, H.F. (1994/5) 'Addressing African feminism', *Journal of Humanities*, 8/9, p.45

is considered the greatest misfortune that could happen to a woman.’⁴⁶⁶ Similarly the identity of men is constructed around their ability to have children and this puts pressure on women to bear them many children. There is a Christian basis for the importance of men having many children, in psalms it reads that ‘blessed is a man with a river of children.’⁴⁶⁷ Research on the Chewa for example, reveals that a husband ‘must provide his wife with children or be considered sterile.’⁴⁶⁸ During the wedding night ceremony, the groom’s penis is cleaned after intercourse and the cloth is checked the next day by the wedding advisors (*anankungwi*) to ensure it is white and stiff as an indication of the man’s ability to produce many children.⁴⁶⁹ Similarly, research on the Sena reveals that the bride and bridegroom must have sex before their wedding and the marriage counsellors (*ankhosswe*) inspect the cloth that is used to clean the penis to see if it sticks together because this is believed demonstrate that the man will have children.⁴⁷⁰

The value placed on reproduction and its centrality to an individual’s identity places women at risk of HIV infection. On the one hand, reproduction is at odds with abstaining from sex or using condoms.⁴⁷¹ As UNAIDS reports for the situation in general: ‘Many women are torn between the value of motherhood and risk of HIV for either them or their child.’⁴⁷² In Malawi condoms were perceived to be ‘unnatural’ and were widely rejected for being negatively associated with population control.⁴⁷³ As the Product Manager for HIV

⁴⁶⁶ Phiri, I. (1997) *Women, Presbyterianism and Patriarchy: Religious Experience of Chewa women in Central Malawi*, CLAIM-Kachere: Blantyre, Malawi, p.36, 37

⁴⁶⁷ Molefhi, N. (2008) ‘Male involvement in sexual health and reproductive rights’, 3rd *Africa Conference on Sexual Health and Rights*, 4-7 February 2008, Abuja, Nigeria

⁴⁶⁸ Drake (1976) p.46

⁴⁶⁹ Feist, I. (1996) ‘Chinamwali als ausdrück von frauwissen und macht’ [Chinamwali as a sign of woman-know and make], unpublished document, Berlin. Cited in Wolf (2004) p.46

⁴⁷⁰ Fielder, R. N. (2005) *Coming of Age: A Christianised Initiation for Women in Southern Malawi*, Kachere Series: Zomba, Malawi, pp.15

⁴⁷¹ As Doyal considers for the case in general, having children means women have to put themselves at risk of HIV infection. Doyal, L. (1994) ‘HIV/AIDS putting women on the global agenda’ in Doyal, L., Naidoo, J. and Wilton, T. (eds.) *AIDS: Setting a Feminist Agenda*, London: Taylor and Francis, p.19-20

⁴⁷² UNAIDS (1999) p.33

⁴⁷³ Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi; Lwanda (2005) p.116-7; Kaler, A. (2004) ‘The moral lens of population control: Condoms and controversies in southern Malawi’, *Studies in Family Planning*, 35:2, pp.105-115. In the Democratic Republic of Congo for example for being imperialist design because they were promoted as

Prevention at PSI-Malawi reports that people ‘would always look at something that controls their ability to have kids with a lot of suspicion and negativity.’⁴⁷⁴ As the Behaviour Surveillance Research Coordinator at Family Health International proposes women are vulnerable to HIV infection because ‘in a marriage situation you will have to procreate and you cannot procreate with a condom.’⁴⁷⁵ If the husband is known to be engaging in extra-marital affairs, women cannot use condoms because of the necessity to bear more children.⁴⁷⁶

On the other hand, women may be under pressure to engage in extra-marital sex in order to conceive if the couple fails to bear children because a family is considered incomplete without children.⁴⁷⁷ As is the situation reported across Sub-Saharan Africa, fertility is more highly valued than restricting female sexuality to marriage.⁴⁷⁸ For the sake of appearance it is better for the family to have children, even if they are not their own. As the Senior Programme Manager of the Population Services International (PSI) ‘Packachere’ program highlights:

population control technology by Western agencies. See Schoepf, B.G. (1992) ‘AIDS, sex and condoms: African healers and the reinvention of tradition in Zaire’ in Bolton, R. and Singer, M. (eds.) *Rethinking AIDS Prevention: Cultural Approaches*, Gordon and Breach Science Publishers: Reading, pp.87-106. Condom promotion in Botswana came up against the stigmatization that associated condoms with the start and spread of AIDS. See Allen, T. and Heald, S. (13th-15th Sept 2004) ‘HIV/AIDS policy in Africa: What worked in Uganda and what has failed in Botswana’ presented at *African Studies Conference of the UK, Debating Africa*, p.5

⁴⁷⁴ Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi

⁴⁷⁵ Behaviour Surveillance Research Coordinator, Family Health International (FHI) (26/07/07) Offices of FHI: Lilongwe, Malawi

⁴⁷⁶ Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi

⁴⁷⁷ Government of Malawi (2003) ‘National HIV/AIDS Policy’ 6.1; Muula, A.S. and Mtfutso-Bengo, J.M. (2004) ‘Important but neglected ethical and cultural considerations in the fight against HIV/AIDS in Malawi’, *Nursing Ethics*, 11:5, pp.479-488, p.485

⁴⁷⁸ Caldwell, J.C. and Caldwell, P. (1987) ‘The cultural context of high fertility in Sub-Saharan Africa’. *Population and Development Review*, 13:3, pp.409-37; Caldwell, J.C., Caldwell, P. and Quiggin, P. (1989) ‘The social context of AIDS in Sub-Saharan Africa, *Population and Development Review*, 15:2, pp.185-234; Caldwell, J.C. (2000) ‘Rethinking the African AIDS epidemic’, *Population and Development Review*, 26, pp.117-135, p.120

The belief is when you get married the best thing that people would want to see is the wife conceiving, then you must have a baby, that means that then it is a complete family. The woman is on the receiving end, she isn't even to choose who the man should be.⁴⁷⁹

The wife might have engage in extramarital sex with either another member of the family, a friend of the husband, a traditional practitioner or a hired man known as the *“fisi”* (“hyena”) in order to increase the likelihood that she conceives.⁴⁸⁰ This can put the women at risk of contracting HIV because the serostatus of the man she has to have sex with may not be known and he could be HIV-positive.⁴⁸¹ In the situation where the *fisi* is hired, this can heighten the risk because it is likely that he has had sex with many partners. As the Director of Planning, Research and Evaluation at the Department for Nutrition, HIV and AIDS reveals:

So this man if he is [HIV] positive... he is used in several families... he will sleep with the woman, tomorrow he is in that house and so on. So this kind of

⁴⁷⁹ Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi; Principle Documentation Officer, Ombudsman (23/07/07) Offices of the Ombudsman: Lilongwe, Malawi; Programme Manager - Gender, Canadian International Development Agency (CIDA) (27/07/07) Offices of CIDA: Lilongwe, Malawi

⁴⁸⁰ Gender Network National Coordinator, Action Aid (17/07/07) Offices of Action Aid: Lilongwe, Malawi; Principle Documentation Officer, Ombudsman (23/07/07) Offices of the Ombudsman: Lilongwe, Malawi; Programme Manager - Gender, Canadian International Development Agency (CIDA) (27/07/07) Offices of CIDA: Lilongwe, Malawi; Director of Planning, Research and Evaluation, Department of HIV, AIDS and Nutrition within the Office of the President and Cabinet (OPC) (25/07/07) Offices of the Department of HIV, AIDS and Nutrition: Lilongwe, Malawi; Programme Officer, The Joint United Nations Programme on HIV/AIDS (UNAIDS) (25/07/07) Offices of UNAIDS: Lilongwe, Malawi; Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi; Kondowe, E.B.Z. and Mulera, D. (1999) ‘A cultural approach to HIV/AIDS prevention, treatment and care: Malawi’s experience’, UNESCO Studies and Reports, UNESCO/UNAIDS: Lilongwe, p.5. Cited in Lwanda, J. (2005) *Politics, Culture and Medicine in Malawi*, Kachere Series: Zomba, Malawi, p.124

⁴⁸¹ Principle Documentation Officer, Ombudsman (23/07/07) Offices of the Ombudsman: Lilongwe, Malawi; Head of Policy Support and Development, National AIDS Commission (NAC) (24/07/07) Offices of NAC: Lilongwe, Malawi

behaviour promotes infection because he might even get some infections from the women themselves and then it will spread.⁴⁸²

The majority of women are not in a position to refuse to engage in extramarital sex in order to conceive because of the pressure from society to have children. It becomes a choice between a potential death from HIV/AIDS and the certain social death of being shunned for not bearing children. As the Principle Documentation Officer at the Ombudsman's Office highlights:

If you are not able to have your own children, some people would say “hey this one he is married but cannot have any children”. So it is like the talk of the town. So some people would want to run away from that to say “now they should think I have a child”, yet they know that the child biologically is not theirs... But that as well is what is causing the spread of HIV because if the person involved is HIV positive then obviously they will infect the woman and the man as well.⁴⁸³

Furthermore, women do not have the power to refuse because their husbands are the ones who make the decisions as the head of the family, as explored in further depth later in this chapter.⁴⁸⁴ Men do not want to be stigmatised for not having children and they are not the ones who have to endure the implications.

3.2 Sex is a husband's marital right

According to the gendered structures within the family the husband has a productive role and the wife has a reproductive role. This gendered division results in a ‘sexual contract’,

⁴⁸² Director of Planning, Research and Evaluation, Department of HIV, AIDS and Nutrition within the Office of the President and Cabinet (OPC) (25/07/07) Offices of the Department of HIV, AIDS and Nutrition: Lilongwe, Malawi

⁴⁸³ Principle Documentation Officer, Ombudsman (23/07/07) Offices of the Ombudsman: Lilongwe, Malawi's Office

⁴⁸⁴ Principle Documentation Officer, Ombudsman (23/07/07) Offices of the Ombudsman: Lilongwe, Malawi's Office

examined in chapter one, whereby the wife has a marital duty to fulfil the husband's sexual desires and provide him with children because he supports the family. The discourse of the sexual contract was evident throughout the interviews.⁴⁸⁵ In addition, a study of *Nkanza* (gender-based violence) by Saur *et al* reports how one man interviewed expressed that a 'real' or 'ideal' man 'should be hard-working... that way the woman surrenders her body to you.'⁴⁸⁶ Sex is therefore conducted to satisfy the man and according to the man's terms.⁴⁸⁷ Therefore an essential part of being a good wife and having a successful marriage is

⁴⁸⁵ Behaviour Surveillance Research Coordinator, Family Health International (FHI) (26/07/07) Offices of FHI: Lilongwe, Malawi; National Coordinator, The Malawi Network of Religious Leaders Living with HIV and AIDS (MANERELA) (26/07/07) Offices of MANERELA: Lilongwe, Malawi; Programme Officer – Gender, United Nations Population Fund (UNFPA) (17/07/07) Offices of UNFPA: Lilongwe, Malawi; Acting Programmes Manager, The Malawi Network of People Living with HIV (MANET Plus) (24/07/07) Offices of MANET-Plus: Lilongwe, Malawi; Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi; Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi; HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi; Head of Assemblies of God Relief and Development Services (AGREDS), Assemblies of God Church (12/07/07) Offices of the Assemblies of God Church: Lilongwe, Malawi; Programme Officer, The Joint United Nations Programme on HIV/AIDS (UNAIDS) (25/07/07) Offices of UNAIDS: Lilongwe, Malawi. It is referred to as the conjugal right in the media in Malawi – Mwafolirwa, S. (17/09/2004) 'Man cuts pregnant wife's sex organs', *The Sunday Times*; Juwayeyi, M. (09/07/2006) 'Gender equality', *The Nation*. For the situation in general see Rivers, K., Aggleton, P., Elizondo, J., Hernandez, G., Herrera, G., Mane, P., Niang, C.I., Scott, S. and Setiadi, B. (1998) 'Gender relations, sexual communication and the female condom', *Critical Public Health*, 8:4, pp.273-90, pp.278, 280; Pateman, C. (1988) *The Sexual Contract*, Polity Press: Cambridge, pp.109-10

⁴⁸⁶ Saur, M., Semu, L. and Hauya Nda, S. (2005) '*Nkanza*, listening to peoples voices: A study of gender-based violence, *Nkanza*, in three districts of Malawi', *Kachere Series*, Monfort Media: Balaka, Zomba, 21, p.50

⁴⁸⁷ Ngwira, N., Bota, S. and Loevinsohn (2001) 'HIV/AIDS, agriculture and food security in Malawi: Background to action', Regional Network on HIV/AIDS, Rural Livelihoods and Food Security (RENEWAL): Lilongwe, Malawi and the Hague, Netherlands, p.7; Also reflected in the interviews with National Coordinator, The Malawi Network of Religious Leaders Living with HIV and AIDS (MANERELA) (26/07/07) Offices of MANERELA: Lilongwe, Malawi; Programme Manager, Global AIDS Interfaith Alliance (GAIA) (12/07/07) Offices of GAIA: Lilongwe, Malawi; Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi; Director of Planning, Research and Evaluation, Department of HIV, AIDS and Nutrition within the Office of the President and Cabinet (OPC) (25/07/07) Offices of the Department of HIV, AIDS and Nutrition: Lilongwe, Malawi; Head of Assemblies of God Relief and Development Services (AGREDS), Assemblies of God

ensuring that the husband is sexually satisfied, despite being at the expense of the wife's own pleasure and well-being.⁴⁸⁸ In the study of *Nkanza*, one woman explained that a 'real' (ideal) woman 'should positively assist her husband when having sex; should be able to wiggle her waist to satisfy his sexual needs otherwise he will go with other women.'⁴⁸⁹ Where women fail to sexually satisfy their husband's they risk being divorced. Research by Rachel Fielder on southern Malawi, reports for example how one woman in a focus group in Mpirisi was divorced because she would not dance during lovemaking. The focus group discussion revealed that 'it was only when other women helped the woman to dance the sex dance that her husband took her back.'⁴⁹⁰

In order to be successful in marriage, girls are taught during their initiation ceremonies that prepare them for adulthood how to satisfy their husband's sexual appetites. It is reported that during the initiations in southern Malawi the girls learn sex techniques in order to maximise the man's enjoyment. These techniques include different positions to assume to give variety to sex and how they should 'dance' by shaking and swerving their waists.⁴⁹¹ The girls demonstrate different sexual dances whilst singing '*Mr Nyundo, kubedi kujja mumatotani kukada? Ndimangotere!*' (Mr Nyundo, on your bed, when it is dark, what do I do? I just do this!) It was widely reported in the interviews that explored a masked man symbolising 'the hyena' (*fisi*) has sex with all the initiates to establish whether the girls have mastered the sexual dance or not.⁴⁹² This ritual is called '*kusasa fumbi*' or '*kuchotsa fumbi*'

Church (12/07/07) Offices of the Assemblies of God Church: Lilongwe, Malawi; Strategic Manager - Youth Alert Programme, Population Services International (PSI) (20/07/07) Offices of PSI Malawi: Blantyre, Malawi; also reported in Chingwede, W. (02-03/2004) 'It's Survival of the Fittest', *CFSC Press Review*, p.48

⁴⁸⁸ National AIDS Committee (NAC) (2003) 'HIV/AIDS in Malawi: Estimates of the prevalence of infection and the implications', NAC: Lilongwe, p.17

⁴⁸⁹ Saur *et al* (2005) p.42

⁴⁹⁰ Int Focus Group, Mpirisi, 22 Nov 2001 - Fielder, R.N. (2000) 'The place of religion in the struggle for the rights of girl children: A case study of experiences of girls in initiation programmes in rural communities in southern Malawi', *Religion in Malawi*, 10, pp.37-41, p.38

⁴⁹¹ Fielder, R.N. (2005) p.32,36,38

⁴⁹² Gender Network National Coordinator, Action Aid (17/07/07) Offices of Action Aid: Lilongwe, Malawi; Programme Manager, Global AIDS Interfaith Alliance (GAIA) (12/07/07) Offices of GAIA: Lilongwe, Malawi; Representatives of the HIV/AIDS Section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi; Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi; Head of Policy Support and Development, National AIDS Commission (NAC) (24/07/07) Offices of NAC: Lilongwe,

(‘shaking the dust’ or ‘clearing the dust’) and is explored in further depth in chapter five. The girls also learn how to lengthen their labia minora and during their initiations in southern Malawi they sing ‘*Mayi zinthu zanga za nyekulira*’ (Mother, my things (labia minora) are assisting me in sex).⁴⁹³ Once the girls get married then they receive counselling and the Head of the Assemblies of God Relief and Development Services (AGREDS) reports that they are told that ‘whatever [your husband] demands please give it to him, if he is demanding for sex give sex to him.’⁴⁹⁴

The majority of women do not have the power to abstain from sex or insist on the use of condoms because, as for the case in general, they are ‘going against the construction

Malawi; Chief Law Reform Officer, Law Commission (11/07/07) Offices of the Law Commission: Lilongwe, Malawi; HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi; Programme Manager - Gender, Canadian International Development Agency (CIDA) (27/07/07) Offices of CIDA: Lilongwe, Malawi; Acting Programmes Manager, The Malawi Network of People Living with HIV (MANET Plus) (24/07/07) Offices of MANET-Plus: Lilongwe, Malawi; Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi; Strategic Manager - Youth Alert Programme, Population Services International (PSI) (20/07/07) Offices of PSI Malawi: Blantyre, Malawi; Programme Officer – HIV/AIDS, United Nations World Food Programme (WFP) (23/07/09) Offices of WFP: Lilongwe, Malawi. Muula, A.S. and Mtfutso-Bengo, J.M. (2004) ‘Important but neglected ethical and cultural considerations in the fight against HIV/AIDS in Malawi’, *Nursing Ethics*, 11:5, pp.479-488, p.485; MHRC (May 2006) p. 32; Jangale, C. (05/07/2006) ‘On fighting gender imbalance’, *The Nation*, p.12.

⁴⁹³ Fielder, R.N. (2000) p.38. A focus group in Mpirisi in Machinga district in November 2001 revealed that one woman sent home by her husband for not having a lengthened *labia minora* to amend the ‘deficiency’. Fielder reports that ‘Upon amendment, the woman reunited with her husband and lived a happy marriage thereafter.’ Int Focus Group, Mpirisi, 22 Nov 2001 – Fielder, R.N. (2000) p.38. For further discussion of the practice of Female Genital Surgery see Gordon-Chipembere, N.M. (2006) ‘From silence to speech, from object to subject: The body politic investigated in the trajectory between Sarah Baartman and contemporary circumcised African women’s writing’, PhD. Research in the Tete province of Northern Mozambique, which shares ethnic groups with the south of Malawi, suggests that women also get pleasure and pride from the lengthening of their labia minora. See Bagnol, B. (2008) ‘Closing the vagina through the elongation of the labia minora and use of vaginal products to enhance eroticism’, 3rd *Africa Conference on Sexual Health and Rights*, 4-7 February 2008, Abuja, Nigeria. In Malawi however there is a strong association with sex for a man’s pleasure and this is so deeply embedded that there is no evidence of women gaining enjoyment from it therefore in-depth ethnographical studies to ascertain relevance of this practice to women is required.

⁴⁹⁴ Head of Assemblies of God Relief and Development Services (AGREDS), Assemblies of God Church (12/07/07) Offices of the Assemblies of God Church: Lilongwe, Malawi

of sexual intercourse as a man's natural pleasure and a woman's natural duty.⁴⁹⁵ As the Senior Programme Manager of the PSI Packachere Programme considers, 'the woman would not want to disappoint... the "breadwinner" in the house.... so that you will find that women do not have the ability to negotiate for safer sex.'⁴⁹⁶ Women are unable to abstain from sex because regular sex is considered to be central to marriage, as explored further in chapter five.⁴⁹⁷ Women are 'on the receiving end' of their sexual relationships.⁴⁹⁸ As the Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action explains, 'once you get married... you give away all of your rights, including your sexual rights. There are even situations where you know a woman is busy pounding [maize] in the middle of the day; the man he wants sex, he will actually call you "come here".'⁴⁹⁹

Most women are not in a position to negotiate for condom use in their sexual relationships, particularly women in marriage.⁵⁰⁰ The Family Health International (FHI) 'Behaviour Surveillance Survey' (2004) for example reports that condom use was almost

⁴⁹⁵ Behaviour Surveillance Research Coordinator, Family Health International (FHI) (26/07/07) Offices of FHI: Lilongwe, Malawi; Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi; Programme Officer – Gender, United Nations Population Fund (UNFPA) (17/07/07) Offices of UNFPA: Lilongwe, Malawi; Programme Manager, Global AIDS Interfaith Alliance (GAIA) (12/07/07) Offices of GAIA: Lilongwe, Malawi. For the situation in general see Holland, J., Ramazanoglu, C., Scott S., Sharpe, S. and Thompson, R. (1991) 'Between embarrassment and trust: young women and the diversity of condom use' in Aggleton P., Hart, G. and Davies, P. (eds.) *AIDS: Responses, Interventions and Care*, Falmer: London, pp.127-148, p.128

⁴⁹⁶ Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi, PSI-Malawi

⁴⁹⁷ Zulu, E.M. and Chepngeno, G. (2003) 'Spousal communication about the risk of contracting HIV/AIDS in rural Malawi', *Demographic Research*, special collection 1: Article 8, pp.247-278, p.250

⁴⁹⁸ Head of Policy Support and Development, National AIDS Commission (NAC) (24/07/07) Offices of NAC: Lilongwe, Malawi; Programme Assistant, Family Planning Association of Malawi (17/07/07) Offices of the Family Planning Association of Malawi: Lilongwe, Malawi; Director of Planning, Research and Evaluation, Department of HIV, AIDS and Nutrition within the Office of the President and Cabinet (OPC) (25/07/07) Offices of the Department of HIV, AIDS and Nutrition: Lilongwe, Malawi

⁴⁹⁹ Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi

⁵⁰⁰ Programme Officer, The Joint United Nations Programme on HIV/AIDS (UNAIDS) (25/07/07) Offices of UNAIDS: Lilongwe, Malawi

non-existent (3 per cent) in the marriage situation.⁵⁰¹ The lack of power women have to negotiate for the use of condoms is illustrated by one case of ‘husband abuse’ reported to the Victim Support Unit in Mulanje. It is recorded by the Investigating Officer that: ‘the husband complains that despite of practising “Loop Contraceptive” (a type of child spacing) the wife insists on using condoms whenever they want to do sexual intercourse.’ The resolution of the case was reported to be that: ‘The wife admitted her weakness and agreed to give herself fully to her husband on condition that her husband supports the family both physically and financially’.⁵⁰² The interviews indicate that a couple can only use condoms if the man wants to and therefore, as for the case more generally, condom use is more consistent where the wife is infected than where the husband is infected.⁵⁰³ The MDHS (2004) reports that ‘women are taught to never refuse having sex with their husbands, regardless of the number of partners he may have or his unwillingness to use condoms, even if he is suspected of having HIV or another STI.’⁵⁰⁴ If women refuse their husbands sex they are highly vulnerable to being divorced, as the National Coordinator of ‘The Malawi Network of Religious Leaders Living with HIV and AIDS’ (MANERELA) reflects.⁵⁰⁵ This is supported by the Head of the Society for the Advancement of Women, a women’s rights NGO, who explains that ‘If a man wants to have sex without a condom as long as a man is the “breadwinner” in that house [the wife] cannot say no, because then she is afraid that if she says no he is going to marry another woman and then she is out.’⁵⁰⁶

⁵⁰¹ Family Health International (FHI) (2004) ‘Behaviour Surveillance Survey’, Family Health International: Lilongwe, Malawi

⁵⁰² Case no.1 01/04/05 - Victim Support Unit, Mulanje – Fieldwork (2006)

⁵⁰³ Blanc (2001) p.198. See also a study of Rakai, Uganda that reveals if ‘uninfected men suspected that their female partners were infected and took precautions to protect themselves from infection.’ Porter, L., Hao, L., Bishai, D., Serwadda, D., Wawer, M.J., Lutalo, T., Gray, R., and the Rakai Project Team (2004) ‘HIV status and union dissolution in Sub-Saharan Africa: The case of Rakai, Uganda’, *Demography*, 41:3, pp.465-482, p.477 ; Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi

⁵⁰⁴ NAC (2003) p.17

⁵⁰⁵ National Coordinator, The Malawi Network of Religious Leaders Living with HIV and AIDS (MANERELA) (26/07/07) Offices of MANERELA: Lilongwe, Malawi

⁵⁰⁶ Head, Society for the Advancement of Women (SAW) (11/07/07) Offices of SAW: Lilongwe, Malawi

It is widely believed condoms make sex less enjoyable and deprive men of sexual fulfilment.⁵⁰⁷ There is an emphasis on the importance of body contact during sex and the Product Manager for HIV Prevention at PSI-Malawi explains there is a widespread belief in the notion that ‘you cannot eat sweets in a wrapper’.⁵⁰⁸ As the Health Minister, Heatherwick Ntaba, expressed in 2004, ‘there are people who are very inflexible with their behaviour, they believe that the use of a condom is nothing but degradation of the sexual practice.’⁵⁰⁹ It is also believed to be psychologically impossible or damaging for men to either abstain from sex or to have sex “plain” (without a condom). Skin-to-skin ejaculation is socially constructed as a sign of masculinity and the use of condoms leaves the man cheated of his right to a high-grade sexual experience, or may even be the subject of gossip or ridicule.⁵¹⁰ Amy Kaler cites one man’s journal extract that reports how it is ‘better that I ejaculate inside them, so that the girl should understand that indeed I am a man and avoid underrating [ridiculing] me.’⁵¹¹ The preference for sex without condom amongst men is evident in reports that many men will pay more for sex with sex workers who do not use condoms.⁵¹² The Head of the Seventh Day Adventist Church reflects on an encounter with a sex worker

⁵⁰⁷ Kaler, A. (2003) “‘My girlfriends could fill a Yanu-Yanu bus’: Rural Malawian men’s own claims about their sero-status’, *Demographic Research*, Special Collection 1:11, pp.349-372, p.362; Lwanda (2005) pp.116-7

⁵⁰⁸ Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi; Banda (2005) p.183; Muula and Mfutso-Bengo (2004) p.486

⁵⁰⁹ Namangal, F. (09/09/2004) ‘Manyuchi Stirs Controversy’, *The Daily Times*

⁵¹⁰ IPPF, UNFPA and The Global Coalition on Women and AIDS (2006) ‘Report card: HIV prevention for girls and young women’, IPPF, UNFPA and The Global Coalition on Women and AIDS: Lilongwe, Malawi, p.3

p.5; Kaler, A. (2002) ‘AIDS talk in everyday life: HIV/AIDS in men’s informal conversation in southern Malawi 1999-2002’, Paper presented at the meetings of Canadian Population Society, Toronto July 2002 cited in Kaler (2003) p.355

⁵¹¹ Kaler (2003) p.355

⁵¹² Programme Officer - HIV/AIDS, United Nations Population Fund (UNFPA) (19/07/07) Ryall’s Hotel Conference Centre: Blantyre, Malawi; Programme Assistant, Family Planning Association of Malawi (17/07/07) Offices of the Family Planning Association of Malawi: Lilongwe, Malawi; Acting Programmes Manager, The Malawi Network of People Living with HIV (MANET Plus) (24/07/07) Offices of MANET-Plus: Lilongwe, Malawi; Head of the Home Based Care Unit, Roman Catholic Church (20/07/07) Offices of the Roman Catholic Church: Limbe: Malawi. Rankin, S.H., Lindgren, T., Rankin, W.W. and Ng’Oma, J. (2005) ‘Donkey work: Women, religion, and HIV/AIDS in Malawi’, *Health Care for Women International*, 26:1, pp.4-16, p.12; Forster, P.G. (2000) ‘Prostitution in Malawi and the HIV/AIDS risk’, *Nordic Journal of African Studies*, 9:1, pp.1-19, p.7

who reported that although she encourages her clients to use condoms, where men offer more money for sex without condoms she accepts because of her situation of poverty.⁵¹³

3.3 Women have a subordinate position

Women are not in a position to negotiate for safer sex because of their subordinate position in general, and in their sexual relationships specifically.⁵¹⁴ This is rooted in gendered structures whereby the productive role of men is more highly valued than the reproductive role of women, as explored in depth in chapter one. Women are socially conditioned throughout their lives to be submissive to men, especially to their husbands, and this is particularly entrenched in the rural areas.⁵¹⁵ They are taught to be obedient to men including their father, uncle, husband, brother or guardian, through their experience of how other

⁵¹³ Head of the Seventh Day Adventist Church, Seventh Day Adventist Church (24/07/07) Offices of the Seventh Day Adventist Church: Lilongwe, Malawi

⁵¹⁴ For the situation in general see Holland, J., Ramazanoglu, C., Scott S., Sharpe, S. and Thompson, R. (1992) 'Pressure, resistance, empowerment: Young women and the negotiation of safer sex' in Aggleton P., Davies, P. and Hart, G. (eds.) *AIDS: Rights, risk and reason*, Falmer: London, pp.142-162, p.142

⁵¹⁵ Programme Manager - Gender, Canadian International Development Agency (CIDA) (27/07/07) Offices of CIDA: Lilongwe, Malawi; Head of the Home Based Care Unit, Roman Catholic Church (20/07/07) Offices of the Roman Catholic Church: Limbe: Malawi; Program Officer, National Initiative for Civic Education (NICE) (16/07/07) Offices of NICE: Lilongwe, Malawi; Advocacy Officer, National Association for People Living with HIV and AIDS (NAPHAM) (12/07/07) Offices of NAPHAM: Lilongwe, Malawi; Programme Assistant, Family Planning Association of Malawi (17/07/07) Offices of the Family Planning Association of Malawi: Lilongwe, Malawi; Principle Documentation Officer, Ombudsman (23/07/07) Offices of the Ombudsman: Lilongwe, Malawi; Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi; Chairperson, Women's Coalition (17/07/07) Offices of Action Aid: Lilongwe, Malawi; Strategic Manager - Youth Alert Programme, Population Services International (PSI) (20/07/07) Offices of PSI Malawi: Blantyre, Malawi Acting Programmes Manager, The Malawi Network of People Living with HIV (MANET Plus) (24/07/07) Offices of MANET-Plus: Lilongwe, Malawi; Luciano, E. (13-19/05/2006) 'Stalemate on preventing domestic violence', *Malawi News*, , p.4; This is supported in the grassroots interviews conducted by Mbweza, E., Norr, K.F. and McElmurry, B. (2008) 'Couple decision making and the use of cultural scripts in Malawi', *Journal of Nursing Scholarship*, 40:1, pp.12-19, p.16. Phiri (1997); Lwanda (2005) p.89; Munthali, A.C., Chimbiri, A. and Zulu, E. (2004) 'Adolescent sexual and reproductive health in Malawi: A synthesis of the research evidence', *The Alan Guttmacher Institute Occasional Report No.15*, p.4

women behave.⁵¹⁶ They grow up ‘seeing their mother just saying yes to their father’, ‘thinking that a woman must listen to a man’ and ‘with the mentality that a man is more powerful than a woman.’⁵¹⁷ In society more generally, men tend to be the ones in leadership positions. A Programme Officer at the ‘National Initiative for Civic Education’ (NICE) suggests that this creates the impressions that ‘women always have to be submissive and they cannot project their own views.’⁵¹⁸ The subordination of women is normalised during initiation trainings and within schools.⁵¹⁹ For example in the southern region the *chilangizo* initiation ceremony for girls who are nearly getting married ‘revolves around the submission of the wife in the family’.⁵²⁰ Schools perpetuate the marginalised status of women through gender stereotyping within teaching and learning materials, and the way teachers and pupils interact.⁵²¹ School textbooks for example, present a distorted representation that enhances the positive male image and negative female image. As the Programme Officer for ‘The Joint United Nations Programme on HIV/AIDS’ (UNAIDS) questions, ‘if you look at a book, how is a girl depicted in the story: Is she seen as a mother, is she seen as a wife, or is she seen as somebody who can contribute to society, someone who has got brains to do something, be a doctor, be a nurse, be a pilot, be a lawyer?’⁵²²

⁵¹⁶ NAC (2003) p.17. See also Government of Malawi (2003) ‘National HIV/AIDS Policy’, 5.2.1

⁵¹⁷ Programme Manager - Gender, Canadian International Development Agency (CIDA) (27/07/07) Offices of CIDA: Lilongwe, Malawi; Programme Officer, The Joint United Nations Programme on HIV/AIDS (UNAIDS) (25/07/07) Offices of UNAIDS: Lilongwe, Malawi; Strategic Manager - Youth Alert Programme, Population Services International (PSI) (20/07/07) Offices of PSI Malawi: Blantyre, Malawi; Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi; Representatives of the HIV/AIDS Section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi

⁵¹⁸ Program Officer, National Initiative for Civic Education (NICE) (16/07/07) Offices of NICE: Lilongwe, Malawi. Also Programme Manager - Gender, Canadian International Development Agency (CIDA) (27/07/07) Offices of CIDA: Lilongwe, Malawi

⁵¹⁹ Strategic Manager - Youth Alert Programme, Population Services International (PSI) (20/07/07) Offices of PSI Malawi: Blantyre, Malawi

⁵²⁰ Fielder, R.N. (2005) pp.15

⁵²¹ Kachiwanda, S. (Unpublished) ‘Gender disparity in the acquisition of literacy in Sub-Saharan Africa: the case of Malawi’, Centre for Language Studies, University of Malawi: Zomba, Malawi, p.11

⁵²² Programme Officer, The Joint United Nations Programme on HIV/AIDS (UNAIDS) (25/07/07) Offices of UNAIDS: Lilongwe, Malawi

The subordinate status of women is especially evident in the north where there is a patrilineal system of inheritance. The wife moves to husband's village and the husband's family pays a *lobola* (or dowry) for the wife.⁵²³ The husband and his family therefore have ultimate control of the wife's reproductive and productive labour. As the Principle Documentation Officer at the Ombudsman's Office expresses:

[The payment of the *Lobola*] binds them and they have no rights whatsoever, it is like they... are being bought, to say "no, if we have paid this then you are ours and you will go by what we are going to say. You don't have to do what you want. You will do what we want because we have bought you."⁵²⁴

In some areas where the *lobola* is paid, 'wife inheritance' occurs and the husband inherits his wife's younger sister when his wife dies.⁵²⁵ There are also incidences of 'wife swapping' (*chidirani*) identified in 'The National HIV/AIDS Policy' and as the Strategic manager of the

⁵²³ National Coordinator, The Malawi Network of Religious Leaders Living with HIV and AIDS (MANERELA) (26/07/07) Offices of MANERELA: Lilongwe, Malawi; Principle Documentation Officer, Ombudsman (23/07/07) Offices of the Ombudsman: Lilongwe, Malawi; Head, Society for the Advancement of Women (SAW) (11/07/07) Offices of SAW: Lilongwe, Malawi; Programme manager, Story Workshop (18/07/07) Offices of the Story Workshop: Blantyre, Malawi Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi

⁵²⁴ Principle Documentation Officer, Ombudsman (23/07/07) Offices of the Ombudsman: Lilongwe, Malawi's Office. This was also reported by Programme manager, Story Workshop (18/07/07) Offices of the Story Workshop: Blantyre, Malawi

⁵²⁵ Programme Officer – HIV/AIDS, United Nations World Food Programme (WFP) (23/07/09) Offices of WFP: Lilongwe, Malawi; Programme Officer, The Joint United Nations Programme on HIV/AIDS (UNAIDS) (25/07/07) Offices of UNAIDS: Lilongwe, Malawi; Behaviour Surveillance Research Coordinator, Family Health International (FHI) (26/07/07) Offices of FHI: Lilongwe, Malawi; Head of Policy Support and Development, National AIDS Commission (NAC) (24/07/07) Offices of NAC: Lilongwe, Malawi; Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi; Programme Officer - HIV/AIDS, United Nations Population Fund (UNFPA) (19/07/07) Ryall's Hotel Conference Centre: Blantyre, Malawi; Strategic Manager - Youth Alert Programme, Population Services International (PSI) (20/07/07) Offices of PSI Malawi: Blantyre, Malawi; Head of Assemblies of God Relief and Development Services (AGREDS), Assemblies of God Church (12/07/07) Offices of the Assemblies of God Church: Lilongwe, Malawi

PSI 'Youth Alert!' Programme considers, the women cannot say no because it is the men who have decided.⁵²⁶

The subordinate position of women in their relationships is exacerbated by the tendency for young girls to marry older men, explored in depth in chapter 5, because of the intersection of age and gender hierarchy. As the Population and Health Specialist at the World Bank suggests young girls will not necessarily know what to negotiate and it is likely the man will already work whilst they will not.⁵²⁷

Men are the heads of the family and their dominant position means that they tend to wield greater powers in the family with respect to decision-making on a whole range of issues. In stark contrast, women are considered to be 'the mother of the home' and prevail in decision makings on domestic chores because of cultural gender-based scripts that 'the woman knows the needs of the home'.⁵²⁸ This is supported by the Malawi Demographic and Health Survey (2004), which reveals that 'for 65 percent or more of married women their husbands make decisions for their wives' healthcare, and large and daily household purchases... The only one of these decisions that a majority of women make on their own is the type of food to cook daily.'⁵²⁹ Women tend to be marginalised from key aspects of decision making and are considered to be the decision takers rather than the decision makers.⁵³⁰ The Head of The Society for the Advancement of Women explains that the

⁵²⁶ Strategic Manager - Youth Alert Programme, Population Services International (PSI) (20/07/07) Offices of PSI Malawi: Blantyre, Malawi. The practice is also identified in the Government of Malawi (2003) 'National HIV/AIDS Policy', 6.1.1

⁵²⁷ Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi

⁵²⁸ Head of Policy Support and Development, National AIDS Commission (NAC) (24/07/07) Offices of NAC: Lilongwe, Malawi; Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi; Programme Officer – HIV/AIDS, United Nations World Food Programme (WFP) (23/07/09) Offices of WFP: Lilongwe, Malawi; Programme Officer, The Joint United Nations Programme on HIV/AIDS (UNAIDS) (25/07/07) Offices of UNAIDS: Lilongwe, Malawi; Mbweza *et al* (2008) p.16

⁵²⁹ National Statistics Office (NSO) [Malawi] and ORC Macro (2005) 'Malawi Demographic and Health Survey (MDHS) 2004', NSO and ORC Macro; Calverton, Maryland, p.44

⁵³⁰ Director of Planning, Research and Evaluation, Department of HIV, AIDS and Nutrition within the Office of the President and Cabinet (OPC) (25/07/07) Offices of the Department of HIV, AIDS and Nutrition: Lilongwe, Malawi; National Coordinator, The Malawi Network of Religious Leaders Living with HIV and AIDS (MANERELA) (26/07/07) Offices of MANERELA: Lilongwe, Malawi; Head, Society for the Advancement

gendered structures mean that ‘that women have less power, they are not capable, they cannot think for themselves, somebody has to think for them so this now is why women are vulnerable even to HIV.’⁵³¹

The lack of decision-making power that women have more generally has important ramifications for their lack of power to negotiate for safer sex.⁵³² The tendency is for men to dominate in decisions about the couple’s sexual reproductive health, including whether to use contraception and the number and spacing of children.⁵³³ The majority of women lack the necessary power to assert their own needs and desires, even though many of these issues more directly affect women than men.⁵³⁴ According to the MDHS (2004) only 23.6 percent

of Women (SAW) (11/07/07) Offices of SAW: Lilongwe, Malawi; Acting Programmes Manager, The Malawi Network of People Living with HIV (MANET Plus) (24/07/07) Offices of MANET-Plus: Lilongwe, Malawi; Head of Policy Support and Development, National AIDS Commission (NAC) (24/07/07) Offices of NAC: Lilongwe, Malawi; Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi; Programme Officer – HIV/AIDS, United Nations World Food Programme (WFP) (23/07/09) Offices of WFP: Lilongwe, Malawi; Programme Officer, The Joint United Nations Programme on HIV/AIDS (UNAIDS) (25/07/07) Offices of UNAIDS: Lilongwe, Malawi; Representatives of the HIV/AIDS Section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi; Programme Officer – Reproductive Health and HIV/AIDS, United Nations Children’s Fund (UNICEF) (19/07/07) Ryall’s Hotel Conference Centre: Blantyre, Malawi

⁵³¹ Head, Society for the Advancement of Women (SAW) (11/07/07) Offices of SAW: Lilongwe, Malawi

⁵³² Representatives of the HIV/AIDS Section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi. Luciano, E. (13-19/05/2006) p.4. For the situation in general see Holland et al (1992) p.142

⁵³³ Head of the Home Based Care Unit, Roman Catholic Church (20/07/07) Offices of the Roman Catholic Church: Limbe: Malawi

⁵³⁴ National Coordinator, The Malawi Network of Religious Leaders Living with HIV and AIDS (MANERELA) (26/07/07) Offices of MANERELA: Lilongwe, Malawi; Program Officer, National Initiative for Civic Education (NICE) (16/07/07) Offices of NICE: Lilongwe, Malawi; Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi; HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi; Director of Planning, Research and Evaluation, Department of HIV, AIDS and Nutrition within the Office of the President and Cabinet (OPC) (25/07/07) Offices of the Department of HIV, AIDS and Nutrition: Lilongwe, Malawi; Programme Officer – HIV/AIDS, United Nations World Food Programme (WFP) (23/07/09) Offices of WFP: Lilongwe, Malawi; Programme Officer, The Joint United Nations Programme on HIV/AIDS (UNAIDS) (25/07/07) Offices of UNAIDS: Lilongwe, Malawi; Government of Malawi (2005) ‘The Women, Girls and HIV/AIDS Program and

of women who lack decision-making capabilities in their relationship (who do not have the final say on any issues) use a modern method of contraception. In comparison 30.3 percent of women who have a greater level of decision-making power in the relationship (who have the final say in five decisions) are reported as using a modern method of contraception.⁵³⁵ As the Programme Officer for UNAIDS reports 'If my husband says "I want to have kids" and I am not ready to have kids, I will be forced to have kids.'⁵³⁶ Gender-based cultural scripts justify why men prevail in decisions concerning sexual relations and these include: that 'men naturally have greater sexual desires than women'; 'men propose to women'; and, 'the husband has the power'. Women also mentioned that 'the woman has to obey when the man wants sex' and that 'a wife who initiates sex is looked upon as a prostitute'.⁵³⁷ Women cannot protect themselves from HIV infection when they are not in a position to negotiate the terms of their sexual encounters.⁵³⁸ The Strategic Manager of the 'Youth Alert!' Programme reports that: 'Most of the time the decision to indulge in a sexual activity is [made] by the man'.⁵³⁹ As a result the most popular family planning method in Malawi is the injectable because women can use it covertly. As the Product Manager for HIV Prevention at PSI-

National Plan of Action', Government of Malawi: Lilongwe, Malawi, 3.1.1; CILIC (June 2007) 'Program study final report', CILIC: Blantyre, Lilongwe, p.6. Similarly in research on Zimbabwe it is argued that 'some studies show that men believe that they should be in control of whether and when a couple uses contraceptives.' - Mbizvo, M.T. and Adamchak, D.J. (1991) Family planning knowledge, attitudes, and practices of men in Zimbabwe, *Studies in Family Planning*, 22(1): 31-38; Mustafa MA and Mumford SD, Male attitudes towards family planning in Khartoum, *Journal of Biosocial Science*, 1984, 16(4): 437-450. For the situation in developing countries more generally see Bankole, A. and Singh, S. (1998) 'Couples' fertility and contraceptive decision-making in developing countries: Hearing a man's voice', *International Family Planning Perspectives*, 24:1, pp.15-24, pp.15,22. For the situation in general see Wingood, G.M. and DiClemente, R.J. (2000) 'Application of the theory of gender and power to examine HIV-related exposures, risk factors, and effective interventions for women', *Health Education and Behaviour*, 27:5, pp.539-565, p.540

⁵³⁵ NSO and ORC Macro (2005) p.78. These findings are consistent with research on power and HIV in South Africa - Thomas, J. (2005) 'Women's lack of control in relationships may lead to inconsistent condom use', *International Family Planning Perspectives*, 31:1 March, p.45; MacLean, R. (2004) 'Partner violence elevates the risk of HIV infection for South African women', *International Family Planning Perspectives*, 30:3, pp.148-9, p.148

⁵³⁶ Programme Officer, The Joint United Nations Programme on HIV/AIDS (UNAIDS) (25/07/07) Offices of UNAIDS: Lilongwe, Malawi

⁵³⁷ Mbweza et al (2008) p.16

⁵³⁸ Doyal (1994) p.14

⁵³⁹ Strategic Manager - Youth Alert Programme, Population Services International (PSI) (20/07/07) Offices of PSI Malawi: Blantyre, Malawi

Malawi explains ‘the majority of men do not support this idea of family planning so it easy for the woman to go to the clinic to get injected and then the man doesn’t know.’⁵⁴⁰

Despite the lack of decision making power that women have in their sexual relationships, the focus of family planning programmes is on women to be the ones to initiate contraceptive use. The success that women have depends on how responsive their male partners are.⁵⁴¹ Research for the case in general shows a strong association between spousal communication and contraceptive use, including condoms.⁵⁴² However, in Malawi there is a lack of discussion between partners about contraceptives. The Malawi Demographic and Health Survey (2004) reveals that 27.5 percent of currently married women with knowledge of a contraceptive method had never discussed family planning in the past year.⁵⁴³ A major obstacle to negotiating sex between partners is the deep-rooted division between men and women across society and throughout their lives. There is a culturally normalised distance between men and women, which acts as a barrier to communication: they rarely shake hands and at social functions, including funerals for example, they sit on different sides. As is the situation in general, masculinity is socially constructed to be associated with appearances of power, which inhibits the scope for men to discuss sexual matters with their partner and health service workers: men want to appear strong, confident and self-reliant’.⁵⁴⁴ As a result, men may not seek treatment for STIs including HIV/AIDS and this can put their partner at risk.

Reproductive health programs typically exclude men in the case in general.⁵⁴⁵ In Malawi, there are few services that specifically target men, and few programmes that build their social skills and gender sensitivity.⁵⁴⁶ Health clinics are considered to be places where

⁵⁴⁰ Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi

⁵⁴¹ Principle Documentation Officer, Ombudsman (23/07/07) Offices of the Ombudsman: Lilongwe, Malawi’s Office. For the situation in general see Bankole and Singh (1998) p.22

⁵⁴² See Zulu and Chepngeno (2003) p.248. Thomas (2005) p.45

⁵⁴³ NSO and ORC Macro (2005) p.91

⁵⁴⁴ Blanc (2001) p.199; Molefhi (2008); Agadjanian, V. (2002) ‘Men talk about “women’s matters”’: Gender, communication, and contraception in urban Mozambique’, *Gender and Society*, 16:2, pp.194-215, p.195

⁵⁴⁵ Blanc (2001) pp.189-213

⁵⁴⁶ IPPF *et al* (2006) p.4

women go and as a result men are hesitant to use them.⁵⁴⁷ The emphasis in campaigns is often on women to initiate safer sex, presenting them as the ‘moral guardians’ responsible for controlling their own and their partner’s behaviour’,⁵⁴⁸ and this absolves men of direct responsibility for family planning.⁵⁴⁹ This is not ‘family planning’, but ‘individual planning’ because it only involves one partner. It undermines male control of female reproductive health and sexuality and can leave them suspicious of reproductive health services.⁵⁵⁰ Women do not have the power to negotiate the terms of their sexual encounters or educate their partners based on the information they receive because they are in a subordinate position.⁵⁵¹ The Principle Documentation Officer at the Ombudsman’s Office explains for example how staff at the office were being taught about HIV/AIDS. The representative reports that for some of the women they could not go home and explain to their husbands that they should use of condoms during sex, because their husbands would just say do ‘you think you are more knowledgeable than I?’ As a result these women ‘continue suffering even though they know the dos and don’ts.’⁵⁵² In addition, men become suspicious of covert use of contraceptives by women and fear the loss of control over decisions to use them. However, there is potential for including men in sexual reproductive health programmes and services in Malawi. The importance of including men is recognised and is gradually being addressed, for example through getting couples to visit antenatal clinics together.⁵⁵³

It is important to challenge the gender ideologies that mean that men control the couple’s sexual reproductive health. Women need greater control of their own bodies and

⁵⁴⁷ Executive Director, Malawi AIDS Counselling and Resource Organisation (MACRO) (25/07/07) Offices of MACRO: Lilongwe, Malawi

⁵⁴⁸ Doyal (1994) p.19

⁵⁴⁹ Blanc (2001) p169

⁵⁵⁰ Bankole and Singh (1998) p.15

⁵⁵¹ Strategic Manager - Youth Alert Programme, Population Services International (PSI) (20/07/07) Offices of PSI Malawi: Blantyre, Malawi

⁵⁵² Principle Documentation Officer, Ombudsman (23/07/07) Offices of the Ombudsman: Lilongwe, Malawi’s Office

⁵⁵³ Programme Officer – HIV/AIDS, United Nations World Food Programme (WFP) (23/07/09) Offices of WFP: Lilongwe, Malawi; FHI (2004). For the situation in general see Becher, S. (1996) ‘Couples and reproductive health: A review of couple studies’, *Studies in Family Planning*, 27:6, pp.291-306

sexuality, including through more women-controlled barriers to infection.⁵⁵⁴ Currently male condoms are the most available barrier against HIV infection and this exacerbates the man's control over sexual reproductive health of the couple.⁵⁵⁵ As the Director of Planning, Research and Evaluation at the Department for Nutrition, HIV and AIDS reflects 'It's the man who uses [them], if the man wants to have protected sex then it is all up to the man, so then the woman is just on the receiving end.'⁵⁵⁶ This is supported by research from Population Services International (PSI) Malawi in 2006, which reveals that 'males are overwhelmingly likely to be the ones to suggest condom use and buy and carry a condom' because it is a male product socially marketed at sexually active men who have a disposal income to spend on them.⁵⁵⁷ Women, especially poor rural women, cannot afford to purchase condoms.⁵⁵⁸ PSI/Malawi for example reports that 'males are willing to pay an average maximum price of MK16.56 for a three-pack of *Chisango* condoms, and females, MK11.79.'⁵⁵⁹ As a result, where condoms are controlled by men, women only have very limited powers for negotiating safer sex: they can either try to persuade their husbands to use condoms or refuse sex. However, as Kelly argues for the situation in general, 'both of these actions may be difficult, especially for women in psychologically dependent, economically dependent, or power-imbalanced relationships with coercive men.'⁵⁶⁰

There have been important advances in HIV prevention technologies including the female condom and microbicides, which have the potential to empower women to have

⁵⁵⁴ Economic Commission for Africa (CHGA) (2004) 'Impact of HIV/AIDS on Gender, Orphans and Vulnerable Children', *Discussion Outcomes of CHGA Interactive Cameroon*, p.8 www.uneca.org/chga/cameroon_orphans.pdf

⁵⁵⁵ Kelly, J.A. (1995) 'Advances in HIV/AIDS education and prevention', *Family Relations*, 44:4, pp.345-352, p.346

⁵⁵⁶ Director of Planning, Research and Evaluation, Department of HIV, AIDS and Nutrition within the Office of the President and Cabinet (OPC) (25/07/07) Offices of the Department of HIV, AIDS and Nutrition: Lilongwe, Malawi; Programme Officer - HIV/AIDS, United Nations Population Fund (UNFPA) (19/07/07) Ryall's Hotel Conference Centre: Blantyre, Malawi; Programme Officer - HIV/AIDS, United Nations World Food Programme (WFP) (23/07/09) Offices of WFP: Lilongwe, Malawi

⁵⁵⁷ See Population Services International (PSI)/Malawi (2006) 'PSI/Malawi project TraC - HIV/AIDS prevention', PSI/Malawi: Blantyre, Malawi, p.3

⁵⁵⁸ Marcus, R. (1993) 'Gender and HIV/AIDS in Sub-Saharan Africa: The cases of Uganda and Malawi', Institute of Development Studies: Brighton, p.24

⁵⁵⁹ PSI/Malawi (2006) p.12

⁵⁶⁰ Kelly (1995) p.346-7

greater control in their sexual relationships.⁵⁶¹ Women can control the use of the female condom because they are the ones that wear it. As the Executive Director of MACRO highlights, ‘it would give the power to the woman to say “if you don’t put on your own condom, I will put on my condom”’.⁵⁶² The female condom is promoted as being easy to use, discrete, that women can insert it in advance of sexual intercourse, it does not interrupt sexual activity and men may not know it is being used.⁵⁶³ The UNFPA Condom Programming Officer, who is responsible for promoting female condoms through the Ministry of Health Reproductive Health Unit, outlines that:

The woman actually has the possibility of wearing a female condom 8 hours before sexual intercourse. So even if the male counterpart is refusing to use a condom, what most women have done is just insert the female condom anyway and negotiate condom use much later on. And once it is well lubricated and there is no interruption in the sexual intercourse the men don’t have problems in using female condoms. Because they [women] can use it in advance, because they can make the decision on their own, they are more empowered in that sense.⁵⁶⁴

⁵⁶¹ The female condom was considered by Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi; Programme Officer, The Joint United Nations Programme on HIV/AIDS (UNAIDS) (25/07/07) Offices of UNAIDS: Lilongwe, Malawi; Programme Officer - HIV/AIDS, United Nations Population Fund (UNFPA) (19/07/07) Ryall’s Hotel Conference Centre: Blantyre, Malawi. For consideration of microbicides see Chikoko, R. (22-28/07/06) ‘Over 100 women in an anti-AIDS research trial’, *Malawi News*, p.3

⁵⁶² Executive Director, Malawi AIDS Counselling and Resource Organisation (MACRO) (25/07/07) Offices of MACRO: Lilongwe, Malawi; Programme Officer - HIV/AIDS, United Nations Population Fund (UNFPA) (19/07/07) Ryall’s Hotel Conference Centre: Blantyre, Malawi; Program Officer, National Initiative for Civic Education (NICE) (16/07/07) Offices of NICE: Lilongwe, Malawi; Condom Programming Officer, United Nations Population Fund (UNFPA) (24/07/07) Offices of the Reproductive Health Unit: Lilongwe, Malawi

⁵⁶³ Programme Officer, The Joint United Nations Programme on HIV/AIDS (UNAIDS) (25/07/07) Offices of UNAIDS: Lilongwe, Malawi; Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi

⁵⁶⁴ Condom Programming Officer, United Nations Population Fund (UNFPA) (24/07/07) Offices of the Reproductive Health Unit: Lilongwe, Malawi

Since 1997 female condoms have become more widely available globally however they are still too expensive and in short supply. In Malawi, there is only very limited knowledge and awareness of the female condom. The Malawi Demographic and Health Survey (2004) reports that knowledge of the male condom is 89.9 percent for women and 95.8 percent for men, whilst knowledge of the female condom is comparatively very low at 53.6 percent for women and 56.4 percent for men.⁵⁶⁵ The female condom went into a piloting phase in 2007 and according to UNFPA Condom Programming Officer and HIV/AIDS Programme Officer there has been a positive response from both women and men. They report that more women coming to get the female condom from the organisation piloting them, women prefer the female condom to the male condom and men ‘want to have sex with women who are female condoms because a man does not have to put on a condom.’⁵⁶⁶ However, there is other evidence that suggests that female condoms have not been readily received, including reports that: women have experienced difficulty using the female condoms, women fear that it will disappear in the vagina, there is stigma associated with women accessing the condoms, men object to them and the size of the condom.⁵⁶⁷ The Product Manager for HIV Prevention at PSI-Malawi reports, ‘people get shocked when they see it, they say “oh wow, this is huge” and some people say it makes noise’.⁵⁶⁸ Moreover, there persists a negative social attitude towards condoms in general and especially female condoms. They are viewed as ‘unnatural’ and taboo even in HIV-positive families.⁵⁶⁹

⁵⁶⁵ NSO and ORC Macro (2005) p.70-1

⁵⁶⁶ Condom Programming Officer, United Nations Population Fund (UNFPA) (24/07/07) Offices of the Reproductive Health Unit: Lilongwe, Malawi; Programme Officer - HIV/AIDS, United Nations Population Fund (UNFPA) (19/07/07) Ryall’s Hotel Conference Centre: Blantyre, Malawi

⁵⁶⁷ Programme Officer, The Joint United Nations Programme on HIV/AIDS (UNAIDS) (25/07/07) Offices of UNAIDS: Lilongwe, Malawi; Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi; Tinker A., Finn, K. and Epp, J. (2000) ‘Improving women’s health: Issues and interventions’, *Health, Nutrition and Population (HNP) Discussion Paper*, World Bank: Washington D.C., p.17-8. For the situation amongst African American women see Eldridge, G.D., St Lawrence, J.S., Little, C.E., Shelby, M.C., Brasfield, T.L. (1995) ‘Barriers to condom use and barrier method preferences among low-income African-American women’, *Women’s Health*, 23:1, pp.3-89, p.3

⁵⁶⁸ Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi

⁵⁶⁹ UNDP Malawi (2003) ‘Malawi Millennium Development Goals Report’, UNDP Malawi: Lilongwe, Malawi, p.18

Despite these negative reactions there are fewer barriers to the female condom as a result of the lessons learnt from the previous social marketing of the male condom.⁵⁷⁰ The Product Manager for HIV Prevention at PSI-Malawi explains that when the social marketing of the female condom begins ‘we should find a better environment than maybe we had when we just started with the male condoms. People are generally more receptive to the whole idea of condoms.’⁵⁷¹ To overcome the stigma against women accessing condoms, the intention is to emulate the successful programs in Zimbabwe and Zambia where condoms were distributed through hair salons.⁵⁷² There is also the considerable barrier of affordability to overcome because the female condom three to four times more expensive than male condom.⁵⁷³ The Product Manager for HIV Prevention at PSI-Malawi explains that ‘the donors find it easier to support a male condoms program because they buy them at a cheaper price than they do for the female condoms.’⁵⁷⁴

Development is also underway of female microbicides: gels, creams, films, or suppositories that can be applied inside the vagina or rectum to protect against Sexually Transmitted Infections including HIV.⁵⁷⁵ Research trials have been conducted in Malawi by the John Hopkins Project program since 2005 and over a hundred women were using them by July 2006.⁵⁷⁶ However, microbicides are still only in the research phase, and at present, an effective microbicide is not available.⁵⁷⁷ As the Condom Programming Officer at UNFPA explains, there are problems that would arise concerning who would distribute and fund

⁵⁷⁰ Condom Programming Officer, United Nations Population Fund (UNFPA) (24/07/07) Offices of the Reproductive Health Unit: Lilongwe, Malawi

⁵⁷¹ Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi

⁵⁷² A representative from the ‘Chisango’ program at PSI; Condom Programming Officer, United Nations Population Fund (UNFPA) (24/07/07) Offices of the Reproductive Health Unit: Lilongwe, Malawi

⁵⁷³ Program Officer, National Initiative for Civic Education (NICE) (16/07/07) Offices of NICE: Lilongwe, Malawi Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi and Programme Officer, The Joint United Nations Programme on HIV/AIDS (UNAIDS) (25/07/07) Offices of UNAIDS: Lilongwe, Malawi

⁵⁷⁴ Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi

⁵⁷⁵ Tinker *et al* (2000) p.17-8

⁵⁷⁶ Chikoko (22-28/07/06) p.3

⁵⁷⁷ UNAIDS (2004) pp.13, 22

microbicides.⁵⁷⁸ Microbicides are also potentially problematic because of the belief that ‘dry sex’ is more pleasurable, as explored in chapter five. However, it is suggested that if the microbicides can be mixed with the drying agents then their use can be consistent with cultural sexual practices.⁵⁷⁹

3.4 Women have a gender-based role to engage in cultural sexual rituals

Women have a gender-based reproductive role to engage in cultural sexual rituals, which keeps safer sex off the agenda. The National HIV/AIDS Policy draws attention to some of the customary sexual practices that are identified as increasing the risk to women of HIV infection:

widow- and widower- inheritance (*chokolo*), death cleansing (*kupita kufa*), forced sex for young girls coming of age (*fisi*), newborn cleansing (*kutenga mwana*), circumcision (*jando* or *mdulidwe*), ablution of dead bodies, consensual adultery for childless couples (*fisi*), wife and husband exchange (*chimwanamaye*) and temporary husband replacement (*mbulo*).⁵⁸⁰

It is recognised that these practices lead to the ‘sexual exploitation of women’ and can expose them to HIV infection.⁵⁸¹ In particular, the Policy highlights the risk to women from the practice of ‘widow cleansing’ (*Kulowakufa*), where the woman must have sex to appease the dead husband’s spirits and this often with a hired “death cleanser”.⁵⁸² As the National HIV/AIDS Policy considers:

⁵⁷⁸ Condom Programming Officer, United Nations Population Fund (UNFPA) (24/07/07) Offices of the Reproductive Health Unit: Lilongwe, Malawi

⁵⁷⁹ Zierler, S. (1994) ‘Women, sex and HIV’, *Epidemiology*, 5:6, pp.565-7, p.566

⁵⁸⁰ Government of Malawi (2003) ‘National HIV/AIDS Policy’, 6.1.1

⁵⁸¹ Government of Malawi (2005) ‘The Women, Girls and HIV/AIDS’ 3.1.1

⁵⁸² Gender Network National Coordinator, Action Aid (17/07/07) Offices of Action Aid: Lilongwe, Malawi; Head of Policy Support and Development, National AIDS Commission (NAC) (24/07/07) Offices of NAC: Lilongwe, Malawi; Head of the Home Based Care Unit, Roman Catholic Church (20/07/07) Offices of the Roman Catholic Church: Limbe: Malawi; Acting Programmes Manager, The Malawi Network of People Living with HIV (MANET Plus) (24/07/07) Offices of MANET-Plus: Lilongwe, Malawi; Advocacy Officer, National Association for People Living with HIV and AIDS (NAPHAM) (12/07/07) Offices of

All those who lose their spouse, but particularly women, are vulnerable to exploitation at their time of greatest grief. At this time, they often forget their rights, if they were already aware of them. Culturally, they may be expected to perform ceremonies which expose themselves or others to HIV/AIDS.⁵⁸³

This practice can expose women to HIV infection because, as the Technical Advisor to the 'Women, Girls and HIV/AIDS – Programme and Plan of Action' explains, 'you do not know this hired man how many other women he has had sex with and whether he is positive or not... If the man has HIV it will mean that it will go round and round and round in the community.'⁵⁸⁴ The interviews also revealed other cultural sexual practices that put women at risk. The Technical Advisor to the 'Women, Girls and HIV/AIDS – Programme and Plan of Action' notes the practice of 'The blanket of the chief', whereby a young virgin is identified by the chief to sleep with a visiting chief as a symbol of the highest respect.⁵⁸⁵ The Gender Programme Manager at the Canadian International Development Association (CIDA)

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⁵⁸³ Government of Malawi (2003) 'National HIV/AIDS Policy', 5.4.1

⁵⁸⁴ Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi

⁵⁸⁵ Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi

identifies that in the north, ‘when they are installing the chief, then all visiting chiefs or village heads are given rooms with middle-aged women or girls just to entertain them.’⁵⁸⁶

The majority of women cannot refuse to partake in these cultural sexual rituals because of culture and tradition.⁵⁸⁷ There are strong beliefs in witchcraft, and as a result, many women fear that if they refuse to participate then they might die, get sick, get very thin, develop sores all over their body, their legs might swell up or disaster is going to fall upon their whole family.⁵⁸⁸ Although women with greater levels of education may be able to refuse, as the Programme Officer at WFP reflects, it ‘depends on how learned one is, otherwise if they believe so much in their culture it is difficult to just change somebody overnight.’⁵⁸⁹ Moreover, where male ownership of women extends to the case in general, women do not have the power to refuse them and the concept of ‘rape’ does not exist in the north and is only beginning to exist in the south.⁵⁹⁰ In addition, women are not in a position to use condoms during the sexual rituals because they require the exchange of sexual fluids. These are cultural, religious rituals and as the National Coordinator at the Malawi Network of Religious Leaders Living with HIV/AIDS (MANERELA) highlights, the use of condoms would be considered absurd.⁵⁹¹ Condoms would act as a barrier between the two bodies engaging in the ritual, which ‘dilutes the rite’ and ‘nullifies the whole purpose of that ceremony.’⁵⁹²

⁵⁸⁶ Programme Manager - Gender, Canadian International Development Agency (CIDA) (27/07/07) Offices of CIDA: Lilongwe, Malawi

⁵⁸⁷ Head of the Home Based Care Unit, Roman Catholic Church (20/07/07) Offices of the Roman Catholic Church: Limbe: Malawi

⁵⁸⁸ HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi; Advocacy Officer, National Association for People Living with HIV and AIDS (NAPHAM) (12/07/07) Offices of NAPHAM: Lilongwe, Malawi

⁵⁸⁹ Programme Officer – HIV/AIDS, United Nations World Food Programme (WFP) (23/07/09) Offices of WFP: Lilongwe, Malawi

⁵⁹⁰ Saur *et al* (2005) p.44

⁵⁹¹ National Coordinator, The Malawi Network of Religious Leaders Living with HIV and AIDS (MANERELA) (26/07/07) Offices of MANERELA: Lilongwe, Malawi

⁵⁹² Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi; National Coordinator, The Malawi Network of Religious Leaders Living with HIV and AIDS (MANERELA) (26/07/07) Offices of MANERELA: Lilongwe, Malawi; HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi;

The cultural sexual rituals are not openly condemned because of the perception that they are private family matters.⁵⁹³ As a result there is little legislation in place to address the harmful sexual practices.⁵⁹⁴ However, there have been Law Commission consultations on potential law reform. The Chief Law Reform Officer at the Law Commission reflects that a crucial part of the process is to ensure that the cultural practices do not lose their cultural value, whilst at the same time tackling those harmful elements that expose women and girls to HIV infection. The Chief Law Reform Officer explains that ‘we are trying to [establish a] balance and see what evil we can remove from the cultural practices and what we can retain.’⁵⁹⁵ There have also been sensitisation campaigns to combat the HIV risk involved, notably by the National AIDS Commission.⁵⁹⁶ Traditional leaders have been targeted because of their cultural influence in their respective Traditional Authorities (TAs) to bring about a change to attitudes from the top-down.⁵⁹⁷ This involves educating the traditional leaders about the basic facts on HIV and AIDS, and asking whether they believe aspects of certain cultural practices put women at risk of infection and should be abandoned.⁵⁹⁸ The HIV/AIDS Advisor at the Department for International Development (DFID) explains how the traditional leaders are being targeted, not necessarily to get them to abolish the practices completely but instead to adapt them, for example to get people to ‘bring a goat or pay the chief ‘x’ amount of money, instead of having this woman sleep with somebody she

Programme Manager - Gender, Canadian International Development Agency (CIDA)
(27/07/07) Offices of CIDA: Lilongwe, Malawi

⁵⁹³ Banda (2005) p.187

⁵⁹⁴ IPPF, UNFPA and The Global Coalition on Women and AIDS (2006) ‘Report card: HIV prevention for girls and young women’, IPPF, UNFPA and The Global Coalition on Women and AIDS: Lilongwe, Malawi, p.2

⁵⁹⁵ Chief Law Reform Officer, Law Commission (11/07/07) Offices of the Law Commission: Lilongwe, Malawi

⁵⁹⁶ Acting Programmes Manager, The Malawi Network of People Living with HIV (MANET Plus) (24/07/07) Offices of MANET-Plus: Lilongwe, Malawi; Government of Malawi (2003) ‘National HIV/AIDS Policy’, 6.1.2

⁵⁹⁷ Julius (07/2006); HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi

⁵⁹⁸ Head of Policy Support and Development, National AIDS Commission (NAC) (24/07/07) Offices of NAC: Lilongwe, Malawi; HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi; Julius (07/2006)

does not know.⁵⁹⁹ However, the extent to which this sensitisation has been effective is difficult to measure. There have been some reports of resistance to changing the cultural practices. A representative of the Public Affairs Committee suggested at the launch of a nationwide gender-based violence campaign in July 2006 that, although traditional leaders claim that the harmful practices have stopped, the evidence shows they persist.⁶⁰⁰ The Director of Planning, Research and Evaluation at the Department for Nutrition, HIV and AIDS explains for example that when they visit the villages some of the men who were ‘the hyena’ in these sexual practices have claimed that ‘yes I was the hyena and now I have stopped because now I know the dangers’. However, the Director reports that, ‘just before you leave... someone will come and whisper to you “these guys are lying, he is still doing this”’.⁶⁰¹ There are also reports that some communities are encouraging the use of condoms during sexual cultural practices, but it is widely suggested that they are not used.⁶⁰²

3.5 The gendered dimensions of the stigma surrounding sex, HIV/AIDS and condoms

Safer sex is not on the agenda for women because of the stigma surrounding issues of sex, HIV/AIDS and condoms. As a result, there is not the necessary language to educate women, and for them to have a voice to promote and defend their sexual rights.

In Malawi, as with the situation in general, sex is taboo and not discussed openly.⁶⁰³

⁵⁹⁹ HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi

⁶⁰⁰ Nyirenda, E. (11/07/06) ‘Let’s unite against violence’, *The Nation*

⁶⁰¹ Director of Planning, Research and Evaluation, Department of HIV, AIDS and Nutrition within the Office of the President and Cabinet (OPC) (25/07/07) Offices of the Department of HIV, AIDS and Nutrition: Lilongwe, Malawi; Programme manager, Story Workshop (18/07/07) Offices of the Story Workshop: Blantyre, Malawi

⁶⁰² Muula and Mfutso-Bengo (2004) p.48

⁶⁰³ National Coordinator, The Malawi Network of Religious Leaders Living with HIV and AIDS (MANERELA) (26/07/07) Offices of MANERELA: Lilongwe, Malawi, Director of Planning, Research and Evaluation, Department of HIV, AIDS and Nutrition within the Office of the President and Cabinet (OPC) (25/07/07) Offices of the Department of HIV, AIDS and Nutrition: Lilongwe, Malawi; Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi; Head of Policy Support and Development, National AIDS Commission

Under the rule of Banda, it was officially taboo to discuss sexual behaviour publicly.⁶⁰⁴ Within the Chichewa language there are only limited references to sexual relationships or behaviour and euphemisms are often used.⁶⁰⁵ Despite some evidence to suggest that people's attitudes are changing, taboos persist that act as barriers to educating people about HIV/AIDS.⁶⁰⁶ As the Head of Assemblies of God Relief and Development Services (AGREDS) explains the human body part, especially the sexual parts, is shrouded in secrecy and they cannot be talked about. This becomes problematic because as the Head of AGREDS explains, 'You cannot talk about HIV/AIDS without talking about that. We can not talk about STIs.' They reflect upon one occasion where they attended an STI training workshop and a video was shown, and 'you could see people shying off, not looking at the screen, things like that, because it was really showing how the STIs... have destroyed the sexual parts... But looking at what they were showing that eyyy, it was as if they stripped you naked or something like that.'⁶⁰⁷

There is a particular gender dimension to the stigma because the subject of sex is especially taboo for women, and culturally they should not be knowledgeable about sexual matters. As is the situation across developing countries, women cannot discuss sexual issues because it is considered inappropriate for women to discuss sex. It is reported that sex is rarely discussed openly between the husband and wife, and that often women can only use non-verbal communication to coax men into sex.⁶⁰⁸ Moreover, women cannot talk about issues of sex outside of their marriage, including issues surrounding their vulnerability to HIV infection. As the Programme Officer at UNAIDS explains:

[Malawian people] are reserved in certain matters, like sex is a non-starter for discussion with other people. So can you imagine every other time going to

(NAC) (24/07/07) Offices of NAC: Lilongwe, Malawi; Chairperson, Women's Coalition (17/07/07) Offices of Action Aid: Lilongwe, Malawi

⁶⁰⁴ Programme Officer – Reproductive Health and HIV/AIDS, United Nations Children's Fund (UNICEF) (19/07/07) Ryall's Hotel Conference Centre: Blantyre, Malawi. Mhone, C.S. (1996) 'Autocracy and AIDS: The post-Banda challenge. Country focus: Malawi', *AIDS analysis in Africa*, 6:5, p.16

⁶⁰⁵ Rankin et al (2005), p.11

⁶⁰⁶ CILIC (June 2007) p.7

⁶⁰⁷ Head of Assemblies of God Relief and Development Services (AGREDS), Assemblies of God Church (12/07/07) Offices of the Assemblies of God Church: Lilongwe, Malawi

⁶⁰⁸ Rankin et al (2005) p.11; Rivers et al (1998) p.280

this kind of set up and saying ‘oh my husband keeps on forcing me, he doesn’t want to use a condom’. You become shy you do not want people to get to know that private life and say ‘I will deal with it in my own house, even though he might end up killing me but I will deal with it in my house.’ So women suffer in silence.⁶⁰⁹

As the Director of Planning, Research and Evaluation at the Department for Nutrition, HIV and AIDS outlines, that ‘if the woman is fore frontal about sex then they [people] say “you are a prostitute”... so there is also cultural factors that prevent them from talking about sex openly.’⁶¹⁰ Women cannot negotiate for safer sex or defend and protect their sexual rights, if they do not have the appropriate language to do so.

In Malawi, as is the situation across Africa, HIV/AIDS and other STIs are surrounded in the stigma of sexual misconduct.⁶¹¹ When HIV/AIDS was first discovered in Malawi it was almost a blasphemy to talk about AIDS. The Chief of Health Services at the time, Heatherwick Ntaba, almost lost his job over a public education campaign on condoms.⁶¹² The initial discourse surrounding HIV/AIDS laid the blame on high-risk groups engaging in immoral sexual behaviour, because Banda chose to make a stance against Western “immorality and decadence”. Although officially AIDS was given the Chichewa

⁶⁰⁹ Programme Officer, The Joint United Nations Programme on HIV/AIDS (UNAIDS) (25/07/07) Offices of UNAIDS: Lilongwe, Malawi. Also reported by Gender Network National Coordinator, Action Aid (17/07/07) Offices of Action Aid: Lilongwe, Malawi and Chairperson, Women’s Coalition (17/07/07) Offices of Action Aid: Lilongwe, Malawi

⁶¹⁰ Director of Planning, Research and Evaluation, Department of HIV, AIDS and Nutrition within the Office of the President and Cabinet (OPC) (25/07/07) Offices of the Department of HIV, AIDS and Nutrition: Lilongwe, Malawi. Also Advocacy Officer, National Association for People Living with HIV and AIDS (NAPHAM) (12/07/07) Offices of NAPHAM: Lilongwe, Malawi; Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi

⁶¹¹ Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi; Nassah (23/02/2004). For the situation across Africa see Caldwell (1999) p.14; Schoepf, B.G. (2003) ‘Uganda: lessons for AIDS control in Africa’, *Review of African Political Economy*, 98: 553-572, p.555; Baylies, C. and Bujra, J. (1995) ‘Discourses of power and empowerment in the fight against HIV/AIDS in Africa’ in Aggleton, P., Davies, P. and Hart, G. (eds.) *AIDS: Safety, Sexuality and Risk*, London: Taylor and Francis, p.202

⁶¹² Namangal (09/09/2004)

name “*Edzi*”, ‘an onomatopoeic “Chewaising” of AIDS’, a minority continued to use the alternative “*chiverewere*” that meant “promiscuity”.⁶¹³ Furthermore, there is the belief that HIV/AIDS is related to an illness called *Kanyera* because both are sexually transmitted illnesses, that ultimately cause death; and both have the same symptoms of thinness, coughing and severe diarrhoea.⁶¹⁴ *Kanyera* is part of the *Mdulo*-complex of diseases associated with sexual misconduct. *Mdulo* in Chichewa is ‘the state of being cut’ and refers to misconduct in the context of sexual behaviour. *Mdulo* and other taboos were designed to control sexuality and minimise, or abolish, extra-marital sex, infidelity and marital and communal breakdown. Adultery and sexual intercourse during restricted periods, including during menstruation, the post-natal period, initiation and the mourning period, can cause *Kanyera* because of the contact of hot and cold bodily states.⁶¹⁵ The association of HIV/AIDS with *Kanyera*, creates a moral discourse that links HIV/AIDS to engaging in extra-marital sex. Research into the moral discourse of AIDS in central Malawi reveals that ‘sexual misconduct in an adulterous relationship makes a person hotter than normal. Consequently the hottest person is a man who has extra-marital sex with a menstruating woman.’⁶¹⁶ Stemming from this stigma, girls are taught during their initiations that if they engage in premarital sex they could die of HIV/AIDS for being immoral. Fielder reports how the girls in the initiations in southern Malawi sing the song:

<i>Mtsikana woyendayenda,</i>	The moving [promiscuous] girl,
<i>anafera panjira,</i>	she died on the way,
<i>mwana wachigololo,</i>	the fornicious child,
<i>anafera pa njira.</i>	died on the road. ⁶¹⁷

The association of HIV/AIDS with promiscuity is naïve because women are vulnerable to being infected by their husbands.⁶¹⁸

⁶¹³ Lwanda (2005) p.115

⁶¹⁴ Wolf (2004) p.47; Fielder, R. N. (2005) pp.15

⁶¹⁵ Lwanda (2005) p.122; Wolf (2004) pp.44-7

⁶¹⁶ Probst, P. (1995) ‘Dancing AIDS moral discourses and ritual authority in central Malawi’, *Anthropologische Arbeitspapiere*, Institut für Ethnologien: Berlin, Germany, p. 9. Cited in Wolf (2004) p.47

⁶¹⁷ Fielder, R. N. (2005) p.30

As a result of the stigma of immorality, HIV/AIDS is shrouded in silence and denial. Social norms of politeness and appropriateness underscore deadly norms, for example that 'neither do you talk to someone dying about death, nor are you allowed to address someone on the possibility that his "on and off" illness may well be symptoms of HIV'.⁶¹⁹ Hospitals do not declare AIDS as the cause of death and it is not announced as the cause of death at funerals, there is an aura of secrecy even within families.⁶²⁰ Reporting on AIDS-related deaths is therefore believed to be inaccurate because although many deaths are AIDS-related, a person does not die of AIDS, they die of opportunistic infections including tuberculosis and malaria.⁶²¹ As a gender specialist with CIDA explains:

It is a tradition in Malawi to tell people at the funeral what has made the death... to say the person was suffering from this, maybe he had diarrhoea, or TB, or he had malaria, or she had this. But nobody has stood and said in public during that time to say 'our friend that has left us, who has died, was HIV positive', even if the person who had died had gone for testing and was... certified HIV positive.⁶²²

As for the situation in general, there is a need for 'changes in societies' sexual norms, values and creation of an environment which promotes the possibilities of open and honest discussion of sexuality and dying.'⁶²³ Despite public awareness campaigns, people living with HIV/AIDS (PLWHA) face stigma; as a result many people do not want know their serostatus.⁶²⁴ The silence around HIV/AIDS has led to misunderstandings, some of which

⁶¹⁸ Rankin *et al* (2005) p.6

⁶¹⁹ Fielder, K. (2005) 'Access to ARVs and the role of the churches', *Religion in Malawi*, 12, pp.6-10, p.8. For the situation in general see Caldwell (1999) p.13

⁶²⁰ Nkolokosa, J. (22-28/07/06) 'Testing, testing: I am negative', *The Malawi News*, p.7

⁶²¹ Ngwira, Bota and Loevinsohn (2001) p.8

⁶²² Programme Manager - Gender, Canadian International Development Agency (CIDA) (27/07/07) Offices of CIDA: Lilongwe, Malawi. See also Nassah, I.A. (23/02/2004) 'Safety in Silence: The Tale of HIV/AIDS in Malawi', *Daily Times*. For the situation across Africa see Caldwell (1999) p.13

⁶²³ Whiteside, A. and Poku, N. (2004) 'Introduction' in Poku and Whiteside (eds.) *The Political Economy of AIDS in Africa*, Ashgate, pp.xvii-xviii

⁶²⁴ Mwafurirwa, S. (18/07/2006) 'A Test that Saves Lives', *The Daily Times*, Lilongwe, Malawi, p.5; Muula and Mfutso-Bengo (2004) p.484

have dangerous implications for women. For example, there is a belief that sexual intercourse with virgins can cure HIV infection, as the HIV/AIDS Advisor at DFID reports.⁶²⁵

There are barriers to couples disclosing their serostatus to one another because of the stigma, which means negotiating for safer sex is not on the agenda.⁶²⁶ On the one hand, men may keep their HIV-positive status from their wives. The Technical Advisor to the 'Women, Girls and HIV/AIDS - Program and National Plan for Action' suggests where men tend to hide their status from their wives, 'sometimes you get the woman learns about it maybe when the man becomes critically ill and in hospital, that is when you come to realise that your husband is HIV positive.'⁶²⁷ It is also suggested that where a man informs his wife that he is HIV-positive the wife will just have to accept. As an article in the Daily Times reports for example:

In our culture it would be acceptable for a man to come home, eat the food kept for him, smile at his wife tell her, "my dear I'm sorry, I tested HIV positive, would you go and get a test tomorrow just to be sure?" The woman will clear the dishes and ask the husband to escort her for testing and life goes on.'⁶²⁸

On the other hand, women fear informing their spouses if they discover that they are HIV positive because they are often blamed for infecting her husband.⁶²⁹ Women face greater stigma and discrimination from society if they disclose that they are HIV positive than men

⁶²⁵ HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi. For a consideration of the situation in Zaire see Schoepf (1992); Tinker *et al* (2000) p.17

⁶²⁶ Programme Officer – HIV/AIDS, United Nations World Food Programme (WFP) (23/07/09) Offices of WFP: Lilongwe, Malawi; Representatives of the HIV/AIDS Section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi

⁶²⁷ Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi

⁶²⁸ Nkulembe, D. (11/03/2004) 'Women and HIV/AIDS: The Aftermath of Testing Positive' *Daily Times*

⁶²⁹ Director of Planning, Research and Evaluation, Department of HIV, AIDS and Nutrition within the Office of the President and Cabinet (OPC) (25/07/07) Offices of the Department of HIV, AIDS and Nutrition: Lilongwe, Malawi; CILIC (June 2007) p.6

do.⁶³⁰ The Gender Network National Coordinator at Action Aid for example outlines that ‘your friends they desert you, your family they desert you and you are stigmatised. You are denied your rights – your right to association is denied.’⁶³¹ This is supported by media reports that reveal that if a woman disclosed to her husband that she was HIV positive, she may be subjected to violence, accused of infidelity, lose the marriage and excluded from her family.⁶³² In one article, a woman from Masanjala in Chiradzulu is quoted as reporting that when she disclosed she was HIV-positive:

My husband together with my in-laws were blaming me, saying that I brought them HIV and decide to chase me out of the house the moment I revealed my serostatus, I became a pariah and was disposed of everything except personal clothes in spite of my huge contribution to the construction of the house and several other efforts towards our well-being as a family.⁶³³

According to the Machinga Southeast MP, Wilson Ndomondo, in May 2006 the fear of divorce mean women in Machinga were not attending the Voluntary Counselling and Testing (VCT) services.⁶³⁴ Women also face the added barrier of not having a voice to disclose their serostatus because as considered previously, matters of sex are taboo for women.⁶³⁵

⁶³⁰ For the situation in general see CHGA (2004) p.8

⁶³¹ Gender Network National Coordinator, Action Aid (17/07/07) Offices of Action Aid: Lilongwe, Malawi

⁶³² Acting Programmes Manager, The Malawi Network of People Living with HIV (MANET Plus) (24/07/07) Offices of MANET-Plus: Lilongwe, Malawi; Nkulembe (11/03/2004); Paliani-Kamanga, P. (20/02/2004) ‘Should Pregnant Women Be Compulsorily Tested For HIV?’, *Malawi News*, 14-, Lilongwe, Malawi; Mwafulirwa, S. (12/05/06) ‘Women shun VCT in fear of divorce’, *The Daily Times*, p.4; Maluwa-Banda, D. (2005) ‘HIV/AIDS related stigma and discrimination: Overcoming “them and us”’, *Religion in Malawi*, 12, pp.14-18, p.16. As reported for the situation across Sub-Saharan Africa. See Muula and Mfutso-Bengo (2004) p.482

⁶³³ Nkulembe (11/03/2004)

⁶³⁴ Mwafulirwa (12/05/06)

⁶³⁵ CILIC (June 2007) p.7

There is a particular gender dimension to the stigma surrounding Kanyera, HIV/AIDS and STIs, and women are often blamed for infecting their husbands.⁶³⁶ Kanyera is an illness that is dangerous to men and there is a concern is to protect health of the man. In the Chichewa language the term for sexually transmitted infections is ‘woman’s disease’ and the tendency is for women to be blamed for infecting their husbands.⁶³⁷ In addition, a discourse of women seducing men and infecting them with HIV was evident in a report on an HIV/AIDS training workshop organised by the Livingstonia Synod AIDS Program (LISAP), one of the participants claimed that: ‘Women deliberately wear tight trousers to temp men. And men, weak as they are, sleep with the women thereby spreading the AIDS virus’.⁶³⁸

Women tend to be the first in the family to know their serostatus because they are tested when they attend antenatal clinics, and this is mostly in the absence of their spouse.⁶³⁹ As Anne Ntombela highlights for the situation in general, when women are found to be HIV positive at the health clinics all of a sudden they are supposed to be an expert. The women are instructed by the health clinic to use condoms and when those women return with STIs or pregnant they are told that ‘you must learn to be more responsible’ even though it is overwhelmingly their male partner who will not use a condom.⁶⁴⁰ In recent years, there has been a shift to an emphasis on couple testing in Malawi. The Programme Officer at WFP explains how education programs encourage people to attend HIV testing as a couple. For example a prevention of mother-to-child transmission program in Namete encouraged couple testing by providing food support. The Programme Officer considers how this ‘empowers the woman because she has something to offer in the family and as the husband comes together with the wife to the clinic to collect the food that they get, during that process they are also tested.’⁶⁴¹

⁶³⁶ Gender Network National Coordinator, Action Aid (17/07/07) Offices of Action Aid: Lilongwe, Malawi

⁶³⁷ Rankin et al (2005), p.11

⁶³⁸ Nyirongo, E. (11/05/2006) ‘Tight trousers spreading AIDS’, *The Nation*, p.6

⁶³⁹ Gender Network National Coordinator, Action Aid (17/07/07) Offices of Action Aid: Lilongwe, Malawi; Muula and Mfutso-Bengo (2004) p.482; Maluwa-Banda (2005) p.16

⁶⁴⁰ Ntombela, A. (2008) ‘Sexuality of women living with HIV/AIDS’, *3rd Africa Conference on Sexual Health and Rights, 4-7 February 2008, Abuja, Nigeria*

⁶⁴¹ Programme Officer – HIV/AIDS, United Nations World Food Programme (WFP) (23/07/09) Offices of WFP: Lilongwe, Malawi. Also Population and Health Specialist,

Many women are marginalised from using condoms because of the stigmatisation associating condoms with sexual immorality and protection against infected women. Condoms are criticised by some church leaders for promoting promiscuity. Many of the churches in Malawi including the Catholic Church, which is the biggest, will not distribute condoms or condone their use.⁶⁴² Condoms have also met cultural resistance, with traditional leaders opposing their use because they believe they promote promiscuity.⁶⁴³ Lwanda reports that ‘those initial few who accepted condoms were seen, because of their breaking with local customs, as promiscuous.’⁶⁴⁴ The mixed messages and falsehoods spread by some churches have contributed to the widespread fear amongst the general population based on a lack of understanding; this includes doubts that condoms really control HIV/AIDS and people believe that they have holes that permit HIV to leak through.⁶⁴⁵

There has been a lot of sensitisation of Faith-Based Organisations and traditional leaders, particularly by the NAC. As a result, as the Product Manager for HIV/AIDS Prevention at PSI-Malawi reports, some faith-based organisations ‘are warming up to that idea of encouraging people to use condoms in the marriage setting when the man is positive and the woman is negative.’⁶⁴⁶ During one meeting of traditional leaders, church

World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi; Programme Officer – Reproductive Health and HIV/AIDS, United Nations Children’s Fund (UNICEF) (19/07/07) Ryall’s Hotel Conference Centre: Blantyre, Malawi

⁶⁴² Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi; IPPF *et al* (2006) p.5; Rankin et al (1995) p.6. For the situation on general see Schoepf (2003) p.555; Baylies and Bujra (1995) p.202

⁶⁴³ Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi. Ministry of Health and Population and the National AIDS Committee (NAC) (Unknown) ‘Social mobilization implementation plan for working with six key social groups on behaviour change’, Ministry of Health and Population and NAC: Lilongwe, p.39

⁶⁴⁴ Lwanda (2005) p.117

⁶⁴⁵ Head of the Home Based Care Unit, Roman Catholic Church (20/07/07) Offices of the Roman Catholic Church: Limbe: Malawi; Head of the Seventh Day Adventist Church, Seventh Day Adventist Church (24/07/07) Offices of the Seventh Day Adventist Church: Lilongwe, Malawi; Muula and Mfutso-Bengo (2004) p.486; Banda (2005) p.183. For the situation in general see Schoepf, (2003) p.559; Grown, C. Gupta, G.R. and Pande, R (2005) ‘Taking action to improve women’s health through gender equality and women’s empowerment’, *Lancet*, 365, p.183

⁶⁴⁶ Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi

elders and birth attendants organised by BLM in Thekerani, Thyolo the participants were given the chance to brainstorm on uncertainties surrounding family planning methods. The discussions revealed that modern contraceptives mitigate the effects of HIV, allowed couples to follow child spacing and to provide for the health and well-being of their children.⁶⁴⁷ The NAC and FBOs have broadly reached an agreement that although they may not necessarily support the use of condoms, they will not speak against them either. As the HIV/AIDS Advisor at DFID explains, ‘the National AIDS Commission and the churches have reached a consensus that they will focus on their strengths without discrediting the areas that they do not believe in, which has worked very well now that NAC has stepped in with behaviour change messages.’⁶⁴⁸ The Assemblies of God Church supports the use of condoms within marriage, however the Catholic Church and the Seventh Day Adventist Church continue to raise concerns that condoms do not work.⁶⁴⁹

The social marketing of condoms exacerbates the stigmatisation of immorality. As is the situation more generally condoms are marketed for use in casual and commercial sex.⁶⁵⁰ Driven by largely American funding, the social marketing of condoms is targeted at high-risk groups with a high rate of partner exchange, including: policemen, men in the army, truck drivers, fishermen, field workers, sex workers and sexually active young people.⁶⁵¹

⁶⁴⁷ Nkawire, M. (04/2006) ‘Thyolo leaders for family planning’, *The Daily Times*

⁶⁴⁸ HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi; Condom Programming Officer, United Nations Population Fund (UNFPA) (24/07/07) Offices of the Reproductive Health Unit: Lilongwe, Malawi

⁶⁴⁹ Head of Assemblies of God Relief and Development Services (AGREDS), Assemblies of God Church (12/07/07) Offices of the Assemblies of God Church: Lilongwe, Malawi; Head of the Home Based Care Unit, Roman Catholic Church (20/07/07) Offices of the Roman Catholic Church: Limbe: Malawi; Head of the Seventh Day Adventist Church, Seventh Day Adventist Church (24/07/07) Offices of the Seventh Day Adventist Church: Lilongwe, Malawi

⁶⁵⁰ Mabala, R. (2006) ‘From HIV prevention to HIV protection: Addressing the vulnerability of girls and young women in urban areas’, *Environment and Urbanization*, 18:2, pp.407-32, p.421

⁶⁵¹ Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi. Also supported by the interview with Strategic Manager - Youth Alert Programme, Population Services International (PSI) (20/07/07) Offices of PSI Malawi: Blantyre, Malawi. The importance of addressing high-risk groups is considered in Orubuloye, I.O. and Oguntiniehini, F. (1999) ‘Intervention for the control of STDS, including HIV among commercial sex workers, commercial drivers and students in Nigeria’, in Orubuloye *et al* (eds.) pp.121-9

Figure 3: *Manyuchi* condoms advertisement and supermarket display



Source: Field notes (2006)

Figure three illustrates how condoms are socially marketed to be pleasure-orientated; they come scented, flavoured and studded, and they are packaged with provocative images of women on the front. The packaging of studded and flavoured *Manyuchi* condoms sparked controversy in September 2004, and MP Patricia Kaliati for example called for the removal of the women from the packaging because it was disrespectful to them.⁶⁵² A representative of Banja La Mtsologolo (BLM), a reproductive health NGO, explained that the condoms were marketed in this way to appeal to adults and youths.⁶⁵³ Similarly, the Product Manager for HIV Prevention at PSI-Malawi, the person responsible for the social marketing of the *chisango* condom brand, explained that:

This [*chisango*] condom is basically for the 15 to 24 age group and what it was meant to be is it was meant to be a lifestyle product... [that] said 'look if you are cool this is what you need to have'... We sort of wanted to break [with the

⁶⁵² Namangal (09/09/2004)

⁶⁵³ Namangal (09/09/2004)

taboos] to say nobody ever has sex whilst fully dressed, you know and this sort of thing where people are putting on mini skirts and stuff like that, that is what you see when you go to all these nightclubs and bars...We are targeting people who are already sexually active, we are not saying that if you are not having sex you better had because this is what you are missing. What we are saying is you are having sex, ok then you need to protect yourself.⁶⁵⁴

The Product Manager for HIV Prevention at PSI-Malawi recognises that the marketing of most condoms maybe part of the reason for the stigma of sexual misconduct, and as a result ‘people then think you only use condoms when you want to sleep with somebody who is like a stranger to you, somebody who is outside of the marriage context.’⁶⁵⁵

The focus on sex workers in the social marketing of condoms adheres to the ideology that condoms are a means of protection against infected women; women with multiple sexual partners are blamed for the spread of HIV/AIDS.⁶⁵⁶ Where condoms are primarily considered as a means of protection against HIV/AIDS and STDs infection in extramarital relationships, use within marriage is negligible and the condom is considered to be an intruder in the domestic space.⁶⁵⁷ The stigma acts as a barrier for even the more educated women to buy condoms and negotiate for the use of a condom in the marriage situation.⁶⁵⁸ Women often fear that if they suggest the use of condoms then they will be perceived as sexually experienced and labelled as promiscuous; if a woman suggests the use of condoms in the marriage context, the husband will become suspicious that the wife has

⁶⁵⁴ Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi

⁶⁵⁵ Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi

⁶⁵⁶ Van Den Borne, F. (2005) Trying to survive in times of poverty and AIDS: Women and multiple partner sex in Malawi, Het Spinhuis Publishers: Amsterdam, p.1. For the negative discourse about infected women refer to Kitzinger, J. (1994) ‘Visible and invisible women in AIDS discourses’, in Doyal, L., Naidoo, J. and Wilton, T. (eds.) *AIDS: Setting a Feminist Agenda*, London: Taylor and Francis

⁶⁵⁷ Chimbiri, A.M. (2007) ‘The condom as an “intruder” in marriage: Evidence from rural Malawi’, *Social Science and Medicine*, 64, pp.1102-1115

⁶⁵⁸ PSI/Malawi (2006) p.20; Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi

been engaging in extra-marital affairs.⁶⁵⁹ As the Technical Advisor to the ‘Women, Girls and HIV/AIDS - Program and National Plan for Action’ explains:

The man will not look at himself to say ‘yes, I think lets do it because I think I have not been faithful’. No he will say ‘why do you want to use a condom? It is because you are sleeping around with other men and therefore I do not want it in my house.’ So it is put back to the woman.⁶⁶⁰

The MDHS reports that 17.4 percent of men aged 15-54 who know of a contraceptive method believe that women who use contraception may become promiscuous. This view is strongly expressed by men who are not living together with their partners (29.8 percent).⁶⁶¹ As the Strategic Manager of the ‘Youth Alert!’ Programme considers ‘a young woman who carries a condom is looked at as a prostitute, a young lady who talks about condom use is looked at as some who has been there, experiencing sexual matters and they look at you as “ah, a prostitute”’.⁶⁶² It may also suggest that she is accusing her husband of infidelity, which

⁶⁵⁹ Representatives of the HIV/AIDS Section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi; Program Officer, National Initiative for Civic Education (NICE) (16/07/07) Offices of NICE: Lilongwe, Malawi; Programme manager, Story Workshop (18/07/07) Offices of the Story Workshop: Blantyre, Malawi Programme Officer – Gender, United Nations Population Fund (UNFPA) (17/07/07) Offices of UNFPA: Lilongwe, Malawi; Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi; Head of Policy Support and Development, National AIDS Commission (NAC) (24/07/07) Offices of NAC: Lilongwe, Malawi; National Coordinator, The Malawi Network of Religious Leaders Living with HIV and AIDS (MANERELA) (26/07/07) Offices of MANERELA: Lilongwe, Malawi; Acting Programmes Manager, The Malawi Network of People Living with HIV (MANET Plus) (24/07/07) Offices of MANET-Plus: Lilongwe, Malawi; Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi; Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi. Rivers *et al* (1998) p.274

⁶⁶⁰ Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi

⁶⁶¹ NSO and ORC Macro (2005) p.92

⁶⁶² Strategic Manager - Youth Alert Programme, Population Services International (PSI) (20/07/07) Offices of PSI Malawi: Blantyre, Malawi

will instigate a negative reaction from the husband, even though it may be true.⁶⁶³ Drawing upon PSI research, the Strategic Manager of the ‘Youth Alert!’ Programme at PSI-Malawi explains that trust is central to steady relationships, even where the husband has another partner:

A lot of people do not use condoms because they trust their partners. So it is very likely that in a casual one or in a one-night stand people will use condoms. But where people are in a more established relationship that has been there for some time they have probably slept with each other for a number of times... most people tend to stop using condoms.⁶⁶⁴

For many women they believe ‘trusting to love’ is a role for a wife or a regular partner and therefore prevention methods are unnecessary and undesirable in a committed and loving relationship.⁶⁶⁵ The Strategic Manager of the ‘Youth Alert!’ Programme considers how the ‘trusted partner myth’ exists amongst young people... that when you have been with a partner for a long time you can stop using condoms.⁶⁶⁶ One university student interviewed in focus groups conducted by Rivers *et al* reported that: ‘Usually we ask our boyfriends to wear condoms for one month then, when we really know each other, we do not ask them to use condoms any more.’⁶⁶⁷

Women are only targeted by the social marketing as sex workers, rather than as women in marriage who are in situations of risk.⁶⁶⁸ However, it is beginning to be recognised that women are becoming infected in increasing numbers and they are actually at greatest

⁶⁶³ Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi. This is also apparent in other areas of Sub-Saharan Africa. For the situation in Uganda see Obbo (1991) cited in Schoepf (2003) p.555.

⁶⁶⁴ Strategic Manager - Youth Alert Programme, Population Services International (PSI) (20/07/07) Offices of PSI Malawi: Blantyre, Malawi

⁶⁶⁵ Rivers *et al* (1998) p.272

⁶⁶⁶ Strategic Manager - Youth Alert Programme, Population Services International (PSI) (20/07/07) Offices of PSI Malawi: Blantyre, Malawi; Muula and Mfutso-Bengo (2004) p.485-6

⁶⁶⁷ Rankin *et al* (2005) p.13

⁶⁶⁸ Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi

risk from their husbands. The Product Manager for HIV Prevention at PSI-Malawi explained that in July 2007 the female condom was to be launched to specifically target women and male condoms will be targeted at couples as a means of family planning alongside the marketing of the female condom.⁶⁶⁹

3.6 Women lack the knowledge and understanding to be able to negotiate

The majority of women are marginalised from knowledge and information about issues related to their vulnerability to HIV infection, and this is especially the case for rural women. As outlined in chapter one the marginalisation of women from education is rooted in gender-based norms. There is an imbalance in the levels of education between men and women, especially in terms of enrolment and performance.⁶⁷⁰ Government statistics reveal that in 2005 the literacy rate for males aged 15 and over was 75.8%, whilst for females it was 52.4%. In rural areas 33.4 percent of women have received no education.⁶⁷¹ Of concern here is that as a result of the marginalisation of women from education and information, negotiating for safer sex is not on the agenda.⁶⁷²

Knowledge of HIV/AIDS is a prerequisite for being able to negotiate the terms of sexual relationships and behavioural change. Women need to know that they can negotiate, what to negotiate and how to go about it.⁶⁷³ Knowledge about sexual reproductive health

⁶⁶⁹ Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi

⁶⁷⁰ Hyde, K. (1999) 'Barriers to educational opportunity in Malawi', in Erskine, S. and Wilson, M. (eds.) *Gender Issues in International Education: Beyond Policy and Practice*, Falmer Press: London, p.135

⁶⁷¹ NSO and ORC Macro (2005) p.14

⁶⁷² As Program Officer, National Initiative for Civic Education (NICE) (16/07/07) Offices of NICE: Lilongwe, Malawi; Representatives of the HIV/AIDS Section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi; Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi; Gender Network National Coordinator, Action Aid (17/07/07) Offices of Action Aid: Lilongwe, Malawi; Chairperson, Women's Coalition (17/07/07) Offices of Action Aid: Lilongwe, Malawi

⁶⁷³ Programme Officer - HIV/AIDS, United Nations Population Fund (UNFPA) (19/07/07) Ryall's Hotel Conference Centre: Blantyre, Malawi; Chairperson, Women's Coalition (17/07/07) Offices of Action Aid: Lilongwe, Malawi

and HIV/AIDS is essential for women to be informed to make practical decisions about their sexual reproductive health. As the HIV/AIDS Advisor at DFID reports:

women are not educated, very few of them are educated up to standard four and it has been proved that those women who have progressed past standard four are in a more informed position to make practical decisions about their sexual reproductive health, for example the number of children they are going to have, when they are going to start bearing children, access to health services when their children are sick, compared to those women are educated beneath standard four.⁶⁷⁴

At the surface level it appears that women are knowledgeable about HIV/AIDS; there is almost universal knowledge of AIDS at 98.6 percent for women, and this is evident across age group, urban-rural residence, marital status, wealth index, and education.⁶⁷⁵ However, the Government reported in 2001 that despite high levels of knowledge about HIV/AIDS, there is little evidence to suggest that knowledge has brought about any significant behaviour change.⁶⁷⁶ On further analysis, it is evident that women have low levels of comprehensive knowledge of transmission and prevention relative to men.⁶⁷⁷ The MDHS reveals that only 22.4 percent of women and 38.6 percent of men have what it determines to

⁶⁷⁴ HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi

⁶⁷⁵ NSO and ORC Macro (2005) p.186. Supported by the interviews – Head of Assemblies of God Relief and Development Services (AGREDS), Assemblies of God Church (12/07/07) Offices of the Assemblies of God Church: Lilongwe, Malawi; Programme Officer – HIV/AIDS, United Nations World Food Programme (WFP) (23/07/09) Offices of WFP: Lilongwe, Malawi; HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi; Programme Officer - HIV/AIDS, United Nations Population Fund (UNFPA) (19/07/07) Ryall's Hotel Conference Centre: Blantyre, Malawi

⁶⁷⁶ Government of Malawi (2001) 'Sexual reproductive health behaviours in Malawi: A literature review to support situation analysis for the National Behaviours Change Interventions Strategy on HIV/AIDS and Sexual Reproductive Health', National AIDS Commission and Sexual Reproductive Health Unit, Ministry of Health and Population, Lilongwe, Malawi

⁶⁷⁷ Government of Malawi (2005) 'The Women, Girls and HIV/AIDS', 3.1.4; Bridge Project (2004)

be a comprehensive knowledge about AIDS.⁶⁷⁸ The percentage of women with a comprehensive knowledge of AIDS increases with greater levels of education: 14.2 percent for women with no education, 17.6 percent for women with primary standards 1-4, 25.5 percent for those with standards 5-8 and 35.8 percent for those with secondary education.⁶⁷⁹ Increased levels of education are associated with greater knowledge that using condoms, limiting sex to one uninfected partner and abstaining from sex can reduce the risk of getting the AIDS virus.⁶⁸⁰ However, the majority of women lack sufficient education to have a comprehensive understanding of HIV/AIDS. As the National Coordinator of MANERELA explains, 'if you look at literacy levels of women in Malawi, it is still low, so much so that you know when you try to explain the dynamics of HIV and AIDS infection they feel this is alien.'⁶⁸¹

Where women lack knowledge about sexual reproductive health and HIV/AIDS, they are not in a position to negotiate for safer sex. As the Technical Advisor to the 'Women, Girls and HIV/AIDS – Programme and Plan of Action' explains, sometimes women do 'not even understand that the husband is suffering from AIDS, so she will stick around in the belief that "I think he has been bewitched". The actual understanding of whether it is AIDS or not may not be there in the rural areas.'⁶⁸² In addition, many women believe that if their husband is infected then they are probably already infected; the tendency is to overestimate the prevalence in their community and the likelihood of transmission: 95 percent of women in rural areas believe transmission is certain during sexual intercourse with an infected person.⁶⁸³ Furthermore, where women have low levels of literacy their capacity to access written information is limited, especially where this information is in English rather

⁶⁷⁸ Respondents with comprehensive knowledge say that the use of a condom for every sexual intercourse and having just one uninfected and faithful partner can reduce the chance of getting the AIDS virus, say that a healthy-looking person can have the AIDS virus, and reject the two most common preconceptions (that the AIDS virus is transmitted through mosquito bites or supernatural means) - NSO and ORC Macro (2005) p.189-91

⁶⁷⁹ NSO and ORC Macro (2005) p.189

⁶⁸⁰ NSO and ORC Macro (2005) p.187

⁶⁸¹ National Coordinator, The Malawi Network of Religious Leaders Living with HIV and AIDS (MANERELA) (26/07/07) Offices of MANERELA: Lilongwe, Malawi

⁶⁸² Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi

⁶⁸³ Anglewicz and Kohler (2009)

than their mother tongue.⁶⁸⁴ Women who are not literate cannot understand the instructions on condom packets, especially because they are only in Chichewa and not any of the other languages. However, the Product Manager for HIV Prevention at PSI-Malawi explains that ‘our instructions are quite graphic we made them that way so that even people who could not read they should be able to follow the instructions by just looking at the images.’⁶⁸⁵

Education is also crucial because it empowers women to take greater control of their reproductive health, enabling them to act to reduce their vulnerability to HIV infection. Where women lack confidence they do not have the power to confront the pervasive gendered structures to negotiate for safer sex.⁶⁸⁶ As ‘The Women, Girls and HIV/AIDS Program and National Plan of Action’ outlines women in general tend to have ‘inadequate life skills’.⁶⁸⁷ However, this especially the case for rural women because of their low levels of education, as the Head of Assemblies of God Relief and Development Services (AGREDS) highlights.⁶⁸⁸ The tendency is that the husband has direct and indirect control over wife’s opinions and beliefs because of the gender imbalance in education. As a male columnist in ‘The Nation’ reflects, the popular belief is that ‘I would be held responsible if, for example, my wife ill-treats or disrespects my kinsmen as it is failure on my part to tame her. They reasoned that a wife can only be unkind and disrespectful to relatives if I, as head of the family, give her the impression, through my actions, that I have no regard for my folks.’⁶⁸⁹ Therefore more women need to be educated so that they can be empowered to feel more

⁶⁸⁴ Representatives of the HIV/AIDS Section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi

⁶⁸⁵ Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi

⁶⁸⁶ Programme Officer - HIV/AIDS, United Nations Population Fund (UNFPA) (19/07/07) Ryall’s Hotel Conference Centre: Blantyre, Malawi; Representatives of the HIV/AIDS Section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi; Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi ; Chairperson, Women’s Coalition (17/07/07) Offices of Action Aid: Lilongwe, Malawi. Chingwede, W. (4-9/02/2004) ‘Of Polygamy, Women and Children’s Rights’, *The Malawi Standard*

⁶⁸⁷ Government of Malawi (2005) ‘The Women, Girls and HIV/AIDS’, 3.1.4; Bridge Project (2004)

⁶⁸⁸ Head of Assemblies of God Relief and Development Services (AGREDS), Assemblies of God Church (12/07/07) Offices of the Assemblies of God Church: Lilongwe, Malawi

⁶⁸⁹ Munthali, E. (11/07/2006) ‘Advice from the village’, *The Nation*, p.7

assertive in order to be able to discuss sex, insist on condoms and negotiate their sexual relationships.⁶⁹⁰ The MDHS (2004) reveals that with increased education, the higher the percentage of women who believe that if a husband has a sexually transmitted infection then his wife is justified in either refusing to have sex with him or proposing condom use.⁶⁹¹ The greater negotiating power also reduces the occurrence of violence. The relationship between violence and the vulnerability of women to HIV infection is explored in chapter five.

More generally, women need to be educated in order for them to be able to have a broader awareness of their rights, as explored in further depth in chapter four. International law commits governments to being ‘responsible for protection of women’s bodily integrity.’⁶⁹² The UN Special Session HIV/AIDS 2001 commits African Governments to ‘empower women to have more control over and decide freely and responsibility on matters related to their sexuality to increase their ability to protect themselves from HIV infection.’⁶⁹³ There is a need to combat the widespread belief that personal relationships are private matters and too culturally complex for interventions to succeed.⁶⁹⁴

There are educational programs that focus on changing sexual practices and beliefs dangerous to women’s health.⁶⁹⁵ The Strategic Manager of the ‘Youth Alert!’ Programme suggests that where some women have received messages through the radio and are able to negotiate.⁶⁹⁶ However, as the Director of Planning, Research and Evaluation at the Department for Nutrition, HIV and AIDS reflects, a few women who are informed and

⁶⁹⁰ Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi. For the situation in general see Grown, Gupta and Pande (2005) p.542; Richardson, D. (1990) ‘AIDS education and women: Sexual and reproductive issues’ in Aggleton P., Hart, G., and Davies, P. (eds.) *AIDS: Individual, Cultural and Policy Dimensions*, Falmer: London, pp.169-180, p.171

⁶⁹¹ NSO and ORC Macro (2005) p.197.

⁶⁹² Schoepf (2003) p.567

⁶⁹³ UN Special Session HIV/AIDS (2001) ‘Declaration of Commitment’, paragraph 9 in UNAIDS (2004) p.9

⁶⁹⁴ Schoepf (2003) p.567

⁶⁹⁵ Rankin et al (2005), p.14

⁶⁹⁶ Strategic Manager - Youth Alert Programme, Population Services International (PSI) (20/07/07) Offices of PSI Malawi: Blantyre, Malawi

educated may be able to negotiate for safer sex but the majority are illiterate, especially in the rural areas.⁶⁹⁷

Where the gender-based norms that leave women vulnerable to HIV infection are rooted in tradition and culture, there is the ‘almost insidious power of life long assumptions and the deeply engrained effects of early training. Cultural beliefs are often accepted without being tested and only recently come into question.’⁶⁹⁸ Changing the negative cultural attitudes is therefore a significant barrier. Where a few women are more educated they might be able to question the negative cultural aspects and their subordinate position to some extent. The Programme Officer at UNAIDS reflects:

It is different for people who have maybe gone to school for a little bit who have had some education they can be able to stand on themselves. They have some kind of knowledge and information, which may help them resist some of those issues... [But] when it comes to the literacy levels most girls are not educated so it becomes... a vicious circle.⁶⁹⁹

However, where the cultural norms are so deeply embedded, including within the education system, it is still difficult for even the more educated and empowered women to overcome them. As the Executive Director of MACRO identifies, ‘The changes are there people’s knowledge is there but... for people to change their behaviour that is the biggest hurdle which is there.’⁷⁰⁰

⁶⁹⁷ Director of Planning, Research and Evaluation, Department of HIV, AIDS and Nutrition within the Office of the President and Cabinet (OPC) (25/07/07) Offices of the Department of HIV, AIDS and Nutrition: Lilongwe, Malawi

⁶⁹⁸ Megarry, J. (1984) ‘Introduction: Sex, gender and education’, in Acker et al (eds.) pp.14-30, p.17

⁶⁹⁹ Programme Officer, The Joint United Nations Programme on HIV/AIDS (UNAIDS) (25/07/07) Offices of UNAIDS: Lilongwe, Malawi. Also considered by Programme Officer – HIV/AIDS, United Nations World Food Programme (WFP) (23/07/09) Offices of WFP: Lilongwe, Malawi

⁷⁰⁰ Executive Director, Malawi AIDS Counselling and Resource Organisation (MACRO) (25/07/07) Offices of MACRO: Lilongwe, Malawi

Conclusion

Gendered structures of power mean that the majority of women are not in a position to negotiate for safer sex. Some of the pertinent issues have been explored in this chapter.

Reproduction is central to the gendered identity of both men and women; however this has a particular bearing upon women because of their gender-based reproductive role. Women tend to be vulnerable to HIV infection because reproduction is at odds with abstaining from sex or using condoms. In addition, where the family is considered incomplete without children women may be under pressure to engage in extra-marital sex in order to conceive. The majority of women cannot refuse because of the social pressure and their husband is the decision maker.

Where the husband is the breadwinner the woman is dependent on accessing resources through her husband. In accordance with the 'sexual contract' women have a marital duty to fulfill the husband's sexual desires and to bear children. Sex is therefore conducted to satisfy the man and according to his terms. In this situation the majority of women do not have the power to abstain from sex or insist upon the use of condoms.

The productive role of men is more highly valued than the reproductive role of women. As a result the tendency is that women are not in a position to negotiate for safer sex because they have a subordinate status in general and in the family. The subordination of women is especially evident in the patrilineal areas in the north of Malawi and where young girls marry older men. Where men tend to be the decision makers they control the sexual reproductive health of the couple. Despite the control men have, women tend to be targeted by family planning programmes and men tend to be excluded. However, female-controlled barriers to infection are being developed.

Women have a gender-based duty to engage in cultural sexual rituals. The majority of women cannot refuse to partake because of the pervasive tradition; they lack education; and, it is largely the case that the concept of rape does not widely exist. Women cannot insist on the use of condoms because the rituals require the exchange of sexual fluids. There have been sensitisation campaigns to try to reduce the negative implications of these rituals on women, but despite some reports that certain areas have stopped conducting these practices it is believed that they continue.

Negotiating for safer sex is not on the agenda for most women because of the stigma surrounding sex, HIV/AIDS and condoms. As a result there is not the necessary language in order to educate women and for them to promote and defend their sexual rights. Sex is especially taboo for women and they should not be knowledgeable about sexual matters. HIV/AIDS is shrouded in the stigma of sexual misconduct and is treated with silence and denial. Couples cannot disclose their serostatus to each other. This especially the case for women: they tend to be blamed for infecting their husbands because they are often the first ones to know their status and the discourse surrounding HIV/AIDS is that men are at risk of contracting HIV from women. Condoms are stigmatised as being associated with immorality and protection against infected women because of the discourse from the faith-based organisations, traditional leaders and the social marketing. This stigma acts as a barrier against women using them, especially in the marriage situation.

The majority of women lack the knowledge and understanding to negotiate for safer sex because of their marginalisation from education and information. The tendency is that women are not in an informed position about the issues affecting them; lack the confidence to confront the pervasive gendered structures; and, lack a broader awareness of their rights.

It is important for women to be empowered across their lives because the gendered structures that permeate society leave them unable to negotiate for safer sex. This includes empowering women socially, economically, to be able to participate in decision-making in society and with regards to their education. However, an even broader understanding of how to empower women is necessary because the gendered structures mean that women cannot leave a marital union if it puts them at risk of HIV infection and leaves them biologically vulnerable to contracting HIV, as chapters four and five explore.

4. Leaving an Unsafe Marital Union

It is widely recognised that stereotypical gender roles and unequal power relations increase the vulnerability of women to HIV infection. Recent research has shifted towards understanding the inter-personal relationship factors of why women cannot negotiate for safer sex, as explored in the previous chapter.⁷⁰¹ However, women are vulnerable as a result of gendered structures across their lives and therefore a broader understanding of what their empowerment entails is necessary.

HIV/AIDS is shrouded in the stigma of sinful sexual behaviour outside of marital union, as explored in chapter three. Marriage is popularly advocated as a safeguard against infection.⁷⁰² The messages that are disseminated by behaviour change programs to young people are that they should abstain from sex until marriage.⁷⁰³ Despite the ideology that marriage can protect against infection, marriage heightens the risk to women of infection.⁷⁰⁴ MDHS (2004) figures indicate the HIV prevalence amongst women on average was 13.3 percent, whereas for women who had never been in a marital union the prevalence is 8

⁷⁰¹ Amaro, H. and Raj, A. (2000) 'On the margin: Power and women's HIV risk reduction strategies', *Sex Roles*, 42:7-8, pp. 723-749, p.723; For the situation in general see Rivers, K., Aggleton, P., Elizondo, J., Hernandez, G., Herrera, G., Mane, P., Niang, C.I., Scott, S. and Setiadi, B. (1998) 'Gender relations, sexual communication and the female condom', *Critical Public Health*, 8:4, pp.273-90, p.275

⁷⁰² Zulu, E.M. and Chepnego, G. (2003) 'Spousal communication about the risk of contracting HIV/AIDS in rural Malawi', *Demographic Research*, special collection 1:8, pp.247-278, p.250; FAO, UNFPA and Government of Malawi (1990) 'Transcripts of focus group discussions, North, Centre and South Malawi' cited in Bracher, M., Santow, G. and Watkins, S.C. (2003) "'Moving" and marrying: Modelling HIV infection among newly-weds in Malawi', *Demographic Research*, Special Collection 1:7, pp.207-46, p.208; For the situation in general see Clark, S. (2004) 'Early marriage and HIV risks in Sub-Saharan Africa', *Studies in Family Planning*, 35:3, pp.149-60; Schoepf, B.G. (2003) 'Uganda: Lessons for AIDS control in Africa', *Review of African Political Economy*, 98: 553-572, p.555; Baylies, C. and Bujra, J. (1995) 'Discourses of power and empowerment in the fight against HIV/AIDS in Africa' in Aggleton, P., Davies, P. and Hart, G. (eds.) *AIDS: Safety, Sexuality and Risk*, London: Taylor and Francis, p.202

⁷⁰³ Strategic Manager - Youth Alert Programme, Population Services International (PSI) (20/07/07) Offices of PSI Malawi: Blantyre, Malawi

⁷⁰⁴ Bracher, Santow and Watkins (forthcoming) cited in Zulu, E.M. and Chepnego, G. (2003) p.248

percent lower at 5.3 percent.⁷⁰⁵ Marriage is related to women's HIV risk across Africa because it leads to sexual debut or increased frequency of sexual relations, the reduction in the use of condoms and limited ability to abstain from sex.⁷⁰⁶ As explored in depth in chapters three and five, women in marriage tend to be vulnerable to infection because of their husband's risky behaviour, despite their own fidelity, and girls tend to marry older men who have higher prevalence rates.⁷⁰⁷ Although divorce is identified as a strategy to limit HIV risk,⁷⁰⁸ women tend to lack the power to instigate divorce.

Drawing upon the theoretical framework established in chapter one, the analysis in this chapter explores how certain gendered ideologies limit the power of women to leave an unsafe marital relationship and the implications this has for their susceptibility to HIV

⁷⁰⁵ National Statistics Office (NSO) [Malawi] and ORC Macro (2005) 'Malawi Demographic and Health Survey (MDHS) 2004', NSO and ORC Macro: Calverton, Maryland, p.234

⁷⁰⁶ Chimbiri, A.M. (2007) 'The condom as an "intruder" in marriage: Evidence from rural Malawi', *Social Science and Medicine*, 64, pp.1102-1115; Clark (2004) p.149, 150

⁷⁰⁷ Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi; Director of Planning, Research and Evaluation, Department of HIV, AIDS and Nutrition within the Office of the President and Cabinet (OPC) (25/07/07) Offices of the Department of HIV, AIDS and Nutrition: Lilongwe, Malawi; Rankin et al (2005) p.14; Anglewicz, P. and Kohler, H.P. (2009) 'Over-estimating HIV infection: The construction and accuracy of subjective probabilities of HIV infection in rural Malawi', *Demographic Research*, 20:6, pp.65-96, p.70; Bracher, M., Santow, G. and Watkins, S.C. (2003) "'Moving" and marrying: Modelling HIV infection among newly-weds in Malawi', *Demographic Research*, Special Collection 1:7, pp.207-46; De Zousa, I. Sweat, M.D. and Denison, J.A. (1996) 'Faithful but fearful: Reducing HIV infection in stable relationships', *AIDS*, 10: suppl A, pp.s197-203; CILIC (June 2007) 'Program study final report', CILIC: Blantyre, Lilongwe, p.7.

⁷⁰⁸ See Schatz, E. (2003) 'Take your mat and go!: Rural Malawi' *Demographic research*, 51, pp.175-206; Watkins, S.C. (2004) 'Navigating AIDS in rural Malawi', *Population and Development Review*, 30:4, pp.673-705; Smith, K.P. and Watkins, S.C. (2005) 'Perceptions of risk and strategies for prevention: Responses to HIV/AIDS in Rural Malawi', *Social Science and Medicine*, 60:3, pp.649-60; Reniers, G. (2005) 'Marital Strategies for Managing Exposure to HIV in Rural Malawi' working paper presented to the Annual Meeting of the Population Association of ; Reniers America, Philadelphia March 31- April 2, 2005,p.2 <http://www.malawi.pop.upenn.edu/Level%203/Papers/PDF-files/reniers-2005.pdf> ; Kaler (2003) "'My girlfriend could fill a Yanu-Yanu bus": Rural Malawian men's own claims about their sero-status', *Demographic Research*, Special Collection 1:11, pp.349-372, p.357. For the situation in Uganda see Mukiza-Gapere, J. and Ntozi, J.P.M. (1995) 'Impact of AIDS on marriage patterns, customs and practices in Uganda', *Health Transition Review*, 5 (supplement), pp.201-8; Porter, L. Hao, L. Bishai, D., Serwadda, D., Wawer, M.J., Lutalo, T., Gray, R. and the Rakai Project Team (2004) 'HIV status and union dissolution in Sub-Saharan Africa: The case of Rakai, Uganda', *Demography*, 41:3, pp.465-482

infection. Three central issues are explored in the discussion. Firstly, the social significance of marriage including the emphasis on marrying, being successful in marriage and persevering is analysed; and how the ideology of persevering in marriage is institutionalised throughout society is examined. Secondly, how women lack economic autonomy and are financially dependent upon their husbands is explored. Thirdly, the legal power women have to leave an unsafe marital union is considered and the extent to which women can utilise this legislation is explored.

4.1 The social significance of marriage

In Malawi, as is the situation in general, the family provides the foundations of society.⁷⁰⁹ Section 13 (i) of the Malawi Constitution seeks to ‘recognise and protect the family as a fundamental and vital social unit.’⁷¹⁰ The gender-based role of women in the family involves reproducing, caring and nurturing, all of which are essential for the future and prosperity of society. The family provides a means for society to control its members, for example through socialising children how to behave. It also provides its members with identity and emotional security. The immediate family is intimately linked to a woman’s identity and social status, as explored in-depth in chapter three.⁷¹¹ As a child a female is called ‘*mbeta*’, a young woman who is to be married, and when she becomes a wife she is called ‘*mkaazi*’.⁷¹² The interviews reveal the social significance of marriage and programme officer at UNAIDS explains that when women are married ‘they are a “Mrs”, they are respectable people in society.’⁷¹³ In the African context the extended family of the uncles, aunts and grandparents

⁷⁰⁹ For the situation in general see Ahsan, N. and Ahsan, H. (2004) ‘Foundation of a family: Importance, obstacles and possible solutions’ *Policy Perspectives*, 1:1, p.95; Clark (2004) p.149

⁷¹⁰ The Government of Malawi (1994) ‘The Malawi Constitution’, The Government of Malawi: Lilongwe Malawi, 13 (i).

⁷¹¹ Malawi Human Rights Commission (MHRC) (May 2006) ‘Cultural practices and human rights: A study into cultural practices and their impact on the enjoyment of human rights, particularly the rights of women and children in Malawi’, MHRC: Lilongwe, Malawi, p.14

⁷¹² Drake, A.M. (1976) ‘Illness, ritual, and social relations among the Chewa of central Africa’, PhD, Duke University, p.87. Cited in Wolf, A. (2004) ‘AIDS and the discourse on morality in Malawi’, *Religion in Malawi*, 11, pp.44-49, p.46

⁷¹³ Programme Officer, The Joint United Nations Programme on HIV/AIDS (UNAIDS) (25/07/07) Offices of UNAIDS: Lilongwe, Malawi. See also Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and

is also vital and provides women with support, a sense of belonging and security. Although the family as a social unit is undergoing change, its importance remains paramount and as a result people endeavour to found and maintain their families.⁷¹⁴

4.1.1 Women are socially conditioned to want to marry, be successful in their marriage and persevere

Women are socially conditioned to want to marry, be successful in their marriage and persevere.⁷¹⁵ As the National Coordinator of MANERELA reports, ‘all that women consider when they are growing up is that one day they would want to be married. They grow up preparing for marriage and if they don’t get that they end up being very frustrated.’⁷¹⁶ Crucially, marriage allows women to access resources because men are the ‘breadwinners’, as discussed in chapters one and three and section 4.2. It is therefore widely believed that marriage is a girl’s ‘best option in life’ and she is educated and trained ready to fulfil her role as a mother and a wife. As Peter Ngulube-Chinoko identifies there is an ‘assumption that all women have a vocation to get married’.⁷¹⁷ In addition, girls marry early to avoid premarital sex and because they want to begin having children, as explored in depth in chapter three. Pressure to marry has increased with the escalating HIV threat and people

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⁷¹⁴ Chimbiri, A.M. (2007) ‘The condom as an “intruder” in marriage: Evidence from rural Malawi’, *Social Science and Medicine*, 64, pp.1102-1115, p.1102; Ahsan and Ahsan (2004) p.97

⁷¹⁵ Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi. Also reported in Chingwede, W. (4-9/02/2004) ‘Of Polygamy, Women and Children’s Rights’, *The Malawi Standard*, Banda, R. (2005) *Women of the Bible and Culture: Baptist Convention Women in Southern Malawi*, Kachere Series: Zomba, Malawi, p.188; Bracher, Santow and Watkins (2003) p.208

⁷¹⁶ National Coordinator, The Malawi Network of Religious Leaders Living with HIV and AIDS (MANERELA) (26/07/07) Offices of MANERELA: Lilongwe, Malawi

⁷¹⁷ Ngulube-Chinoko, P. (1995) ‘The experience of women under the one party state and in the political transition’, Nzunda, M.S. and Ross, K.R. (eds.) *Church, Law and Political Transition in Malawi, 1992-94*, Mambo Press: Gweru, Zimbabwe, pp.89-100, p.92

chose marriage as a means of protection against HIV infection over abstinence.⁷¹⁸ Women who are not married are subjected to shame and gossip and according to the Programme Officer at UNAIDS people question ‘what is wrong with you?’⁷¹⁹ Marriage and relationships in general are therefore important to young people, as the Strategic Manager of the ‘Youth Alert!’ Programme reveals:

[T]hey feel every young person has to have some girl, some man. Young people feel that to have a man or to have a girl is trendy, is cool, is fashionable. Peer pressure is so powerful among them. Girls want to maintain their relationship because if they do not have a boyfriend, the other young people are going to laugh at them.⁷²⁰

The MHRC reports that ‘culturally women do not marry but get married’, therefore women are not in a position to make decisions about marriage and only have the ability to try to attract a man who will propose to her.⁷²¹ As the Strategic Manager of the ‘Youth Alert!’ Programme reveals, ‘if they have a chance to be proposed to they would rather keep that affair because they feel that it is going to take a long time for them to be proposed again.’⁷²²

The significance of marriage is normalised within schools. The Programme Officer at UNAIDS considers for example how women are depicted as wives and mothers in the textbooks.⁷²³ There is pressure on even the most educated girls to marry. As the Head of the Assemblies of God Relief and Development Services (AGREDS) outlines: “They are educated but sometimes they fall into the same, they say “ah, I am ageing, I am not married”

⁷¹⁸ Reniers (2005); Reniers, G. (2003) ‘Divorce and Remarriage in Rural Malawi’, *Demographic Research*, 1:6, pp.174-205 <http://www.demographic-research.org/special/1/6/>

⁷¹⁹ Programme Officer, The Joint United Nations Programme on HIV/AIDS (UNAIDS) (25/07/07) Offices of UNAIDS: Lilongwe, Malawi. See also MHRC (May 2006) p.14

⁷²⁰ Strategic Manager - Youth Alert Programme, Population Services International (PSI) (20/07/07) Offices of PSI Malawi: Blantyre, Malawi

⁷²¹ MHRC (May 2006) p.15

⁷²² Strategic Manager - Youth Alert Programme, Population Services International (PSI) (20/07/07) Offices of PSI Malawi: Blantyre, Malawi

⁷²³ Programme Officer, The Joint United Nations Programme on HIV/AIDS (UNAIDS) (25/07/07) Offices of UNAIDS: Lilongwe, Malawi

and they just go into [marriage with] any man that comes their way.’⁷²⁴ The Programme Officer at UNAIDS considers the need for role models and education to change this mindset.⁷²⁵

Women do not have the power to leave an unsafe marital union because there is enormous social pressure to be successful in their marriage. Girls are taught how to be a good wife during their initiations and through the example set by their mother whilst they are growing up. This pressure to be successful in marriage and stigma surrounding divorce means that a woman cannot leave regardless of her reasons because she will be perceived by society to have failed in her marriage.⁷²⁶ Fielder reveals in research on rural areas in southern Malawi that ‘A girl who is not well prepared for marriage, and thus fails in marriage, is often perceived to be a social outcast.’⁷²⁷ The Gender Programme Manager at CIDA explains that ‘it will look like she is abandoning a husband.’⁷²⁸ According to the Head of Policy Support and Development at the NAC you may be perceived as being promiscuous.⁷²⁹ Divorce or separation can bring shame to the entire family.⁷³⁰ Women therefore need courage to be able to leave an unsafe marriage, as the National Coordinator of MANERELA explains.⁷³¹ Some

⁷²⁴ Head of Assemblies of God Relief and Development Services (AGREDS), Assemblies of God Church (12/07/07) Offices of the Assemblies of God Church: Lilongwe, Malawi

⁷²⁵ Programme Officer, The Joint United Nations Programme on HIV/AIDS (UNAIDS) (25/07/07) Offices of UNAIDS: Lilongwe, Malawi

⁷²⁶ Director of Planning, Research and Evaluation, Department of HIV, AIDS and Nutrition within the Office of the President and Cabinet (OPC) (25/07/07) Offices of the Department of HIV, AIDS and Nutrition: Lilongwe, Malawi; Programme Manager, Story Workshop (18/07/07) Offices of the Story Workshop: Blantyre, Malawi; Representatives of the HIV/AIDS Section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi; Chairperson, Women’s Coalition (17/07/07) Offices of Action Aid: Lilongwe, Malawi; Gender Network National Coordinator, Action Aid (17/07/07) Offices of Action Aid: Lilongwe, Malawi. For the situation across East and Southern Africa see Caldwell and Caldwell (1993) p.839

⁷²⁷ Fielder, R.N. (2000) ‘The place of religion in the struggle for the rights of girl children: A case study of experiences of girls in initiation programmes in rural communities in southern Malawi’, *Religion in Malawi*, 10, pp.37-41, p.38

⁷²⁸ Programme Manager - Gender, Canadian International Development Agency (CIDA) (27/07/07) Offices of CIDA: Lilongwe, Malawi

⁷²⁹ Head of Policy Support and Development, National AIDS Commission (NAC) (24/07/07) Offices of NAC: Lilongwe, Malawi. See also Banda (2005) p.187

⁷³⁰ Head of Policy Support and Development, National AIDS Commission (NAC) (24/07/07) Offices of NAC: Lilongwe, Malawi

⁷³¹ National Coordinator, The Malawi Network of Religious Leaders Living with HIV and AIDS (MANERELA) (26/07/07) Offices of MANERELA: Lilongwe, Malawi

women do have this courage but they are very few, as the Head of the Seventh Day Adventist Church reflects.⁷³²

Although the more educated women may be able to challenge the traditions and are in a better position to leave an unsafe marital union, as the Strategic Manager of the ‘Youth Alert!’ Programme identifies,⁷³³ there are still barriers. Even more educated and wealthier women cannot always leave a marital union because they fear losing their social status. The Programme Officer UNAIDS explains that ‘Most educated women... in our society are being abused within their families but they are a ‘Mrs’, they are respectable people in society, they die in silence... because what is society going to say if they are respectable people?’⁷³⁴ The Senior Programme Manager of the ‘Packachere’ Programme further proposes that:

Maybe you are staying in a posher [*sici*] area and then because of the divorce as much as you have got a good job you cannot afford that posher [*sici*] area. So you have got to live in suburbs [and] that change of status may lead to a lot of gossip. So to protect themselves from that you find that they do stay just to maintain their status but there is a problem underneath.⁷³⁵

Even more educated and wealthier women face stigma and gossip if they leave their marriage. As the Senior Programme Manager of the ‘Packachere’ Programme reflects ‘Some women do stay in the family as much as they are knowledgeable, as much as they are financially empowered because of trying to save their image or the image of the husband.’⁷³⁶

There is a social pressure for couples to persevere in a marriage, even if it puts the woman at risk of HIV infection.⁷³⁷ Marriage is a lifetime agreement and as the Law

⁷³² Head of the Seventh Day Adventist Church, Seventh Day Adventist Church (24/07/07)

⁷³³ Strategic Manager - Youth Alert Programme, Population Services International (PSI) (20/07/07) Offices of PSI Malawi: Blantyre, Malawi

⁷³⁴ Programme Officer, The Joint United Nations Programme on HIV/AIDS (UNAIDS) (25/07/07) Offices of UNAIDS: Lilongwe, Malawi

⁷³⁵ Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi

⁷³⁶ Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi

⁷³⁷ Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of

Commissioner at the Law Commission reports ‘the whole society will shun you’ if you divorce your husband because of the belief in the commitment that ‘til death do us part’.⁷³⁸ As the Population and Health Specialist at the World Bank explains:

a wife is supposed to persevere in a marriage because a marriage starts on a rocky ground, but later on things stabilise. So when you have had big problems, even if a lady goes to parents to say ‘by the way he is doing this, he is doing that’ they say ‘just persevere, these things happen at the beginning, later on things will be fine, so don’t worry’. Until it really comes to a critical level that is when maybe they can come out.⁷³⁹

Couples have a responsibility to one another to persevere in times of sickness as the Chief Law Reform Officer at the Law Commission reflects: ‘you have to take care of him or her, whether she has AIDS or whatever disease’.⁷⁴⁰ It is also believed to be in the best interests of the children for the family to remain together, as explored in section 4.2.

Women are encouraged to persevere no matter what, even if she is at risk of HIV infection. The Head of the Assemblies of God Relief and Development Services (AGREDS) highlights that ‘women are told when they are getting married ““you must persevere.” Some women are dying in the name of persevering or they are being infected in the name of persevering. [They are told] “even if your husband is going out with other women, please persevere”’.⁷⁴¹ The Senior Programme Manager of the ‘Packachere’ Programme explains that they are told that ““you must persevere in whatever happens in the family”. Sometimes they tell them that “a man is like a young kid he does naughty things, he

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⁷³⁸ Law Commissioner, Law Commission (11/07/07) Offices of the Law Commission: Lilongwe, Malawi; representative of MANET plus; Advocacy Officer, National Association for People Living with HIV and AIDS (NAPHAM) (12/07/07) Offices of NAPHAM: Lilongwe, Malawi

⁷³⁹ Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi

⁷⁴⁰ Chief Law Reform Officer, Law Commission (11/07/07) Offices of the Law Commission: Lilongwe, Malawi

⁷⁴¹ Head of Assemblies of God Relief and Development Services (AGREDS), Assemblies of God Church (12/07/07) Offices of the Assemblies of God Church: Lilongwe, Malawi

can go out with a lot of women but never mind all that”. So because of that mentality a woman cannot question a husband’s behaviour, so that again makes them more vulnerable to HIV infection.⁷⁴² The National Coordinator of MANERELA suggests that this is to the extent that ‘in some societies the woman is bound to stay with the husband until death.’⁷⁴³ Young girls are normalised not to leave an abusive relationship as a result of their experience in the home. The Programme Officer UNAIDS for example questions: ‘What does happen if they [the mothers] stay in these abusive relationships? The tendency is that the kids is looking at that, and what kind of society are we building?’⁷⁴⁴

4.1.2 The ideology of persevering in marriage is institutionalised throughout society

The ideology of persevering in marriage is institutionalised throughout society. The discussion here focuses upon the institutions of the family and church. It is argued that the merits of reconciliation are emphasised at all places women may go to if they want to leave their marriage, which makes it difficult for women to actually leave.⁷⁴⁵

When women go to their parents they are often sent back to their husbands. The Head of the Assemblies of God Relief and Development Services (AGREDS) considers how they ‘have heard of stories where a woman decides to leave, she goes to her home and the parents say “what are you doing here? You are given out on marriage, please go”, so she is forced back.’⁷⁴⁶ Similarly the Programme Manager at the ‘Story Workshop’ NGO considers how ‘their parents will tell them to go back to the husband because what they are told is “marriage is about perseverance so you have to persevere, whatever goes on,

⁷⁴² Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi

⁷⁴³ National Coordinator, The Malawi Network of Religious Leaders Living with HIV and AIDS (MANERELA) (26/07/07) Offices of MANERELA: Lilongwe, Malawi

⁷⁴⁴ Programme Officer, The Joint United Nations Programme on HIV/AIDS (UNAIDS) (25/07/07) Offices of UNAIDS: Lilongwe, Malawi

⁷⁴⁵ National Coordinator, The Malawi Network of Religious Leaders Living with HIV and AIDS (MANERELA) (26/07/07) Offices of MANERELA: Lilongwe, Malawi; Programme Manager - Gender, Canadian International Development Agency (CIDA) (27/07/07) Offices of CIDA: Lilongwe, Malawi; Acting Programmes Manager, The Malawi Network of People Living with HIV (MANET Plus) (24/07/07) Offices of MANET-Plus: Lilongwe, Malawi

⁷⁴⁶ Head of Assemblies of God Relief and Development Services (AGREDS), Assemblies of God Church (12/07/07) Offices of the Assemblies of God Church: Lilongwe, Malawi

persevere”. So when they get back to their relatives they will surely send them back.’⁷⁴⁷ The husband may even give gifts to the family so that they have a vested interest in the couple staying together. However, as the Head of AGREDS explains some women can use agency and when they go to their families they will support them.⁷⁴⁸

In Malawi, as is the situation across Sub-Saharan Africa, there is an extended family system and the marriage involves both families. As the National Coordinator of MANERELA outlines ‘a marriage in our society is not just about two people. [Marriage] is about two families and perhaps two villages. So it is considered that once you break that chain of connection you are considered to have breached a contract that is there. So then the effects they are not just about the two of you, they will extend to the others.’⁷⁴⁹

All matrimonial problems including domestic violence and divorce are taken to the marriage counsellors (*ankhowsa*) who are usually the husband and wife’s uncles.⁷⁵⁰ As the Behaviour Surveillance Research Coordinator at FHI explains, ‘So if you want to leave your husband... in [some] areas you will have to go to your uncle and tell him “I am leaving him” and the uncle will have to talk to [the husband’s] uncle and [say] “she is leaving him”. So it is not as easy as just walking out that door.’⁷⁵¹ In accordance with customary law the *ankhowsa* try best to reconcile the parties because of the belief in the notion that ‘*banja nidikupilira*’ - that one has to persevere for the marriage to work.⁷⁵² Some women can and do leave once they have consulted their *ankhowsa* several times. As the Head of the Assemblies of God Relief and Development Services (AGREDS) explains, ‘There are times when you quarrel

⁷⁴⁷ Programme Manager, Story Workshop (18/07/07) Offices of the Story Workshop: Blantyre, Malawi

⁷⁴⁸ Head of Assemblies of God Relief and Development Services (AGREDS), Assemblies of God Church (12/07/07) Offices of the Assemblies of God Church: Lilongwe, Malawi

⁷⁴⁹ National Coordinator, The Malawi Network of Religious Leaders Living with HIV and AIDS (MANERELA) (26/07/07) Offices of MANERELA: Lilongwe, Malawi. Also highlighted by Behaviour Surveillance Research Coordinator, Family Health International (FHI) (26/07/07) Offices of FHI: Lilongwe, Malawi

⁷⁵⁰ Women and the Law in Southern Africa (WLSA) (2000) ‘In Search of Justice: Women and the Administration of Justice in Malawi’, Dzuku Publishing Company Limited: Blantyre, Malawi, p.28

⁷⁵¹ Behaviour Surveillance Research Coordinator, Family Health International (FHI) (26/07/07) Offices of FHI: Lilongwe, Malawi. Also considered by Acting Programmes Manager, The Malawi Network of People Living with HIV (MANET Plus) (24/07/07) Offices of MANET-Plus: Lilongwe, Malawi; Executive Director, Malawi AIDS Counselling and Resource Organisation (MACRO) (25/07/07) Offices of MACRO: Lilongwe, Malawi

⁷⁵² WLSA (2000) p.21

you leave. The marriage counsellors come in they help you, you come back again. The incidences have to happen several times before you finally make the decision of leaving.’⁷⁵³ However, this tends to mean that women will experience repeated incidences of violence before they can leave. In one case in November 2006 Herbert Mankhwala chopped off both his wife’s hands when she tried to leave him. Despite the abuse his wife experienced the efforts of the marriage counsellors focused on reconciliation when she had tried to leave, including through convincing her it was in her unborn child’s best interests. There was a history of abuse and one article in ‘The Nation’ newspaper reported that ‘the family said Mankhwala took his wife as a punch bag’ and that her relatives were ‘shocked but not surprised when they saw her coming from the *dimba* garden [vegetable garden] with both hands chopped.’⁷⁵⁴

The capacity of a woman to leave a marital union differs between the matrilineal areas of the south and the patrilineal areas of the north.⁷⁵⁵ Although in both regions gender-based norms persist that place women under the control of men, in the matrilineal areas in the south women have at least some agency to be able to leave a marital union.⁷⁵⁶ The husband lives in the wife’s village and power resides with the male family members on the wife’s side: the woman is under the control of her maternal uncle or brother (*bambo aang’ano* or *bambo aakulu* – meaning small father or big father, depending on the age difference between the biological father and paternal uncle).⁷⁵⁷ However, the wife has some capacity to be able to

⁷⁵³ Head of Assemblies of God Relief and Development Services (AGREDS), Assemblies of God Church (12/07/07) Offices of the Assemblies of God Church: Lilongwe, Malawi. Also noted by Executive Director, Malawi AIDS Counselling and Resource Organisation (MACRO) (25/07/07) Offices of MACRO: Lilongwe, Malawi

⁷⁵⁴ Langa, J. (2/11/2006) ‘Wife chopper a known hooligan’ *The Nation*, <http://www.nationmalawi.com/print.asp?articleID=15136>

⁷⁵⁵ Principle Documentation Officer, Ombudsman (23/07/07) Offices of the Ombudsman: Lilongwe, Malawi; Behaviour Surveillance Research Coordinator, Family Health International (FHI) (26/07/07) Offices of FHI: Lilongwe, Malawi; Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi

⁷⁵⁶ Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi

⁷⁵⁷ Banda (2005) p.9; Phiri, I. (1997) *Women, Presbyterianism and Patriarchy: Religious experience of Chewa Women in Central Malawi*, CLAIM-Kachere: Blantyre, Malawi, p.1; Technical Assistance to Non-Governmental Organisations (Tango International) (2004) ‘Theme Paper IV: Gender Exploitation in Malawi’, CARE: Lilongwe, Malawi, p.1

leave a marital union and she can chase her husband away.⁷⁵⁸ This is supported by the findings of WLSA for Mpondasi Village, Mangochi District, where women who wanted to end their relationship told their husbands to pack up and go.⁷⁵⁹ Matrilineage therefore empowers women with some ability to be able to leave an unsafe marital union.

In stark contrast, under the patrilineal system in the north the wife resides in the husband's village and a *lobola* (bride price) is paid. Traditionalists support the payment of a *lobola*, arguing that it ensures that men 'value' women.⁷⁶⁰ However, as the HIV/AIDS Advisor to DFID propounds, the payment of a *lobola* essentially makes the wife the property of her husband and his family.⁷⁶¹ It signifies the surrender of rights to ownership to property and empowers the man.⁷⁶² The Principle Documentation Officer at the Ombudsman explains that the woman is bound to the husband's family and the family believe that 'we have paid this then you are ours and you will go by what we are going to say. You don't have to do what you want. You will do what we want because we have bought you.'⁷⁶³ The husband's family has control over her productive and reproductive capacity.⁷⁶⁴ As the HIV/AIDS Advisor at DFID explains the wife 'doesn't have any mandate to get up and leave [the husband] because if she does leave then she leaves her children behind. It is difficult position for a woman to be in, to leave and to know that the children are being looked after by another women or just not being looked after at all.'⁷⁶⁵ In addition, for a woman to leave her marital union she would have to repay her lobola, which she is not in a position to do

⁷⁵⁸ Saur, M., Semu, L. and Hauya Ndau, S. (2005) '*Nkanza*, listening to peoples voices: A study of gender-based violence, *Nkanza*, in three districts of Malawi', *Kachere Series*, Monfort Media: Balaka, Zomba, 21, p.35; Phiri, K. (1983) 'Some changes in the matrilineal family system among the Chewa of Malawi since the nineteenth century', *Journal of African History*, 24, pp.257-74 cited in Kaler, A. (2001) "'Many divorces and many spinsters": Marriage as an invented tradition in southern Malawi, 1946-1999', *Journal of Family History*, 26:4, pp.529-556, p.530

⁷⁵⁹ WLSA (2000) p.31

⁷⁶⁰ Lwanda, J. (2005) *Politics, Culture and Medicine in Malawi*, Kachere Series: Zomba, Malawi, p.121

⁷⁶¹ HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi

⁷⁶² Saur et al (2001) p.37-8

⁷⁶³ Principle Documentation Officer, Ombudsman (23/07/07) Offices of the Ombudsman: Lilongwe, Malawi

⁷⁶⁴ Saur et al (2001) p.35; Kakhongwe (Unpublished) p.2

⁷⁶⁵ HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi

because she lacks access to resources and it is likely that her family has already used the *lobola*.⁷⁶⁶ The National Coordinator of MANERELA highlights that ‘the woman is bound to stay with the husband until death.’⁷⁶⁷ However, if the husband dies the wife still belongs to his family and as the Behaviour Surveillance Research Coordinator at FHI explains the wife may be inherited by her brother-in-law under the pretext that “we want to help her look after the children” and if the husband had money then “we want to assist her run the business” or whatever the man has left. So they put her like “she is vulnerable, she is not capable of making those decisions in her state of widowhood.”⁷⁶⁸ This may leave the wife at risk of contracting HIV from the brother-in-law, as the Head of Policy Support and Development at the NAC considers.⁷⁶⁹ Although in the south wife inheritance is reported to be a thing of the past amongst the Yao, Chewa and Mang’anja and in decline amongst the Sena, it was found to be quite widespread in three districts of the north covered by a MHRC report in 2006.⁷⁷⁰ There is also the practice of ‘wife replacement’ where a husband inherits the wife’s younger sister or niece when she dies. The MHRC reports that this may be because the parents fear

⁷⁶⁶ Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi

⁷⁶⁷ National Coordinator, The Malawi Network of Religious Leaders Living with HIV and AIDS (MANERELA) (26/07/07) Offices of MANERELA: Lilongwe, Malawi

⁷⁶⁸ Behaviour Surveillance Research Coordinator, Family Health International (FHI) (26/07/07) Offices of FHI: Lilongwe, Malawi. See also Programme Officer – HIV/AIDS, United Nations World Food Programme (WFP) (23/07/09) Offices of WFP: Lilongwe, Malawi; Programme Officer, The Joint United Nations Programme on HIV/AIDS (UNAIDS) (25/07/07) Offices of UNAIDS: Lilongwe, Malawi; Behaviour Surveillance Research Coordinator, Family Health International (FHI) (26/07/07) Offices of FHI: Lilongwe, Malawi; Head of Policy Support and Development, National AIDS Commission (NAC) (24/07/07) Offices of NAC: Lilongwe, Malawi; Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi; Programme Officer - HIV/AIDS, United Nations Population Fund (UNFPA) (19/07/07) Ryall’s Hotel Conference Centre: Blantyre, Malawi

⁷⁶⁹ Head of Policy Support and Development, National AIDS Commission (NAC) (24/07/07) Offices of NAC: Lilongwe, Malawi. See also Rankin, S.H., Lingdgren, T., Rankin, W.W. and Ng’Oma, J. (2004) ‘Donkey work: Women, religion and HIV/AIDS in Malawi’, *Health Care for Women International*, 26:1, pp.4-16, p.12; Kondowe, E.B.Z. and Mulera, D. (1999) ‘A cultural approach to HIV/AIDS prevention, treatment and care: Malawi’s experience’, UNESCO Studies and Reports, UNESCO/UNAIDS: Lilongwe, p.5 Cited in Lwanda (2005) p.124

⁷⁷⁰ MHRC (May 2006) p.15

that they will have to pay the *lobola* back, they wish to continue to access the husband's wealth or to provide a mother for the children left behind.⁷⁷¹

Where some women turn to their Church when they want to leave their marriage there is also the tendency that they are encouraged to persevere because the Churches advocate for reconciliation and aim to ensure peace in family.⁷⁷² As the National Coordinator of MANERELA reflects, 'Churches are very hard to grant divorce because they consider divorce as being unreligious, even where there are reasons for that, so they will try to make sure that you unite.'⁷⁷³ The Roman Catholic Church for example places emphasis on the sanctity of marriage and assists couples to adhere to their marital promise. Likewise in the Seventh Day Adventists Church it is the duty of the pastor to reconcile a couple.⁷⁷⁴ The Head of the Seventh Day Adventist Church explains that 'what we encourage as a church is that they can still live as a family but they can negotiate. We don't encourage her to leave but we encourage her to stay and discuss. We do counsel them together so that they can understand each other.'⁷⁷⁵ In accordance with the dominant religious discourse, women feel obliged to oblige with God's wishes and submit to their husbands, even when a woman is abused by her husband or denied her rights in the family.⁷⁷⁶ As a result of these barriers to women leaving an unsafe relationship, women endure a lot in their marriages. The Population and Health Specialist at the World Bank reflects:

Sometimes the idea of going back to church and saying 'you know, this is happening in our family' or going say to your parents and saying 'this is happening'... it is not that easy. So sometimes it easier to say 'maybe this is just today, maybe next time it will be something different'. So with that maybe

⁷⁷¹ MHRC (May 2006) p.17. Reported in the interviews by Strategic Manager - Youth Alert Programme, Population Services International (PSI) (20/07/07) Offices of PSI Malawi: Blantyre, Malawi; Head of the Seventh Day Adventist Church, Seventh Day Adventist Church (24/07/07) Offices of the Seventh Day Adventist Church: Lilongwe, Malawi

⁷⁷² Banda (2005) p.186

⁷⁷³ National Coordinator, The Malawi Network of Religious Leaders Living with HIV and AIDS (MANERELA) (26/07/07) Offices of MANERELA: Lilongwe, Malawi

⁷⁷⁴ WLSA (2000) p.40

⁷⁷⁵ Head of the Seventh Day Adventist Church, Seventh Day Adventist Church (24/07/07)

⁷⁷⁶ Banda, R. (2005) p.182

you will find that they will stay in that relationship a little bit longer until they are saying enough is enough.⁷⁷⁷

Despite these barriers some of the churches offer support to women who do divorce their husbands. The interviews with representatives of the Seventh Day Adventist Church and the Assemblies of God Church reveal that although they do not encourage the couple to separate, they support the couple's decision should they decide to dissolve the marriage.⁷⁷⁸ The Head of the Seventh Day Adventist Church explains: 'We can give pieces of advice but it is up to an individual to make a decision. Sometimes they can accept the advice or reject so when it comes to that it is an individual's decision.'⁷⁷⁹ The Baptist Church accepts divorced women into their membership and during the seminars for Baptist women in the southern region some are advised that although they should show their husbands forgiveness when their husband engages in risky behaviour, in accordance with the bible, they should 'not accept him as a husband; he will bring you AIDS'.⁷⁸⁰

4.2 Women are financially dependent upon their husbands

In Malawi the majority of Women are financially dependent upon their husbands. As is the situation across Sub-Saharan Africa, women are poor within society but also within the family unit.⁷⁸¹ There is a gender division of labour within the family whereby men have a productive role as the 'breadwinners' and women have a reproductive role, as examined in depth in chapter one and expanded in chapter three. The Programme Manager at the Story Workshop considers how men can make women dependent on them in many ways:

⁷⁷⁷ Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi

⁷⁷⁸ Head of the Seventh Day Adventist Church, Seventh Day Adventist Church (24/07/07); Head of Assemblies of God Relief and Development Services (AGREDS), Assemblies of God Church (12/07/07) Offices of the Assemblies of God Church: Lilongwe, Malawi

⁷⁷⁹ Head of the Seventh Day Adventist Church, Seventh Day Adventist Church (24/07/07)

⁷⁸⁰ Banda (2005) p.174,182

⁷⁸¹ Kehler, J (2001) 'Women and poverty: the South African experience', *Journal of International Women's Studies* 3:1, November,
<http://www.bridgew.edu/depts/artscnce/jiws/fall01/kebler/pdf>

There are men who are working, they marry a woman who is working they make that woman stop working. They will tell them “stop working, I earn enough so”... Jobs are difficult to find so it may take some time before she gets one [again]. So thinking of starting from scratch, looking for another job with nowhere to live. Sometimes there are women who try to become economically independent but they are frustrated. They get loans from these micro loans they find that the man consumes the capital brings the business down, so the woman will still be dependent on them.⁷⁸²

Similarly this is reported to be the situation in the press and one article in ‘The Nation’ reflects that:

Husbands, mostly because of jealousy, have stopped a good number of women working or seeking employment altogether... As a purported breadwinner, the head of the family thinks he has jurisdiction to control the life of the wife – who is traditionally expected to be submissive – without regard for the rights she has.⁷⁸³

Women cannot leave an unsafe marital because they fear destitution: they are dependent on their husbands for indirect access to and control over resources and ultimately for their own and their children’s survival, especially in the rural areas.⁷⁸⁴ The Head of Policy

⁷⁸² Programme Manager, Story Workshop (18/07/07) Offices of the Story Workshop: Blantyre, Malawi

⁷⁸³ Luciano, E. (13-19/05/2006) ‘Stalemate on preventing domestic violence’, *Malawi News*, p.4

⁷⁸⁴ Gender Network National Coordinator, Action Aid (17/07/07) Offices of Action Aid: Lilongwe, Malawi; Programmes Coordinator, Malawi Center for Advice, Research and Education on Rights (Malawi CARER) (18/07/07) Offices of Malawi CARER: Blantyre, Malawi; Head of Assemblies of God Relief and Development Services (AGREDS), Assemblies of God Church (12/07/07) Offices of the Assemblies of God Church: Lilongwe, Malawi; Behaviour Surveillance Research Coordinator, Family Health International (FHI) (26/07/07) Offices of FHI: Lilongwe, Malawi; Chairperson, Women’s Coalition (17/07/07) Offices of Action Aid: Lilongwe, Malawi; Representatives of the HIV/AIDS Section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi; Head of the Home Based Care Unit, Roman Catholic Church (20/07/07) Offices of the Roman Catholic Church: Limbe: Malawi; Program Officer, National Initiative

Support and Development at the NAC proposes that ‘marriage is like a tool for their daily upkeep and the family’.⁷⁸⁵ Women are not in a position to leave the relationship in order to be able control their sexuality and have no options if their demands for safe sex are ignored. As the Head of the Women Lawyers Association highlights ‘your husband might be abusing you but he is also the only breadwinner’.⁷⁸⁶ As the Chief Law Reform Officer at the Law Commission reports, ‘as long as there is food on the table they stand the battering... that is the attitude, especially when you go to the rural areas. If the woman goes and complains to the parents “oh he is beating me” the first question is “but isn’t he feeding you well? Isn’t he taking care of you? Then go back to your husband”’.⁷⁸⁷ The majority of women would not confront their husbands about their extra-marital affairs because they fear divorce, as the Head of Policy Support and Development at the NAC reflects:

for Civic Education (NICE) (16/07/07) Offices of NICE: Lilongwe, Malawi; Acting Programmes Manager, The Malawi Network of People Living with HIV (MANET Plus) (24/07/07) Offices of MANET-Plus: Lilongwe, Malawi; Head of Policy Support and Development, National AIDS Commission (NAC) (24/07/07) Offices of NAC: Lilongwe, Malawi; Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi; Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi; HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi; Head of the Seventh Day Adventist Church, Seventh Day Adventist Church (24/07/07) Offices of the Seventh Day Adventist Church: Lilongwe, Malawi; Programme Manager, Story Workshop (18/07/07) Offices of the Story Workshop: Blantyre, Malawi; Programme Manager - Gender, Canadian International Development Agency (CIDA) (27/07/07) Offices of CIDA: Lilongwe, Malawi; Strategic Manager - Youth Alert Programme, Population Services International (PSI) (20/07/07) Offices of PSI Malawi: Blantyre, Malawi. See also Government of Malawi (2005) ‘The Women, Girls and HIV/AIDS Program and National Plan of Action’, Government of Malawi: Lilongwe, Malawi, 3.3.1; WLSA (2000) p.32; Banda (2005) p.182; Ngwira, N., Bota, S. and Loevinsohn (2001) ‘HIV/AIDS, agriculture and food security in Malawi: Background to action’, Regional Network on HIV/AIDS, Rural Livelihoods and Food Security (RENEWAL): Lilongwe, Malawi and the Hague, Netherlands, p.13

⁷⁸⁵ Head of Policy Support and Development, National AIDS Commission (NAC) (24/07/07) Offices of NAC: Lilongwe, Malawi

⁷⁸⁶ Head, Women Lawyers Association (WLA) (16/07/07) Offices of the WLA: Lilongwe, Malawi

⁷⁸⁷ Chief Law Reform Officer, Law Commission (11/07/07) Offices of the Law Commission: Lilongwe, Malawi

Sometimes the woman can even know that the man is probably going about, is having an extra-marital affair. But because the woman is not economically empowered she fears if she wants to say it the man might divorce her and then she has got nothing, she has got no money, she is powerless, she cannot even afford to take care of her children. So much as maybe she has got the information; she fears that if the marriage ends she has got nowhere to go.⁷⁸⁸

There is a pervasive discourse that women must remain in marriage for the welfare of the children.⁷⁸⁹ As the Senior Programme Manager of the 'Packachere' Programme (PSI) explains:

There are women who are living in families not happily and they do know that the relationship will end in them contracting HIV or other STIs, but they cannot leave the house because either they have got children who if they leave the house they cannot fend for or they have got no house. If they leave they are not working so where are they going to stay and where do they get support? So they live while persevering and say that 'so long as I am eating and my kids are' and they stay in the house.⁷⁹⁰

As a column in the 'gender' section of 'The Sunday Times' reports, many people are of the opinion that 'if a man, who is the breadwinner is convicted [under the domestic violence law] and is thrown in jail, it is the wife and children who will also be economically deprived.'⁷⁹¹ Where women do report the abuse from their husbands they tend to eventually

⁷⁸⁸ Head of Policy Support and Development, National AIDS Commission (NAC) (24/07/07) Offices of NAC: Lilongwe, Malawi. Also Programme Officer, The Joint United Nations Programme on HIV/AIDS (UNAIDS) (25/07/07) Offices of UNAIDS: Lilongwe, Malawi

⁷⁸⁹ Programme Officer, The Joint United Nations Programme on HIV/AIDS (UNAIDS) (25/07/07) Offices of UNAIDS: Lilongwe, Malawi

⁷⁹⁰ Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi (PSI)

⁷⁹¹ Semphere, P. (23/07/2005) 'Home in Harmony: Property Grabbing', *The Sunday Times*, p.4

want him released because they cannot survive without him. As the Senior Assistant to the Chief State Advocate at the Ministry of Justice and Constitutional Affairs explains ‘What if they come and arrest the husband? The next thing is she will start complaining ‘no my husband has been arrested, who will look after my kids?’⁷⁹² A study by Women and the Law in Southern Africa (WLSA) reveals that in cases where wife battering occurs women tend not to access justice because ‘if they reported this problem to the police, the husbands would perhaps be arrested and they would be left with no breadwinner.’⁷⁹³

4.2.1 *Access to and control over land, crops and credit*

In Malawi, as is the situation across Africa, men tend to control and manage most agricultural resources including land, livestock, export crops, the revenue from crop sales, means of transport, purchased inputs including fertiliser, credit..⁷⁹⁴ The discussion here focuses on access to and control over land, crops and credit.

Men typically dominate in access to and control over land, which is critical because Malawi is a predominantly agrarian society with ninety-five percent of the population living in rural areas. Land ownership plays an important role in determining levels of poverty and is central to social differentiation.⁷⁹⁵ Land provides people with food security and a primary means for generating a livelihood: it is ‘a main vehicle to invest, accumulate wealth, and transfer it between generations.’⁷⁹⁶ Economic survival is dependent on agricultural smallholdings, with rural households having on average 1.2 hectares of land.⁷⁹⁷ Access to

⁷⁹² Senior Assistant to the Chief State Advocate/ Human Rights Coordinator, Ministry of Justice and Constitutional Affairs (25/07/07) Offices of the Ministry of Justice and Constitutional Affairs: Lilongwe, Malawi

⁷⁹³ WLSA (2000) p.22

⁷⁹⁴ Koopman, J. (1995) ‘Women in the rural economy: Past, present and future’, in Hay, M.J. and Stichter, S. (eds.) *African Women South of the Sahara*, Longman: Harlow pp.3-22, p.21

⁷⁹⁵ Government of Malawi (June 2006) ‘Malawi poverty and vulnerability assessment’, Government of Malawi and World Bank: Lilongwe, p.47; Peters, P.E. (2002) ‘Bewitching Land: The Role of Land Disputes in. Converting Kin to Strangers and in Class Formation in Malawi’, *Journal of Southern African Studies*, p.155

⁷⁹⁶ Mbaya, S. (2002) ‘HIV/AIDS and its impact on land issues in Malawi’, a paper presented at the FAO/SARPN Workshop on HIV/AIDS and Land, 24-25 June 2002, Shere View Lodge, Pretoria.

⁷⁹⁷ Government of Malawi (June 2006) ‘Malawi poverty and vulnerability assessment’, Government of Malawi and World Bank: Lilongwe, p.47

land through both customary inheritance and modern means discriminates against women, leaving them impoverished and unable to leave an unsafe marital union.

In the patrilineal areas of the north customary land inheritance is traced through the male line and access to land is dependent on the presence of a male adult. On divorce the wife would lose all access to the land. On the death of the husband the ability of the wife to access and retain land becomes uncertain and often the husband's family would gain possession of all the assets.⁷⁹⁸ In the matrilineal areas in the south land inheritance is traced through the female line. Rose reports for example how Chewa women have some control over land because 'a woman has rights over land allocation and use, receiving land from her relatives in the maternal village and participating in a female support system.'⁷⁹⁹ If a woman divorces her husband she would retain access to the land. However, although women have greater security of tenure than women in the north, it is still a patriarchal structure in reality. Women only gain access to land on marriage. Men act as the matrilineage heads (*nkhoswe*) and the wife's brother (*mvini mbumba*) has domestic authority and control over the land and property. In addition, although the wife has the rights to the land, the husband has the rights to the use of the land and its products.⁸⁰⁰ Widows living under both the patrilineal and matrilineal marriage systems are frequently denied continued access to their land and are dispossessed of their land.⁸⁰¹ Women are more likely to experience denial of property than men.⁸⁰² According to traditional customs all the property is shared amongst the husband's family on his death apart from kitchen items that belong to the wife to ease the pain of

⁷⁹⁸ Mbaya (2002) p.3

⁷⁹⁹ Rose, L. (Unknown) 'Women's strategies for customary land access in Swaziland and Malawi: A comparative study', *Africa Today*, pp.123-149, p.133

⁸⁰⁰ Mbaya (2002); Rose (Unknown) p.133; Kinshindo, P. (1994) 'Land tenure; the case of Salima District, central Malawi', *Malawi Journal of Social Science*, 16, pp.57-67, pp.59, 61

⁸⁰¹ Gender Network National Coordinator, Action Aid (17/07/07) Offices of Action Aid: Lilongwe, Malawi; Representatives of the HIV/AIDS Section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi. Mbaya (2002) p.10

⁸⁰² Senior Assistant to the Chief State Advocate/ Human Rights Coordinator, Ministry of Justice and Constitutional Affairs (25/07/07) Offices of the Ministry of Justice and Constitutional Affairs: Lilongwe, Malawi. See also CILIC (June 2007) p.6; Government of Malawi (June 2006) 'Malawi poverty and vulnerability assessment', Government of Malawi and World Bank: Lilongwe, p.33; Society for the Advancement of Women (SAW) (2005) SAW Newsletter, July-September 2005, 1:1, p.1; Kondowe and Mulera (1999) p.5 Cited in Lwanda (2005) p.124

mourning.⁸⁰³ As representative of the Ministry of Justice reflects property grabbing ‘leaves the wife and the children destitute and even more vulnerable to HIV and AIDS.’⁸⁰⁴ The level of the dispossession of widows of their land is growing with the increasing death of their husbands due to HIV/AIDS.⁸⁰⁵ In addition, a family may have to liquidate its assets to generate an income to alleviate the burden of HIV/AIDS in their family.⁸⁰⁶

Major shifts in matrilineal areas have eroded the traditional rights of women to land. These shifts included slavery and incursions during the pre-colonial period. During the colonial period individual ownership of land was introduced and continued after independence. Men benefited because the individuals who exclusively owned land were male heads of household. The major land registration project registered all the land in the name of the senior man, even though women in matrilineal areas were ones with access to land through their kin.⁸⁰⁷ Upon the husband’s death the wife is not considered the heir.⁸⁰⁸ In addition, the involvement of men in labour activities beginning in the 1890s led to their migration.⁸⁰⁹ With the shift to waged labour men may take their wives to their own villages and or areas where they can find secure waged employment, instead of residing in the wife’s village.⁸¹⁰ In more recent years, land distribution has been under pressure from increased population and reduced land fertility. The scarcity of land creates a struggle for access to land and this is exacerbated by the increasing commodification of land, it also increases the dependency of women on their husband’s waged income and a marriage tie.⁸¹¹ As a result

⁸⁰³ Tango International (2004) p.2

⁸⁰⁴ Senior Assistant to the Chief State Advocate/ Human Rights Coordinator, Ministry of Justice and Constitutional Affairs (25/07/07) Offices of the Ministry of Justice and Constitutional Affairs: Lilongwe, Malawi. See also Government of Malawi (2005) ‘The Women, Girls and HIV/AIDS’, 3.3.1

⁸⁰⁵ Mbaya (2002) p.8

⁸⁰⁶ Mbaya (2002) p.10

⁸⁰⁷ Lele, U. (1975) *The Design of Rural Development Lessons from Africa*, John Hopkin’s Press: Baltimore; Rogers, B. (1980) *The Domestication of Women : Discrimination in Developing Societies*, St Martin’s Press: New York cited in Spring, A. (1995) *Agricultural Development and Gender Issues in Malawi*, University Press of America: London, pp.22

⁸⁰⁸ Gray, L. and Kevane, M. (1999) ‘Diminished access, diverted exclusion: Women and land tenure in Sub-Saharan Africa’, *African Studies Review*, 42:2, pp.15-39, pp.24, 25

⁸⁰⁹ Davidson, J. (1993) ‘Tenacious women: Clinging to *banja* household production in the face of changing gender relations in Malawi’, *Journal of Southern African Studies*, 19:3, pp.405-21

⁸¹⁰ Kishindo (1994) p.60

⁸¹¹ Tango International (2004) p.2; Rose (Unknown) p.133; Hirschmann, D. and Vaughan, M. (1983) ‘Food production and income generation in a matrilineal society: rural women in

there has been the decline of traditional support systems for extended families, including land allocation for widows and there is insufficient land to ensure women economic independence.⁸¹² In addition, there has been the manipulation of the social interpretation and enforcement of rights. For example the use of the land has been changed to put into male control. Inheritance rights interpreted in such a way that the wife does not inherit land.

Modern channels providing formal access to land often supersede customary channels, and these disproportionately benefit men. Conversely, women are restricted in their economic and social ability to access land in a multitude of ways. Lacking economic power, women rarely access land through direct purchase. They do not have land to give them financial security and do not earn enough to purchase outright.⁸¹³ In addition, women lack the necessary education to understand procedures, bureaucracy and laws of formal access to land. Furthermore women must be married in order for land to be registered to them through their husband's name. However, it must be recognised that some women gain from land registration, providing the basis of human rights programmes to protect widows from dispossession. Informal land markets are also gaining acceptance. However, poor women do not benefit because they lack the necessary skills and experience to manage market transactions.⁸¹⁴

As explored further in chapter five there is a gender division in farming whereby the tendency is for men grow to the cash crops and women grow the subsistence crops. Men therefore tend to control the cash crops including tobacco, which is predominantly grown in the north and is the most important cash crop in Malawi. One man in focus groups conducted by Saur *et al* draws the analogy that 'women are like trailers while the man is the truck driver so we have to control the resources.'⁸¹⁵ Despite the heavy workload women

Zomba, Malawi', *Journal of Southern African Studies*, 10:1, Special Issue on Women in Southern Africa, pp.86-99, p.99; Peters (2002) p.177

⁸¹² Tango International (2004) p.2

⁸¹³ Butegwa, F. (1994) 'Using the African Charter on Human Rights to secure women's access to land in Africa', in Cook, R. (Ed.) *Human Rights of Women: National and International Perspectives*, University of Pennsylvania Press: Philadelphia, pp.495-514, p.499

⁸¹⁴ Kinshindo, P. (2004) 'Customary land tenure and the new land policy in Malawi', *Journal of African Studies*; Tango International (2004) p.2

⁸¹⁵ Saur *et al* (2001) p.28

undertake in tobacco production, they have little or no control over the proceeds.⁸¹⁶ It is widely reported that when the crop is harvested the husband leaves and takes the earnings. For example Banda reflects on one seminar conducted for her research with Baptist women in the south-east region where one woman revealed that ‘At least four time, our marriage has been interrupted by him [the husband] running off with other women. He usually does this after harvest time, when we have sold our produce.’⁸¹⁷ It is also reported that in Karonga district women are chased away from their homes after the crops are harvested. One woman is quoted by ‘The Nation’ as reporting that:

As women, we normally dread the harvesting and selling period... All this is happening despite the fact that we worked together in the fields up to the time of harvesting. It would have been understandable if they had done the job alone, they just want to sell the rice on their own, spend the money and call us back during the next growing season.⁸¹⁸

The involvement of women in decisions about farm inputs and planning is largely limited to crops that do not require fertilizer application.⁸¹⁹ Women have only limited access and control of small holdings subsistence crops and the sales of any excess of these crops. As Koopman argues woman’s food output and income is rarely adequate for her responsibilities for managing the family.⁸²⁰ As is reported to be the situation across Sub-Saharan Africa ‘women have an important instrumental role in investing in children. Women tend to spend a greater proportion of earnings they control on household needs, particularly for the children, than men do.’⁸²¹

⁸¹⁶ Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi; Saur, M., Semu, L. and Hauya Nda, S. (2005,2001) ‘*Nkanza*, listening to peoples voices: A study of gender-based violence, *Nkanza*, in three districts of Malawi’, *Kachere Series*, Monfort Media: Balaka, Zomba, 21, p.28

⁸¹⁷ Banda (2005) p.185

⁸¹⁸ Nyirenda (19/07/06) p.25

⁸¹⁹ Government of Malawi (June 2006) ‘Malawi poverty and vulnerability assessment’, Government of Malawi and World Bank: Lilongwe, p.33

⁸²⁰ Koopman (1995) p.21

⁸²¹ The Commission for Africa (2005) ‘Our Common Interest: Report of the Commission for Africa’, The Commission for Africa, March, p.208

Men are also more likely to be the ones that can access credit and loans. In particular, the larger the value of the loan, the likelihood that the recipient is a woman decreases.’⁸²² Formal credit lending institutions require collateral or that the loan is for investing in cash crops. For example the Malawi Rural Finance Company (MRFC) and the Malawi Union of Savings and Credit (MUSCCO) provide seasonal agricultural loans based on the size of the land holdings. Women’s lack of access to and control of resources, including land and other collateral, restricts their access to credit and loans. Although the Promotion of Micro Enterprises for Rural Women (PMERW) was established as a credit program for poor rural women with land holdings of less than half a hectare, it still favours relatively rich households.⁸²³ Women also have less informal credit opportunities, access to smaller loans with higher interest rates and are liable to property grabbing exceeding the value of the loan if they fail to repay.⁸²⁴ Women tend to join informal neighbourhood and women’s savings groups or keep their money in a safe place.⁸²⁵ Women are not in a position to access the necessary resources to start up their own businesses. ‘10 percent of women owned and managed their own enterprises, compared to 16 percent of men.’⁸²⁶ Women need their husband’s approval for example to access credit and for legal transactions.⁸²⁷ As the Chairperson the Women’s Coalition identifies the limited access of women to credit is exacerbated if they are HIV positive.⁸²⁸

4.2.2 Women are vulnerable if they leave the marriage

Women tend to fear that they have nowhere to go if they divorce their husbands.⁸²⁹ The family of the wife will not want to resume their financial responsibilities for their daughter.

⁸²² Government of Malawi (June 2006) ‘Malawi poverty and vulnerability assessment’, Government of Malawi and World Bank: Lilongwe, p.33

⁸²³ Tango International (2004) pp.6-7

⁸²⁴ Tango International (2004) p.7

⁸²⁵ Tango International (2004) p.7; Pinter, C. (2004) ‘Economic pathways for Malawi’s rural households’, Report for Care International, Malawi

⁸²⁶ Government of Malawi (June 2006) ‘Malawi poverty and vulnerability assessment’, Government of Malawi and World Bank: Lilongwe, p.33

⁸²⁷ Spring (1995) p.22

⁸²⁸ Chairperson, Women’s Coalition (17/07/07) Offices of Action Aid: Lilongwe, Malawi

⁸²⁹ Head of Policy Support and Development, National AIDS Commission (NAC) (24/07/07) Offices of NAC: Lilongwe, Malawi

The Population and Health Specialist at the World Bank suggests that the women would not want to go back to their families either:

In fact if you are in marriage it is not that normal to go back into your parent's house again. So if you are going to get out of that relationship then you are going to have to really think 'where am I going to go?' They would rather not go into their parent's house again.⁸³⁰

Women who do lose the relationship are left vulnerable to impoverishment. As the 'Malawi Poverty and Vulnerability Assessment' reports 'female households are disproportionately poor'.⁸³¹

If a woman does leave her marriage their economic vulnerability may cause them to engage in marginal work including transactional sex and other risky behaviour. As the Senior Programme Manager of the 'Packachere' Programme (PSI) proposes:

Maybe that leads to the women turning into... prostitution because they want to make money and sustain their lives and start maybe other businesses like brewing beer that can also lead into prostitution and they can end up begging in the streets.⁸³²

This behaviour leaves women at a heightened risk of HIV infection but the necessity to survive supersedes everything else.⁸³³ Despite knowledge of the risks, individuals must weigh

⁸³⁰ Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi. Also reported in the interview with the Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi

⁸³¹ Government of Malawi (June 2006) 'Malawi poverty and vulnerability assessment', Government of Malawi and World Bank: Lilongwe, p.33

⁸³² Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi (PSI)

⁸³³ Acting Programmes Manager, The Malawi Network of People Living with HIV (MANET Plus) (24/07/07) Offices of MANET-Plus: Lilongwe, Malawi; Representatives of the HIV/AIDS Section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi. Rankin *et al* (2005) p.5; Chigona, L. and Limbani, F. (2005) 'Baseline

up life choices and may engage in risky behaviour. A short-term concern for survival eclipses any long-term concerns about a possible death from AIDS.⁸³⁴ ‘The duration between HIV infection and the onset of AIDS varies but averages 9-10 years, and death typically ensues within 1-2 years of onset.’⁸³⁵ As a WFP HIV/AIDS Programme Officer highlights, ‘Women would do anything when they are poor. Most of them would risk having sexual intercourse just to get funds or just to get food.’⁸³⁶ As research by Kinshindo in Zomba in 1992 suggests, bar girls that engaged in sex work earned a reasonable wage compared with formal employment. The minimum monthly wage at the time was 52.2 Malawi Kwacha (MK) whilst the bar girls were paid 21.50 MK a month from the bar and for each act of sexual intercourse they could expect to earn 10MK within the municipality and 5MK outside it.⁸³⁷ Other marginal work including informal commercial ventures can put women at risk of HIV infection. Women may have to exchange sexual services for commercial advantages. As a Technical Advisor to the ‘Women, Girls and HIV/AIDS – Programme and Plan of Action’ explains:

Should they engage into business, most people they have contact in their businesses is men. Usually men ask for sexual favours to support them in that. I will give an example of the border: nowadays most women go to Tanzania or South Africa, when they are asked for customs sometimes they are charged so exorbitantly they cannot afford to pay, so the customs people they will ask

survey on the needs and challenges of commercial sex workers and young women in Balaka and Nselema in relation to their sexual health and HIV/AIDS’, Yonoco: Zomba, Malawi; Forster, P.G. (2000) ‘Prostitution in Malawi and the HIV/AIDS risk’, *Nordic Journal of African Studies*, 9:1, pp.1-19, p.4; UNDP Malawi (2003) ‘Malawi Millennium Development Goals Report’, UNDP Malawi: Lilongwe, Malawi, p.18; Marcus, R. (1993) ‘Gender and HIV/AIDS in Sub-Saharan Africa: The cases of Uganda and Malawi’, Institute of Development Studies: Brighton, p.8

⁸³⁴ Ngwira *et al* (2001) p.13 ; Malawi Government (2001); Ngwira *et al* (2001) p.13; Rankin *et al* (2005) p.12

⁸³⁵ MDHS (2004) p.185

⁸³⁶ Programme Officer – HIV/AIDS, United Nations World Food Programme (WFP) (23/07/09) Offices of WFP: Lilongwe, Malawi

⁸³⁷ Forster (2000) p.7

“Let me just sleep with you then you will have to pay nothing.”⁸³⁸

Men may expect sexual services from women who work in restaurants and bars.⁸³⁹ Therefore even if a woman does leave an unsafe marriage, it is likely she will become dependent on other men for her survival. As the Head of the Assemblies of God Relief and Development Services (AGREDS) argues:

What would happen if the woman left her husband? Then she suffers.

Because now sometimes she goes out with the children or the child and the child needs to eat or the children need to eat. There again if she is not strong enough she will end up getting other men. Just for little moneys just for the day. So she going to be like now a tradition every day she must have a man or men who are going to give her some few Kwachas then she buys flour for nsima and then they eat...⁸⁴⁰

Women in such a position may ignore the risks of HIV/AIDS because they seek the economic support that other men provide.⁸⁴¹

Where some women are stable and self-dependent they may be in a better position to leave an unsafe marriage. As the Programme Officer at the NICE reports, ‘in a situation where a woman finds she will be able to stand on her own and support herself and her children and the like, you find that women are ready to leave when a relationship is life threatening.’⁸⁴² For example, the wife of the Paramount Chief M’mbelwa IV of Mzimba was filing for divorce because of claims of adultery, cruelty and desertion.⁸⁴³ However, although in some cases women are in a position to be able to leave, this is not typical for most women

⁸³⁸ Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi

⁸³⁹ Rivers *et al* (1998) p.278

⁸⁴⁰ Head of Assemblies of God Relief and Development Services (AGREDS), Assemblies of God Church (12/07/07) Offices of the Assemblies of God Church: Lilongwe, Malawi

⁸⁴¹ Banda (2005) p.189

⁸⁴² Program Officer, National Initiative for Civic Education (NICE) (16/07/07) Offices of NICE: Lilongwe, Malawi; Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi

⁸⁴³ Langa, J. (11/07/06) ‘M’mbelwa’s wife files for divorce’, *The Nation*, p.1-2

in Malawi, as the Technical Advisor to the 'Women, Girls and HIV/AIDS – Programme and Plan of Action' explains:

Some [leave] but they are small numbers. I know of [someone] who just moved out. She said 'look, I knew my husband was moving around and I know that some of his girlfriends have died because of the AIDS. And therefore I was demanding that we chose to use a condom, if no condoms then forget our sexual relationship.... But he would not accept that so decide to move out and he is working elsewhere'... [This woman] is empowered and able to make her own informed decisions but usually in the village the situation is different.⁸⁴⁴

4.3 The legal status of women

Women in Malawi tend to lack the legal power to leave a marital union even if it puts them at risk of HIV infection because of gendered structures that are entrenched in the legal framework. Traditionally, the laws were concerned with the rights of men in the public sphere. In more recent decades, there has been a shift and women's rights and issues pertaining to women have emerged onto the legal agenda. However, despite these shifts, the gendered structures are pervasive across society to limit the extent to which women can effectively utilise the legislation.

4.3.1 The laws on divorce

Traditionally, the laws were concerned with the rights of men in the public sphere; they were not effective for women and did not address women's interests. The legal framework was largely inherited from colonial rule and it was biased against women. It was created by men

⁸⁴⁴ Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi

and did not account for unwritten laws of African custom.⁸⁴⁵ The laws are defined by men and the legal institutions were dominated by men. The interests of men were protected by law because laws predominantly concern public life in the masculine sphere of the state. In stark contrast, issues pertaining to women are considered to lie within the private sphere of non-intervention and outside realm of the law.⁸⁴⁶ As a result men can remarry and engage in polygamy whereas ‘it is not lawful to remarry on the part of the female spouse unless a valid divorce certificate is obtained.’⁸⁴⁷

Men are the subjects in the legal system because they are the ones who are recognised as individuals. In stark contrast, women are often excluded from the status of individuals before the law. Ursula Vogel expresses that ‘[i]n the eyes of law [women] did not exist, being dependent upon others to represent them in court, to administer their property, to make decisions for their children.’⁸⁴⁸ This is especially the case when women marry because they lose any status as an individual. As Blackstone explains, in accordance with the institution of marriage ‘the husband and wife are one person in law; that is, the very being or legal existence of the woman is suspended during the marriage or at least is incorporated and consolidated into that of the husband.’⁸⁴⁹

In more recent decades, there has been a shift and women’s rights have emerged onto the legal agenda. This is particularly associated with the shift to democracy in 1994, as explored in chapter two. The new Constitution of Malawi was created in 1994 which paved

⁸⁴⁵ Law Commissioner, Chief Law Reform Officer and HIV/AIDS Law Reform Officer, Law Commission (11/07/07) Offices of the Law Commission: Lilongwe, Malawi

⁸⁴⁶ Senior Assistant to the Chief State Advocate/ Human Rights Coordinator, Ministry of Justice and Constitutional Affairs (25/07/07) Offices of the Ministry of Justice and Constitutional Affairs: Lilongwe, Malawi. For the situation in Africa generally see Manji, A.S. (1999) ‘Imagining women’s ‘legal world’: Towards a feminist theory of legal pluralism in Africa’, *Social Studies*, 8:4, pp.435-455, p.435-6

⁸⁴⁷ Chimango, L.J. (1974) ‘The civil jurisdiction of the national traditional appeal court in Malawi: Divorce and rationale’, paper presented at seminar on ‘New directions in African Family Law’, Leiden, 30 December -4th October 1974, Afrika-studie centrum: Leiden, p.4

⁸⁴⁸ Vogel, U. (1998) ‘Under permanent guardianship: Women’s conditions under modern civil law’, in Jones, K.B. and Jonasdottir, A.G. (eds.) *The Political interests of Gender: Developing Theory and Research with a Feminist Face*, Sage: London, pp. 135-160

⁸⁴⁹ Wollstonecraft, M. (1975) *Vindication of the Rights of Women*, in Krammick, M.B. (ed.) Harmondsworth: Penguin, p.34

the way for the protection of human rights, including women's rights.⁸⁵⁰ However, despite these shifts the legislation is limited in its effectiveness for empowering women to leave an unsafe marital union.

There is legislation for women to utilise to divorce their husbands. Under section 5 of the Divorce Act (cap.25:04) a petition must be presented for divorce to be granted. The grounds for divorce include adultery, cruelty, desertion, unsound mind. Offences include adultery, cruelty, desertion, laziness, persistent acts of malicious damage to property, gross acts of sexual impropriety, willful refusal to maintain wife or children, unnatural sexual behaviour, venereal disease, quarrelsomeness, *mitala* (spouse enters into polygamous union without consent of other spouse) and medicine brought in the matrimonial home without the consent of the partner.⁸⁵¹ However, there are several barriers to women utilising this legislation. The grounds for divorce need to be proved and this can be problematic for women.

Under customary law the Mzimba Appeal Court ruled that in cases where the husband has deserted his wife the wife is only justified in seeking divorce after 4 years unless she can produce documents from her husband to say he does not want her.⁸⁵² It is difficult for women to get granted a divorce because of the emphasis on reconciliation within the traditional courts.⁸⁵³ It is also necessary for both parties to a marriage to be present in order for a court to grant a divorce and it is therefore problematic for a wife to get granted a divorce in circumstances where her husband is away. However, according to the National Traditional Appeal Court (NTAC) 'it is in line with Chewa customary law that in the absence of the husband, his *ankhowsa* (marriage counsellor) can act as the respondent, has all the rights and liberties in a divorce suit and can grant divorce to the wife.'⁸⁵⁴

⁸⁵⁰ Senior Assistant to the Chief State Advocate/ Human Rights Coordinator, Ministry of Justice and Constitutional Affairs (25/07/07) Offices of the Ministry of Justice and Constitutional Affairs: Lilongwe, Malawi; Representatives of the HIV/AIDS Section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi

⁸⁵¹ Chimango (1974) p.16

⁸⁵² Chimango (1974) p.18-19

⁸⁵³ Chimango (1974) p.22

⁸⁵⁴ Chimango (1974) pp.7-8

Traditionally across Africa women are vulnerable if their husband dies because their rights to inheritance are non-existent or very limited.⁸⁵⁵ The ownership of the land stays with the man and on his death the in-laws may seize the land. Legislation exists in Malawi that grants women the right to formal equality of access to land but women are still vulnerable to losing their land on divorce. The Malawian Constitution establishes the legal right of women to property and invalidates any discriminatory laws on the basis of gender or marital status:

Same rights as men in civil law, including equal capacity: to enter into contracts; to acquire and maintain rights in property; to acquire and retain custody, guardianship and care of children and to have an equal right in the making of decisions that affect their upbringing. On the dissolution of marriage... (women are entitled) to a *fair* disposition of property *that is held jointly* with a husband; (and) to fair maintenance.⁸⁵⁶

However, the references to what is ‘fair’ and ‘that is held jointly’ would appear to provide significant loopholes in the Constitution. In addition, the Land Reform Inquiry 1996-1999 brought about the Land Reform Act in January 2002, which included land registration, all children inherit their family’s land and property equality. However, it was limited in the impact it made on the lives of women because it did not specify the title holder and therefore the tendency was for the land to be registered in the name of the husband as the head of the household and cultural norms limit female ownership of land.⁸⁵⁷ In addition, the Land Act also has no guidelines on inheritance of land on the death of a spouse or close relative and the main legal instrument is the Wills and Inheritance Act.⁸⁵⁸ According to section 84(a) of the ‘Wills and Inheritance Act’ property grabbing is a criminal offence and is punishable by a fine of 20,000 Malawi Kwacha and imprisonment of 5 years. The ‘Wills and Inheritance Act’ was reviewed by the Law Commission March 2003 and the report of

⁸⁵⁵ Senior Assistant to the Chief State Advocate/ Human Rights Coordinator, Ministry of Justice and Constitutional Affairs (25/07/07) Offices of the Ministry of Justice and Constitutional Affairs: Lilongwe, Malawi. For the situation across Africa see World Bank (2000) ‘Voices of the Poor’, Oxford University Press: New York, p.179

⁸⁵⁶ Section 24(1) Chapter III Malawi Constitution (1995), my emphasis

⁸⁵⁷ Tango International (2004) p.2; Chalimba, M. and Pinder, C. (2002) ‘Gender power relations study and the impact of safety nets in Malawi’, Report for Care Malawi

⁸⁵⁸ Mbaya (2002) p.8

January 2004 recommend the replacement of the present ‘Wills and Inheritance Act’ with a New Act – the ‘Deceased Estates (Wills, Inheritance and Protection) Act’.⁸⁵⁹ However, there are difficulties for women in application of this law because most Malawians are unfamiliar with wills.⁸⁶⁰ In addition, the National Land Policy recognises women as a marginalised group but excludes them from access to land by providing for those with “the ability and resources” to make productive and sustainable use of the land.⁸⁶¹

Under customary law there are provisions for the fair distribution of resources during divorce. According to the High Court ruling the spouse who caused the divorce would lose everything whilst the property and children go to innocent party. However, there is also the half-half rule on the basis that both parties contributed to the marriage. The NTAC asserts that ‘according to customary law if a husband and a wife have worked together in their garden and they want a divorce, that maize is divided amongst... them – some baskets go to the wife and some to the husband.’⁸⁶² In matrilineal societies, the husband must build his wife a house on divorce, or give her a sum of money for that purpose, especially for the benefit of the children.⁸⁶³

There have been moves to tackle the dispossession of widows of their property through Law reform. The Law Commission has made proposals in the ‘Report of the Law Commission on the Review of the Laws on Marriage and Divorce’ (2006) to merge the Marriage Act, Divorce Act, Wills and Inheritance Act into a single ‘Marriage, Divorce and Family Relations Act.’ The Law Commission recommended that the gender anomaly where sons inherit more should be abolished and that the priority in inheritance should go to immediate family – the spouse and children.⁸⁶⁴ As the Senior Assistant to the Chief State

⁸⁵⁹ Semphere, P. (2003) ‘Home in Harmony: Property Grabbing’, *The Sunday Times*, July 23, 2005, p.4

⁸⁶⁰ Senior Assistant to the Chief State Advocate/ Human Rights Coordinator, Ministry of Justice and Constitutional Affairs (25/07/07) Offices of the Ministry of Justice and Constitutional Affairs: Lilongwe, Malawi

⁸⁶¹ Mbaya (2002) p.10

⁸⁶² Chimango (1974) p.31

⁸⁶³ Chimango (1974) p.31

⁸⁶⁴ Malawi Law Commission (June 2006) ‘Report of the Law Commission on the Review of the Laws on Marriage and Divorce’, Malawi Law Commission: Lilongwe, Malawi; Senior Assistant to the Chief State Advocate/ Human Rights Coordinator, Ministry of Justice and Constitutional Affairs (25/07/07) Offices of the Ministry of Justice and Constitutional Affairs: Lilongwe, Malawi

Advocate reflects this 'is very radical in terms of our cultural aspect because when we talk of an African family... you never talk just of the spouse and children, you talk of cousins, great, great cousins and whatever. So what this is to say is that it is immediate, it is limiting obviously to mean just the spouse and the children. Because previously it talked of dependants... dependents can be anybody, it can be the whole village dependent on you.'⁸⁶⁵

Moreover, the Law Commission (June 2006) 'Report of the Law Commission on the Review of the Laws on Marriage and Divorce' highlights the need for HIV/AIDS to be included amongst the grounds for divorce:

In view of the prevalence of HIV and AIDS and the need to protect spouses in the family setting, the Commission at one time considered recommending that HIV and AIDS should also be one of the reasons culminating in the irretrievable breakdown of the marriage. The Commission was aware that making a person's serostatus a reason for the irretrievable breakdown of a marriage can be objectionable in some quarters as it may be seen as discriminatory against those persons who are seropositive and may increase the stigma attached to HIV and AIDS. In the final analysis, the Commission resolved to exclude highlighting HIV serostatus as a separate reason for the irretrievable breakdown of marriage. However, the commission was of the view that HIV serostatus may be adduced in evidence as a specific reason for the irretrievable breakdown of marriage in appropriate cases where it is a proven medical fact and the partner refuses to manage his or her serostatus.⁸⁶⁶

The Senior Assistant to the Chief State Advocate at the Ministry of Justice and Constitutional Affairs and Constitutional Affairs reflects that the proposed bill means that 'the court can consider any other factors as to whether there has been a complete break down of the marriage and consider whether a divorce should be granted' and these are

⁸⁶⁵ Malawi Law Commission (June 2006); Senior Assistant to the Chief State Advocate/ Human Rights Coordinator, Ministry of Justice and Constitutional Affairs (25/07/07) Offices of the Ministry of Justice and Constitutional Affairs: Lilongwe, Malawi

⁸⁶⁶ Malawi Law Commission (June 2006) p.46

identified by the Law Commission to include evidence of the husband's HIV status.⁸⁶⁷

However, this is problematic because of the complications of proving medical fact that one partner infected another, refuses to manage his or her status and refuses to use condoms.⁸⁶⁸

4.3.2 Gendered structures limit the effective use of the legislation

Despite these shifts, the gendered structures are pervasive across society to limit the extent to which women can effectively utilise the legislation. Both the customary and statutory legal systems are patriarchal structures and as a result women do not have the legal power to leave a marital union that puts them at risk of HIV infection. The tendency is for women's legal issues to take the customary law route, which is highly patriarchal in its structure.⁸⁶⁹ The Traditional Authorities tend to be men and although they see hardships faced by many women they tend to favour men, especially in patrilineal villages.⁸⁷⁰ Women are rarely represented on the council of elders and therefore men dominate in decision making.⁸⁷¹ All the matrimonial problems that the woman has, including domestic violence, are channelled through the *ankhowsa* (marriage counsellors) on the man's side of family. The *ankhowsa* are usually couples uncles and according to research by WLSA women felt that the marriage counsellors are biased against them and that it is difficult for men to empathise with women.⁸⁷² The Traditional Authorities, Counsel of Elders and *ankhowsa* have no formal training including gender training and as a result they are not objective or gender sensitive. The study by WLSA therefore argues that there is 'no provision for equal protection of both men and women by customary law'⁸⁷³

It is only when the violence becomes so severe that women have opted out of their marriage contracts that they go to the magistrate's courts and use statutory law. However,

⁸⁶⁷ Senior Assistant to the Chief State Advocate/ Human Rights Coordinator, Ministry of Justice and Constitutional Affairs (25/07/07) Offices of the Ministry of Justice and Constitutional Affairs: Lilongwe, Malawi

⁸⁶⁸ HIV/AIDS Law Reform Officer, Law Commission (11/07/07) Offices of the Law Commission: Lilongwe, Malawi

⁸⁶⁹ WLSA (2000) p.28

⁸⁷⁰ WLSA (2000) pp.35, 36

⁸⁷¹ Tango International (2004) p.2

⁸⁷² WLSA (2000) p.30

⁸⁷³ WLSA (2000) p.30

the statutory law route is also a patriarchal structure: men dominate in the legal profession interpreting and executing the law.⁸⁷⁴ As the Technical Advisor to the ‘Women, Girls and HIV/AIDS – Programme and Plan of Action’ reports:

Most of the lawyers, most of those who sit at court to pass judgement are men so you will find they will rather have some favour towards the men than towards the women. So you may find they say “no just go and persevere, he will change, he will change, eventually he will change”.⁸⁷⁵

Similarly those persons administrating the land tend to be men and as a result the *de-facto* position is unequal access to land.⁸⁷⁶ WLSA argues that ‘although the law appears objective in its treatment of ‘mankind’, it is inherently biased due to its male patriarchal definition of what is just:’ men executing law perceive justice as lack of bias whereas women’s perceptions of justice are concerned with being looked after and provided with the necessities for survival.⁸⁷⁷

There have been moves to enable more women to access justice. Victim Support Units (VSUs) were established under DFID direction for women who wish to take their case to the police. As the Technical Advisor to the ‘Women, Girls and HIV/AIDS – Programme and Plan of Action’ reports there has been a lot of sensitisation conducted with the police to be gender responsive and to be open to cases of domestic violence brought to them by women.⁸⁷⁸ Despite these sensitisation programmes however, gendered ideologies persist that have a negative impact on the capacity of women to access justice. Where cases are taken to the VSU a successful outcome is deemed to be when a couple agrees to stay together, even for cases where the wife is abused. According to the VSU records many of the cases brought

⁸⁷⁴ WLSA (2000) p.17

⁸⁷⁵ Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi

⁸⁷⁶ Mbaya (2002) p.8

⁸⁷⁷ WLSA (2000) p.14

⁸⁷⁸ Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi. Also reported by Head, Society for the Advancement of Women (SAW) (11/07/07) Offices of SAW: Lilongwe, Malawi

to the offices in Mulanje, Dedza and Rumphi were resolved by reconciling the couple. The tendency is that women who are victims of beatings and are threatened are made to realise that they are in the wrong and return to their husbands. In several cases women were taken to the VSU for 'husband abuse', which included incidences where the wife left her husband because he was abusing her.⁸⁷⁹ As a result, women do not believe they have the right to leave their relationship even if they are abused and the violence escalates. The Head of the Society for the Advancement of Women (SAW) reports that in those cases where women do take their cases of domestic violence to the VSU they are referred to the NGOs instead and as a result their case becomes a civil case for divorce rather than a criminal matter.⁸⁸⁰

Further sensitisation is necessary because, as the Senior Assistant to the Chief State Advocate at the Ministry of Justice and Constitutional Affairs highlights, the concept of human rights is still relatively new in Malawi, the legislation on Domestic Violence was only introduced in 2006 and the VSUs are only in their infancy:

This is a fairly new concept in the Malawi Police Service it has never happened before that you have a unit that looks after the victims... We have to train the officers to say 'ok when a hysterical woman comes in she is scared how do you handle her?' Previously the police was known for dealing with criminals, going and arresting the criminals and being rough with the criminals but now we are looking at a concept where the police should be more or less like a home of solace for these women... that expertise our police may not have.⁸⁸¹

The representative of the Ministry of Justice suggests that not all the police stations in the country have that unit fully fledged and running.⁸⁸² The representative identifies that although some training and sensitisation has been done there is the necessity for further

⁸⁷⁹ VSU Mulanje, Dedza and Rumphi – Fieldwork (June 2006)

⁸⁸⁰ Head, Society for the Advancement of Women (SAW) (11/07/07) Offices of SAW: Lilongwe, Malawi

⁸⁸¹ Senior Assistant to the Chief State Advocate/ Human Rights Coordinator, Ministry of Justice and Constitutional Affairs (25/07/07) Offices of the Ministry of Justice and Constitutional Affairs: Lilongwe, Malawi

⁸⁸² Senior Assistant to the Chief State Advocate/ Human Rights Coordinator, Ministry of Justice and Constitutional Affairs (25/07/07) Offices of the Ministry of Justice and Constitutional Affairs: Lilongwe, Malawi

sensitisation across the legal institutions and the Ministry is looking at holding training workshops and training sessions.⁸⁸³

Women often lack the practical capacity to access justice. The majority of women cannot afford to access justice, particularly those from the rural areas who would have to travel to town to access legal services. Often women cannot afford the costs of legal services. The fees for the service of a magistrate are intended to be set at an affordable level for urban population but this level is out of the reach for the majority of the rural population, particularly rural women. In addition, women from rural areas would incur the additional costs of the transport, food and accommodation in town. There is also the cost of their time away from their domestic and farming work they are responsible for. In addition, men tend to control the mobility of their wives, as considered in chapter one. Often women in rural areas rely upon alternative means to access justice. The traditional justice within the community is also a more accessible alternative for rural women. The Village Head and often the marriage counsellors (*ankhowsa*) are within walking distance in the village so there are no transport, food and accommodation expenses incurred.⁸⁸⁴ For women in urban areas the District Commissioner's (DC) office is often more accessible than the chief and it is also easier to visit human rights NGOs if women are aware of their existence. In addition, church services are accessible and do not charge to have a case heard.

Women are marginalised from education in Malawi, as considered in chapters one and three. As a result women are not in a position to be able to understand, defend and promote their rights.⁸⁸⁵ Although there are laws that protect women, the majority of women are not aware of and informed about their legal rights because of their lack of education. The IPPF, UNAIDS and The Global Coalition on Women and AIDS 'Report Card' highlights that: Where supportive legislation exists, public awareness of rights under the law is low, and reporting of breach of rights is even lower.⁸⁸⁶ Many women for example do not know they can leave a marital union or they are not informed about their property rights and processes

⁸⁸³ Senior Assistant to the Chief State Advocate/ Human Rights Coordinator, Ministry of Justice and Constitutional Affairs (25/07/07) Offices of the Ministry of Justice and Constitutional Affairs: Lilongwe, Malawi

⁸⁸⁴ WLSA (2000) p.32

⁸⁸⁵ Tango International (2004) p.5

⁸⁸⁶ IPPF, UNFPA and The Global Coalition on Women and AIDS (2006) 'Report card: HIV prevention for girls and young women', IPPF, UNFPA and The Global Coalition on Women and AIDS: Lilongwe, Malawi, p.2

including how to buy and register land, claim ownership or contest land rights.⁸⁸⁷ As the National Coordinator of MANERELA considers, the courts are in a position to be able to grant divorce but ‘many local women will not access the courts because of their levels of understanding.’⁸⁸⁸ Women tend to have a greater knowledge of traditional legal system as opposed to the modern legal system. For example all villagers are aware of role of chiefs in dispute resolution and women were found in a study by WLSA to use chiefs more than police and courts.⁸⁸⁹ As an interview conducted during IPPF research in 2006 reveals:

The challenge with legislation is that very few people access formal courts and this is worse for rural and poor families.

- Nurse and Counsellor, Counselling Centre⁸⁹⁰

As a result the way in which women seek justice is very different to how justice system should work.⁸⁹¹ In addition, the majority of women are not aware of existence and role of the NGOs in their villages.⁸⁹² Furthermore, women lack the education to be sufficiently confident to defend and claim their rights in face of pervasive taboos and stigma surrounding HIV/AIDS, sex and death. As a report from CILIC reveals ‘women are generally discouraged by moral assumptions of guilt, shame and blame by the community’ and this is also the case for people with higher education.⁸⁹³ There is also a silence surrounding property inheritance because of cultural superstitions about death.⁸⁹⁴

As explored in chapter three the husband may not disclose his serostatus and therefore their wives are not in a position to know they are at risk and to decide if they

⁸⁸⁷ Advocacy Officer, National Association for People Living with HIV and AIDS (NAPHAM) (12/07/07) Offices of NAPHAM: Lilongwe, Malawi; Government of Malawi (2003) ‘National HIV/AIDS Policy: A call for renewed action’, Office of the President and Cabinet (OPC) and National AIDS Commission (NAC): Lilongwe, Malawi, 5.2.1; Mbaya (2002); Tango International (2004) p.5

⁸⁸⁸ National Coordinator, The Malawi Network of Religious Leaders Living with HIV and AIDS (MANERELA) (26/07/07) Offices of MANERELA: Lilongwe, Malawi

⁸⁸⁹ WLSA (2000) p.35

⁸⁹⁰ IPPF, UNFPA and The Global Coalition on Women and AIDS (2006) p.2

⁸⁹¹ WLSA (2000) p.35

⁸⁹² WLSA (2000) p.35

⁸⁹³ CILIC (June 2007)p.7

⁸⁹⁴ Tango International (2004) p.2

should leave or not.⁸⁹⁵ Moreover there is a sense of fatalism whereby people assume that they are most probably HIV infected if their partner is. Kaler cites the popular belief that 'HIV is everywhere and will eventually kill everyone' and that 'AIDS is extremely infective and that if one has been exposed to the virus then one's days are numbered'.⁸⁹⁶ The assumption is that one exposure means guaranteed HIV transmitted. It is therefore widely believed that it is not worth women divorcing their husbands if they discover they are HIV positive.⁸⁹⁷ As the HIV/AIDS Advisor to DFID explains the wife 'might think that he is HIV positive and then say "well I am probably HIV positive as well, if I stay with him that forces him to look after me, to look after the children"'.⁸⁹⁸

There have been some attempts to draw attention to and address the lack of awareness amongst women. The National HIV/AIDS Policy states that the Government undertakes to 'ensure that communities, especially women and the elderly, have access to accurate and comprehensive information, both about laws protecting the legal rights of a surviving spouse to inherit property and about ways to enforce these rights'.⁸⁹⁹ The SAW, WLSA Malawi and Women's Voice conducted awareness campaigns in 2005 for example through rallies, radio, television and meetings where there were plays, songs and dances.⁹⁰⁰

Conclusion

Given the stigma associating HIV/AIDS with sinful sexual behaviour outside of marriage, marriage is popularly advocated as a safeguard against infection. Despite this ideology, marriage puts women at heightened risk of infection from their husband's risky behaviour. Therefore divorce can act as a safeguard against infection. However, the majority of women do not have the power to leave an unsafe marital union. Conversely, if a wife becomes infected her husband is in a position to divorce her to protect him from infection.

⁸⁹⁵ Programme Officer – HIV/AIDS, United Nations World Food Programme (WFP) (23/07/09) Offices of WFP: Lilongwe, Malawi

⁸⁹⁶ Kaler (2003) p.356

⁸⁹⁷ Kaler (2003) p.357

⁸⁹⁸ HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi

⁸⁹⁹ Government of Malawi (2003) 'National HIV/AIDS Policy', 5.4.2

⁹⁰⁰ SAW (2005) SAW Newsletter, July-September 2005, 1:1, p.1

It is not the intention of this chapter to suggest that women should necessarily leave a marital union to protect themselves from HIV infection. As chapter one considers, someone can have the *power to* do something but not necessarily exercise that power. The majority of women in Malawi do not have the *power to* leave a marital union and as a result lack the power to negotiate for safer sex. Moreover the perceived risk of HIV infection from the partner because they will not use a condom or abstain from sex if they are infected, for example, is the concern rather than the person's HIV status.

Gendered structures of power mean that the majority of women are not in a position to leave a marriage if it puts them at risk of HIV infection. Firstly, the majority of women cannot leave because of the social significance of marriage. Women are socially conditioned to want to marry: marriage provides women with security; they can avoid premarital sex; and can begin bearing children. The majority of women cannot leave because of the social pressure to be successful in marriage: they will be perceived to have failed in marriage and even the more educated women fear losing their social status. Women are socially conditioned to persevere in marriage and this includes behaviour that puts them at risk of HIV infection.

The ideology of persevering in marriage is institutionalised throughout society. If women go to their parents they tend to be sent back to their husbands. Within the extended family system a marriage involves two families and even two villages. All matrimonial problems are taken to the marriage counsellors (*ankhowsa*), who are the husband and wife's uncles, and they endeavour to reconcile the couple. It tends to be the case that women have to consult the *ankhowsa* several times and experience repeated violence before being in a position to leave. The capacity of women to leave differs between the matrilineal and patrilineal areas. In the matrilineal areas women have some powers because the husband resides in the wife's village and the wife's brother or uncle has ultimate control. Under the patrilineal system a *lobola* (bride price) is paid and the woman is bound to her husband and his family. If she does leave she may be in apposition where she has to leave her children behind and repay the *lobola*. If the woman goes to her church she is told to persevere in marriage, although the churches may offer her support if she does leave.

Secondly, women tend to lack economic autonomy and are financially dependent upon their husbands for their own and their children's survival; they fear destitution if they leave. According to dominant discourse the woman must stay in the marriage for the welfare

of the children. Men dominate in having control over, and access to, land, crops and credit. In patrilineal areas land inheritance is traced through the male line of descent and, in reality, matrilineal areas also have a patrilineal structure. Women under both systems are frequently dispossessed of their land. In addition, there have been major shifts in the matrilineal system, which have eroded the traditional rights of women to land. Men have control over the cash crops and the money from the sales of these crops, whereas women only control the subsistence crops and the sales of excess food. In addition, men are more likely to access credit and especially larger loans. As a result, women tend to have nowhere to go if they leave and are economically vulnerable. Women may engage in marginal work including transactional sex and other risky behaviour that puts them at risk of HIV infection in order to survive. However, in situations where some women are stable and self dependent they are in a better position to leave.

Thirdly, women tend to lack the legal power to leave an unsafe marital union because of gendered structures within the legal framework and society more generally. Traditionally, the laws are concerned with the rights of men, whereas issues pertaining to women are within the private sphere of non-intervention. There has been a shift in recent decades and women's rights have emerged onto the legal agenda. However, although there is legislation for women to divorce their husbands and secure equal access to land, women are vulnerable because of loopholes in the law. Women are not in a position to utilise the legislation because of gendered structures: both the traditional and modern legal systems are dominated by men; despite some sensitisation of the Victim Support Units (VSUs) there are gender barriers to women utilising them; and, the majority of women lack the practical capacity to access justice. In addition, women are marginalised from education and are not in a position to understand, promote and defend their own rights. They tend to have a greater knowledge of the traditional legal system than the modern legal system. As a result the way that women access justice is very different to how it should work. There have been some attempts to address the lack of awareness amongst women.

This discussion is important for highlighting how women are vulnerable as a result of gendered structures across their lives and as a result a broader understanding of what their empowerment entails is necessary. This empowerment of women includes socially, economically, legally and with regards to their education.

5. The Risk of Contracting HIV

Biologically women are up to four times more susceptible to HIV infection during unprotected sexual intercourse than men. This is because transmission of the virus occurs with greater efficiency from an infected man to a woman, than vice versa.⁹⁰¹ Women are at risk because of the fluid dynamics during sexual intercourse; HIV is more concentrated in semen than in vaginal mucus; and the permeability of the mucous membranes of the vagina.⁹⁰² Although the biological vulnerability of women to HIV infection is widely recognised, it is often disregarded as a 'given'.⁹⁰³ Only through subtle probing of the interviewees for this research, were the underlying gendered structures of this vulnerability engaged with and even then, this was not a comprehensive understanding.

⁹⁰¹ Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi; Head of Policy Support and Development, National AIDS Commission (NAC) (24/07/07) Offices of NAC: Lilongwe, Malawi; National AIDS Committee (NAC) (2003) 'HIV/AIDS in Malawi: Estimates of the prevalence of infection and the implications', NAC: Lilongwe, p.17. for the situation in general see Tinker, A., Finn, K. and Epp, J. (2000) 'Improving women's health: Issues and interventions', *Health, Nutrition and Population (HNP) Discussion Paper*, World Bank: Washington D.C., p.17; Poku, N. (2000) 'Poverty, AIDS and the politics of response in Africa', *International Relations*, xv:3, pp.39-52, p.44. For the debate surrounding the biology of women's vulnerability to HIV see Quinn, T.C. and Overbaugh, J. (2005) 'HIV/AIDS in women: An expanding epidemic', *Science*, 308:5728, pp.1582-3, pp.1583.

⁹⁰² Economic Commission for Africa (CHGA) (2004) 'Impact of HIV/AIDS on Gender, Orphans and Vulnerable Children', *Discussion Outcomes of CHGA Interactive Cameroon*, p.6 www.uneca.org/chga/cameroon_orphans.pdf; Poku (2000) p.44

⁹⁰³ Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi; Acting Programmes Manager, The Malawi Network of People Living with HIV (MANET Plus) (24/07/07) Offices of MANET-Plus: Lilongwe, Malawi; Head of Policy Support and Development, National AIDS Commission (NAC) (24/07/07) Offices of NAC: Lilongwe, Malawi; Programme Manager - HIV/AIDS, Canadian International Development Agency (CIDA) (26/07/07) Offices of CIDA: Lilongwe, Malawi; Programme Assistant, Family Planning Association of Malawi (17/07/07) Offices of the Family Planning Association of Malawi: Lilongwe, Malawi; Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi

This chapter argues that gendered structures underscore important aspects of the biological vulnerability of women to contracting HIV.⁹⁰⁴ Gendered structures lead to behaviour and practices that facilitate HIV transmission and the predisposition of women to poor health that increases their risk of contracting HIV. It is not the intention of this chapter to provide an exhaustive consideration of the biological issues, but instead to enable a meaningful analysis of the importance of the operation of gender-based norms.

5.1 Increased likelihood of HIV transmission during sexual intercourse

Gendered ideologies are constructed in a way that promotes behaviour and practices that increase the probability of infection during sexual intercourse. It is beyond the scope of this current study for a comprehensive survey of the issues, instead the focus here is upon the pertinent issues for this case study: the tendency for girls to have an early sexual debut, the age asymmetry in sexual relationships, the prevalence of violent sex, sexual practices to enhance the man's pleasure and the vulnerability of men to contracting STIs from their multiple sexual partners.⁹⁰⁵

5.1.1 The tendency for girls to have an early sexual debut

In Malawi girls tend to have their sexual debut at a young age.⁹⁰⁶ The legal age for sexual intercourse for girls is thirteen, although there are proposals to increase the age to 16.⁹⁰⁷ The tendency is for girls to have their first pregnancies in their early teens and to closely space

⁹⁰⁴ There are two prominent discourses in the research on the vulnerability of women to HIV/AIDS: a physiological discourse and a development discourse. In research into the gendered dimensions of HIV/AIDS women's physiological susceptibility to HIV infection is often commonly accepted and not analysed from a sociological aspect. However, these two discourses are not disparate. For the development discourse see Poku, (2000); Poku (2001) 'AIDS in Africa: An overview', *International Relations*, xv (6), pp.5-15; Poku (2001) 'Africa's AIDS Crisis in Context: How the Poor are dying', *Third World Quarterly*, Vol. 22, No. 2, 191-204

⁹⁰⁵ Schistosomiasis is a waterborne infection also known as Bilharzia endemic in Malawi and is linked to HIV infection.

⁹⁰⁶ Representatives of the HIV/AIDS Section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi

⁹⁰⁷ Law Commissioner, Law Commission (11/07/07) Offices of the Law Commission: Lilongwe, Malawi

the births.⁹⁰⁸ As a result 60 percent of girls have had at least one child by the age of 19.⁹⁰⁹ This is relevant to this research because where their reproductive systems are immature they provide less of a barrier to HIV transmission, leaving the young girls at risk of infection. It is often not until a girl reaches her late teens or early twenties that the mucous membrane changes from a thin single layer of cells to a thick multi-layer wall.⁹¹⁰ In addition, young girls have a higher risk of infection during sexual intercourse where there is vaginal or cervical trauma and bleeding, including forced sex or the loss of virginity because the blood provides a more effective carrier of the virus.⁹¹¹ They are also at risk of damage and rupture to the vagina during pregnancy because they are not physiologically ready. Statistics indicate an association between having sex at a young age and HIV infection. The 2004 Malawi Demographic and Health Survey for example suggests a 'clear pattern of higher HIV prevalence with earlier sexual debut': Women who had their sexual debut when they were less than 15 years old had an 18.0 percent prevalence rate, whereas it is 14.6 percent or lower for those who had a later debut.⁹¹²

Underscoring the early sexual debut of girls are gendered structures that emphasise the productive role of men and the reproductive role of women. Men are perceived to be the 'breadwinners' and are responsible for providing for the family's needs. Women are economically dependent on men because they lack a recognised productive role and their domestic role is marginalised. As a result girls are under pressure to marry and begin having sex from a young age, especially in the rural areas. Finding a good husband is often

⁹⁰⁸ Ministry of Health and Population and the National AIDS Committee (NAC) (unknown) 'Social mobilization implementation plan for working with six key social groups on behaviour change', Ministry of Health and Population and NAC: Lilongwe, p.20

⁹⁰⁹ Panos/UN (2000) 'Men and HIV in Malawi', *Theme Group on HIV*; Technical Assistance to Non-Governmental Organisations (Tango International) (2004) 'Theme Paper IV: Gender Exploitation in Malawi', CARE: Lilongwe, Malawi, p.8

⁹¹⁰ Representatives of the HIV/AIDS Section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi. For the situation in Malawi see NAC (2003). p.17. For the situation in general see Quinn and Overbaugh (2005) p.1583; Reid, E. and Bailey, E. (1992) 'Young women: Silence, susceptibility and the HIV epidemic', *UNDP HIV and Development Program Issue Paper*, 12
<http://www.undp.org/hiv/publications/issues/english/issue12e.htm>.

⁹¹¹ Laga, M., Schwärlander, B., Pisani, E., Sow, P.S. and Caraël, M. (2001) 'To stem HIV in Africa, prevent transmission to young women', *AIDS*, 15:7, pp. 931-934
<http://www.aidsonline.com/pt/re/aids/fulltext>

⁹¹² National Statistics Office (NSO) [Malawi] and ORC Macro (2005) 'Malawi Demographic and Health Survey (MDHS) 2004', NSO and ORC Macro: Calverton, Maryland, p.235-6

considered to be a girl's 'best option in life' and families are often keen to transfer the financial liability for the daughter to her husband.⁹¹³ As the Population and Health Specialist at the World Bank reflects:

Sometimes life is difficult and you do not want to keep on feeding or keeping somebody when they are old enough to be independent. So when a woman becomes mature... they start encouraging: 'oh by the way you are old enough now, you are supposed to get married, you are old enough to have children. Look at that colleague of yours she has got a child already... should I keep on feeding, we want you to start helping us because we are getting old.'⁹¹⁴

Some girls are forced to marry for economic reasons. In the southern region this can be because the parents want their daughter to have security before they die or because a man has well paid job, as reported in interviews conducted with twenty-three girls in research by Fielder.⁹¹⁵ Whereas in the north a *lobola* (or dowry) of several cattle is paid when a son gets married and families may force their daughters to get married when they are young so that they can get the cattle for *lobola* when their sons marry.⁹¹⁶ If a girl is unmarried at 18 years old then she faces cultural pressure and stigma as the Population and Health Specialist at the World Bank suggests.⁹¹⁷ Girls therefore marry and become sexually active younger than boys. This is earliest in the south (Balaka), intermediate in the central region (Mchinji) and

⁹¹³ Kachiwanda, S. (no date) 'Gender disparity in the acquisition of literacy in Sub-Saharan Africa: the case of Malawi', unpublished paper, Centre for Language Studies, University of Malawi: Zomba, Malawi, p.7; Manda, S. and Meyer, R. (2005) 'Age at first marriage in Malawi: A Bayesian multilevel analysis using a discrete time-to-event model', *J.R. Statistical Society*, 168, pt 2, pp.439-455, p.453

⁹¹⁴ Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi. See also Head, Women Lawyers Association (WLA) (16/07/07) Offices of the WLA: Lilongwe, Malawi

⁹¹⁵ Fielder, R. N. (2005) *Coming of Age: A Christianised Initiation for Women in Southern Malawi*, Kachere Series: Zomba, Malawi, p.18

⁹¹⁶ Kachiwanda (Unpublished) p.7

⁹¹⁷ Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi

latest in the north (Rumphi).⁹¹⁸ Early marriage affects fertility because, as is the situation in developing countries more generally, most births are within marriage.⁹¹⁹

Bearing children is also central to a woman's identity because of their reproductive role, as explored in depth in chapter three. Early marriage and motherhood are traditional ways in which a woman affirms her value and identity within the family and community.⁹²⁰

In some areas of the southern region of Malawi girls have an initiation in order to prepare them for their reproductive role and graduate into adulthood.⁹²¹ The initiations are diverse, of concern here is that the initiation amongst the Chewa and the Yao (*chinamali* for the Chewa and *chindakula* for the Yao) involves a sexual initiation.⁹²² According to the Ministry of Health and Population and the NAC girls can have their sexual debut during their initiation when they are aged 12 or 13 years.⁹²³ However, there is a widespread belief that this sexual debut occurs at a younger age and the Technical Advisor to the 'Women, Girls and HIV/AIDS – Programme and Plan of Action' reports that the girls can be as young as 9 or 10.⁹²⁴ The girls are taken to an isolated place to learn a sexual dance to demonstrate how to perform sex to please their future husbands. It was widely reported in the interviews that to complete their rite of passage the initiates have sexual intercourse with a masked man symbolising 'the hyena' (*fisi*) during a ritual called '*kusasa fumbi*' or '*kuchotsa fumbi*' ('shaking the dust' or 'clearing the dust') to ensure that the young initiates learnt the lessons correctly.⁹²⁵ This ritual places the young girls at risk of HIV infection because the *fisi*

⁹¹⁸ Bracher, M., Santow, G., and Watkins, S.C. (2003) "Moving" and Marrying: Modelling HIV Infection Among Newly-weds in Malawi', *Demographic Research*, Special Collection 1:7, pp.207–46 Available online at <http://www.demographic-research.org/special/1/7> pp.212-3

⁹¹⁹ US Bureau of the Census (1996) 'Trends in adolescent fertility and contraceptive use in the developing world', *Report IPC/95-1*, US Government Printing Office: Washington DC

⁹²⁰ Manda and Meyer (2005) p.453

⁹²¹ Fielder (2005) p.13

⁹²² Reported in Malawi Human Rights Commission (MHRC) (May 2006) 'Cultural practices and human rights: A study into cultural practices and their impact on the enjoyment of human rights, particularly the rights of women and children in Malawi', MHRC: Lilongwe, Malawi, p.2

⁹²³ Ministry of Health and Population and NAC (unknown) p.39

⁹²⁴ Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi

⁹²⁵ Gender Network National Coordinator, Action Aid (17/07/07) Offices of Action Aid: Lilongwe, Malawi; Programme Manager, Global AIDS Interfaith Alliance (GAIA) (12/07/07) Offices of GAIA: Lilongwe, Malawi; Representatives of the HIV/AIDS Section,

has sexual intercourse with all the girls, a condom is not used and where his identity is secret it is not known how many other women he has slept with, under what circumstances, or his HIV status.⁹²⁶ Typically condoms are not used because then it is believed that the ritual has not been effective, as considered for other sexual rituals in the chapter three.⁹²⁷

The overwhelming majority of girls do not have the power to refuse to participate in the '*kusasa fumbi*' ritual. This is especially the case for girls who lack education and live in rural areas because they lack knowledge and understanding of their rights and the implications for HIV/AIDS. Gendered structures normalise these rituals. As the Principle

Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi; Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi; Head of Policy Support and Development, National AIDS Commission (NAC) (24/07/07) Offices of NAC: Lilongwe, Malawi; Chief Law Reform Officer, Law Commission (11/07/07) Offices of the Law Commission: Lilongwe, Malawi; HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi; Programme Manager - Gender, Canadian International Development Agency (CIDA) (27/07/07) Offices of CIDA: Lilongwe, Malawi; Acting Programmes Manager, The Malawi Network of People Living with HIV (MANET Plus) (24/07/07) Offices of MANET-Plus: Lilongwe, Malawi; Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi; Strategic Manager - Youth Alert Programme, Population Services International (PSI) (20/07/07) Offices of PSI Malawi: Blantyre, Malawi; Programme Officer – HIV/AIDS, United Nations World Food Programme (WFP) (23/07/09) Offices of WFP: Lilongwe, Malawi. Muula, A.S. and Mtshutso-Bengo, J.M. (2004) 'Important but neglected ethical and cultural considerations in the fight against HIV/AIDS in Malawi', *Nursing Ethics*, 11:5, pp.479-488, p.485; MHRC (May 2006) p. 32; Jangale, C. (05/07/2006) 'On fighting gender imbalance', *The Nation*, p.12.

⁹²⁶ Head of Policy Support and Development, National AIDS Commission (NAC) (24/07/07) Offices of NAC: Lilongwe, Malawi; Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi; HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi; Head of Assemblies of God Relief and Development Services (AGREDS), Assemblies of God Church (12/07/07) Offices of the Assemblies of God Church: Lilongwe, Malawi

⁹²⁷ HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi; Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi; National Coordinator, The Malawi Network of Religious Leaders Living with HIV and AIDS (MANERELA) (26/07/07) Offices of MANERELA: Lilongwe, Malawi; HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi; Programme Manager - Gender, Canadian International Development Agency (CIDA) (27/07/07) Offices of CIDA: Lilongwe, Malawi

Documentation Officer at the Ombudsman's Office considers, the village elders arrange the initiation ceremonies and the girls cannot refuse to partake in the ritual because it would be disrespectful.⁹²⁸ Everyone else can be seen to be participating in it and it is accepted that their parents went through traditional initiations.⁹²⁹ As the Strategic Manager of the 'Youth Alert' Programme explains the girls 'cannot say no to that because it is culture... everyone went through the same thing, they are not supposed to say no.'⁹³⁰ A girl who does not go through the rite of passage is shunned by her peers and may not be considered eligible for marriage, as the National Coordinator of the Malawi Network of Religious Leaders Living with HIV and AIDS (MANERELA) considers 'Culturally you are human being because you have gone through the rites of passage of your culture and it is not easy for one to say 'I do not want', unless you have gone beyond the imagination of your cultural set up... There could be some pockets of incidences of such but not many cases.'⁹³¹ Therefore parents in the southern region put their daughters through traditional initiations so that their friends do not despise them as '*wodera ku nkbonkbo*' (those who eat with their elbow).⁹³² It is also widely believed that if the initiates do not perform the ritual then a curse may fall on their family.⁹³³

Aspects of the initiation are liberating to the girl child and therefore the positive elements need to be retained whilst the negative elements need to be adapted or removed.⁹³⁴ However, the Senior Assistant to the Chief State Advocate at the Ministry of Justice and Constitutional Affairs reflects: 'It is very easy for people to hide behind culture, to say "no this is our culture, we do this because it is our culture"'. However, they explain that a proposed law reform program 'seeks to eliminate all customary laws that violates the rights of women... especially the girl child... And one example which is given [in the report of the

⁹²⁸ Principle Documentation Officer, Ombudsman (23/07/07) Offices of the Ombudsman: Lilongwe, Malawi

⁹²⁹ Fielder (2005) p.19

⁹³⁰ Strategic Manager - Youth Alert Programme, Population Services International (PSI) (20/07/07) Offices of PSI Malawi: Blantyre, Malawi

⁹³¹ National Coordinator, The Malawi Network of Religious Leaders Living with HIV and AIDS (MANERELA) (26/07/07) Offices of MANERELA: Lilongwe, Malawi

⁹³² Fielder (2005) p.19

⁹³³ Muula and Mtfutso-Bengo (2004) p.485

⁹³⁴ Fielder (2005) pp.10-11

Law Commission] is that of forced sexual intercourse amongst young girls during initiation ceremonies upon reaching puberty.⁹³⁵

5.1.2 Age asymmetry of sexual relationships

A related issue is the tendency as is for girls to have sex with older men, which is reported to be the situation more generally across Sub-Saharan Africa.⁹³⁶ Statistics for Malawi reveal that 59 percent of women in the south, 64 percent in the centre and 81 percent in the north reported that their first sexual partner was older.⁹³⁷ However, the Population and Health Specialist at the World Bank suggest that the situation is gradually improving and girls are getting married a few years older than they were in the past.⁹³⁸

The age asymmetry of sexual relationships puts both the young girls and older men at heightened risk of HIV infection. On the one hand young girls are at risk of being infected by older men because older men are more likely to be infected and in turn infect the younger girls.⁹³⁹ Men are more likely to be infected when they are 10 years older than girls, when they are aged between 25 and 35. According to the 2004 'Malawi Demographic and Health Survey' (MDHS) statistics show that the highest HIV prevalence is among men aged 30-34 of whom 20.4 percent are infected.⁹⁴⁰ Women are more likely to become infected at a

⁹³⁵ Senior Assistant to the Chief State Advocate/ Human Rights Coordinator, Ministry of Justice and Constitutional Affairs (25/07/07) Offices of the Ministry of Justice and Constitutional Affairs: Lilongwe, Malawi

⁹³⁶ Representatives of the HIV/AIDS Section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi; Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi; Programme Officer, The Joint United Nations Programme on HIV/AIDS (UNAIDS) (25/07/07) Offices of UNAIDS: Lilongwe, Malawi; Programme Officer - HIV/AIDS, United Nations Population Fund (UNFPA) (19/07/07) Ryall's Hotel Conference Centre: Blantyre, Malawi; Jangale (05/07/2006) p.12

⁹³⁷ Bracher, Santow and Watkins (2003) p.212

⁹³⁸ Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi

⁹³⁹ Government of Malawi (2005) 'The Women, Girls and HIV/AIDS Program and National Plan of Action', Government of Malawi: Lilongwe, Malawi, 3.1.2. As considered for the case in general in Tinker *et al* (2000) p.17

⁹⁴⁰ NSO and ORC MACRO (2005) p.230

younger age.⁹⁴¹ The MDHS (2004) reveals that 3.7 percent of women aged 15-19 are HIV positive, whereas 0.4 percent of men of the same age are infected. Women of this age group are therefore 9.25 times more likely to be infected.⁹⁴² Furthermore, young girls are vulnerable to forced or violent sex when they are with older partners because of the power dynamics in the relationship. The MDHS (2004) reveals that 'Women who are three or more years older than their husbands are the least likely to experience all types of violence [emotional, physical and sexual]...Women who are ten or more years younger than their husbands are most likely to experience emotional and physical violence.'⁹⁴³ As explored in the next section, violent sex increases the risk of contracting HIV. On the other hand, young girls are potentially a high risk for older men. Older men may have sex with girls to reduce their own vulnerability to HIV infection because young girls are stigmatised as being 'clean'⁹⁴⁴ or, as the HIV/AIDS Advisor at Department for International Development (DFID) reports, because of the belief that sexual intercourse with virgins can cure HIV infection.⁹⁴⁵ However, although younger girls are less sexually active, they have relatively high infectivity rates and can actually be

⁹⁴¹ Government of Malawi (2001) (June 2006) 'Malawi poverty and vulnerability assessment', Republic of Malawi and World Bank: Lilongwe,; Schoepf, B.G. (1998) 'Women, AIDS and the economic crisis in Central Africa', *Canadian Journal of African Studies* 22:3, pp.625-644, cited in Awusabo-Asare, K. and Anarfi, J.K. (1999) 'Rethinking the circumstances surrounding the first sexual experience in the era of AIDS in Ghana', in Orubuloye, I. O., Caldwell, J.C. and Ntozi, J.P.M. (eds.) *The Continuing HIV/AIDS Epidemic in Africa: Responses and Coping Strategies*, Australian National University, National Centre for Epidemiology and Population Health, Health Transition Centre: Canberra, Australia, pp.9-18, p.10

⁹⁴² NSO and ORC MACRO (2005) p.230. In addition, a World Bank discussion paper reveals that in 2000 for every 15-19 year old boy that is infected, there are 5 or 6 girls infected. Tinker *et al* (2000) p.17. See also Rankin, S.H., Lindgren, T., Rankin, W.W. and Ng'Oma, J. (2005) 'Donkey work: Women, religion, and HIV/AIDS in Malawi', *Health Care for Women International*, 26:1, pp.4-16, p.6

⁹⁴³ NSO and ORC MACRO (2005) p.278

⁹⁴⁴ Poku (2001) p.197. Tinker *et al* (2000)p.17

⁹⁴⁵ HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi; Representatives of the HIV/AIDS Section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi. For a consideration of the situation in Zaire see Schoepf, B.G. (1992) 'AIDS, sex and condoms: African healers and the reinvention of tradition in Zaire' in Bolton, R. and Singer, M. (eds.) *Rethinking AIDS Prevention: Cultural Approaches*, Gordon and Breach Science Publishers: Reading, pp.87-106. For consideration of the situation in Ghana see Awusabo, K. and Anarfi, J.K. (1999) 'Rethinking the circumstances surrounding the first sexual experience in the era of AIDS in Ghana', in Orubuloye *et al* (eds.) pp.9-18, p.10. For the situation in general see Tinker *et al* (2000) p.17

highly infectious: they have only recently become sexually active and they are more contagious because the virus replicates very quickly at the start of an infection.⁹⁴⁶

The high infectivity rates of older men are rooted in gendered structures. Men are the 'breadwinners' often migrating for work increasing the likelihood that they are going to engage in premarital sex, as explored in further depth later in this chapter.⁹⁴⁷ Masculinity is associated with men having multiple sexual partners, older men tend to have had more premarital sexual partners and this may include with bar girls and sex workers. There is a preference amongst older men to have sex with younger girls.⁹⁴⁸ The HIV/AIDS Programme Officer at UNFPA outlines that this can put young girls at risk of HIV infection because 'this man is well to do and normally is promiscuous, the girl is going to be infected.'⁹⁴⁹ These concerns were echoed by the Behaviour Surveillance Research Coordinator at the Family Health International (FHI) who reflects that 'you do not know where that man has been.'⁹⁵⁰

The age asymmetry in sexual relationships is a product of the gendered structures. As is the situation in general, older men can offer young girls and their families' greater financial security, are more established, stable and sensible.⁹⁵¹ This is reportedly the situation in Malawi. The Population and Health Specialist at the World Bank highlights that finding an older man to marry is considered to be 'the best thing that could happen'.⁹⁵² It is also widely reported that there is the tendency for young girls to have older 'sugar daddies'.⁹⁵³ As the Head of Policy Support and Development at the NAC highlights, girls in Malawi, as is the

⁹⁴⁶ Poku (2001) p.197, Gorna, R. (1996) *Vamps, Virgins and Victims: How Can Women Fight AIDS?*, Cassell: London, p.180-2

⁹⁴⁷ Bracher, Santow and Watkins (2003) p.212

⁹⁴⁸ Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi.

⁹⁴⁹ Programme Officer - HIV/AIDS, United Nations Population Fund (UNFPA) (19/07/07) Ryall's Hotel Conference Centre: Blantyre, Malawi

⁹⁵⁰ Behaviour Surveillance Research Coordinator, Family Health International (FHI) (26/07/07) Offices of FHI: Lilongwe, Malawi

⁹⁵¹ The situation in Nigeria was revealed in the session on 'Married adolescents', 3rd *Africa Conference on Sexual Health and Rights*, 4-7 February 2008, Abuja, Nigeria. Also reported by Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi.

⁹⁵² Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi

⁹⁵³ Rankin *et al* (2005) pp.12-13

situation in many African countries, want ‘sugar daddies’ so that they can access ‘the three C’s – cell phones, car and cash’.⁹⁵⁴ As the Strategic Manager of the ‘Youth Alert!’ Programme explains:

A young woman she would want to... have good clothes... and have a better life just as her friends... The dependency syndrome again: the parents may not give them much so... there is a tradition in schools for young women to date grown men that have got lots and lots of money to pay for... school items that they might need, personal items that they may need.⁹⁵⁵

In districts in the north of Malawi it is widely reported that young girls are forced by their parents to marry older men as a form of debt repayment for cattle or gifts loaned to them, a practice known as *Kupimbira* in Karonga and *Kupawila* in Chitipa.⁹⁵⁶ This can also be a gesture of gratitude to the husband. The Director of Planning, Research and Evaluation at the Department of HIV, AIDS and Nutrition explains that ‘If I am married from a family and they feel I am a good husband, I am taking very good care of my wife and everything, then the family... might give me another girl... as a thank you.’⁹⁵⁷ The HIV/AIDS Programme Officer at UNFPA reports that ‘In some cases there are cultural practices whereby if a man is... doing very well, is supporting the family they can give him a gift of a young girl as a second wife.’⁹⁵⁸ As the Malawi Human Rights Commission (MHRC) considers ‘The girls can be as young as nine years old and the man could be as old as forty years or older.’⁹⁵⁹ In one specific incident in Karonga the MHRC reported that a 13 year-old girl was forced to marry a

⁹⁵⁴ Head of Policy Support and Development, National AIDS Commission (NAC) (24/07/07) Offices of NAC: Lilongwe, Malawi

⁹⁵⁵ Strategic Manager - Youth Alert Programme, Population Services International (PSI) (20/07/07) Offices of PSI Malawi: Blantyre, Malawi

⁹⁵⁶ MHRC (May 2006) p.1,19; Ministry of Women and Child Development; Programme Officer - HIV/AIDS, United Nations Population Fund (UNFPA) (19/07/07) Ryall’s Hotel Conference Centre: Blantyre, Malawi; Nyirenda, E. (19/07/06) ‘Kupimbira giving way’, *The Nation*, p.25

⁹⁵⁷ Director of Planning, Research and Evaluation, Department of HIV, AIDS and Nutrition within the Office of the President and Cabinet (OPC) (25/07/07) Offices of the Department of HIV, AIDS and Nutrition: Lilongwe, Malawi

⁹⁵⁸ Programme Officer - HIV/AIDS, United Nations Population Fund (UNFPA) (19/07/07) Ryall’s Hotel Conference Centre: Blantyre, Malawi

⁹⁵⁹ MHRC (May 2006) p. 19

man as repayment for the 4,000 Malawi Kwacha the parents owed the man.⁹⁶⁰ The girls involved do not have a say in whether they marry the man in question or not.⁹⁶¹ The older men begin having sex with the younger girls because, as the Technical Advisor to the 'Women, Girls and HIV/AIDS – Programme and Plan of Action' explains, 'as long as he feels he can start having sex with the girl he will start having sex with the girl, he is already married.'⁹⁶² According to press reports the practice of *kupimbira* is diminishing but it is still practiced in secret. Traditional Authority Kilipula reflected that 'As traditional leaders, we also recognised the dangers of the practice and we are very strict now, and if it exists it is just here and there and secretly though.'⁹⁶³

Attitudes are changing and beliefs emerging that wealthier, older, migrant men are more likely to be infected with HIV. In interviews with girls in the southern region reveal their perception that forcing girls to marry men whose morals are not known is a contributing factor to the HIV epidemic.⁹⁶⁴ However, there are no laws against men marrying younger girls, as the HIV/AIDS Programme Officer at UNFPA highlights.⁹⁶⁵ Section 22 (8) of the Malawi Constitution outlines only that the State shall 'discourage marriage between persons where either of them is under the age of fifteen years, but it is not prohibited'⁹⁶⁶ Whereas for persons between the age of fifteen and eighteen years, section 22 (7) states that 'a marriage shall only be entered into with the consent of their parents or guardians.'⁹⁶⁷ The Law Commission conducted a review of the laws on marriage and divorce in June 2006. There were proposals to prohibit marriage and sex with young girls. However, it was met with opposition, as the Law Commissioner explains:

⁹⁶⁰ MHRC (December 2002) 'Investigations report of a case on young girls (minors) in Karonga being forced to marry elderly people in exchange for cattle or repayment for loans', MHRC: Lilongwe, p.1

⁹⁶¹ Nyirenda (19/07/06) p.25

⁹⁶² Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi

⁹⁶³ Nyirenda (19/07/06) p.25

⁹⁶⁴ Fielder (2005) p.18

⁹⁶⁵ Programme Officer - HIV/AIDS, United Nations Population Fund (UNFPA) (19/07/07) Ryall's Hotel Conference Centre: Blantyre, Malawi

⁹⁶⁶ 'The Malawi Constitution', Government of Malawi: Lilongwe Malawi, section 22 (8)

⁹⁶⁷ Government of Malawi (1994) section 22 (7)

Quite a sizeable number of our community are saying not discourage that is not strong enough you must say prohibit. But as [the other representatives of the Law Commission] will tell you, you have got problems there, what do you mean prohibit? Criminalise is that what you want to say? You want to criminalise sex between two consenting children who are each 17 for example, or 15 say, hey your prisons will be full.⁹⁶⁸

However, the Chief Law Reform Officer at the Law Commission explains that there is a proposal to increase the age of marriage and to introduce penalties for the parents who give consent to marriages where their children are under age.⁹⁶⁹ The media is playing a role in discouraging the age asymmetry of sexual relationships. One article for example reports how a fourteen year old girl married an older fish monger, depicting her as envious of her former classmates going to school.⁹⁷⁰

5.1.3 The prevalence of violent sexual intercourse

Violent sexual intercourse causes damage to the cervix and vagina, which facilitates access to the lymphocytes in the blood and increases the likelihood of HIV acquisition.⁹⁷¹ In ‘The Malawi Poverty Reduction Strategy Paper’ the government addresses the direct negative relationship between gender-based violence and the incident and severity of the HIV/AIDS pandemic.⁹⁷²

Gender-based violence against women is pervasive and perceived as a ‘normal’ feature of Malawian society. The 2005 survey on ‘Intimate Partner Violence’ reports that almost one third of women interviewed reported physical abuse, more than one tenth

⁹⁶⁸ Law Commissioner, Law Commission (11/07/07) Offices of the Law Commission: Lilongwe, Malawi

⁹⁶⁹ Chief Law Reform Officer, Law Commission (11/07/07) Offices of the Law Commission: Lilongwe, Malawi

⁹⁷⁰ Karim, J. (09/07/2006) ‘Gogo Chalo Malengachanzi advises against risky behaviour’, *The Sunday Times*, p.4

⁹⁷¹ Gorna (1996) p.185

⁹⁷² Saur, M., Semu, L. and Hauya Ndau, S. (2005) ‘*Nkanza*, listening to peoples voices: A study of gender-based violence, *Nkanza*, in three districts of Malawi’, *Kachere Series*, Monfort Media: Balaka, Zomba, 21, p.11

reported sexual abuse, and almost half had experienced some form of abuse.⁹⁷³ According to a nationwide survey by the Public Affairs Committee (PAC), the districts of Chiradzulu, Nsanje, Lilongwe, Mangochi and Karonga have the greatest number of registered cases of gender-based violence.⁹⁷⁴ However, the extent of the violence is probably underestimated because, as explored in depth in chapter three, cultural norms discourage the discussion of sexual or conjugal issues.⁹⁷⁵ The potential degree to which sexual violence occurs is indicated in the interviews, for example the Behaviour Surveillance Research Coordinator at Family Health International reports that there is a lot of rape occurring within marriage.⁹⁷⁶ The Technical Advisor to the 'Women, Girls and HIV/AIDS Programme and Plan of Action' suggests that 'most of the sex that goes on be it in a family or wherever, it is forced sex.'⁹⁷⁷ Gender-based violence persists, despite Government pledges to address the situation. The Malawi National HIV/AIDS Policy for example proposed that the government will undertake to 'ensure that women and girls are protected against violence, including sexual violence, rape and other forms of coerced sex, as well as against traditional practices that may negatively affect their health'.⁹⁷⁸

Similar to the situation for women in general, the greatest risk of violence against women is from their husbands within the home.⁹⁷⁹ The MDHS found that 77 percent of currently married women who have experienced physical violence reported either a current

⁹⁷³ Pelser, E., Gondwe, L., Mayamba, C., Mhango, T., Phiri, W. and Burton, P. (December 2005) 'Intimate Partner Violence: Results from a National Gender-Based Violence Survey in Malawi', Crime and Justice Statistical Division, National Statistics Office: Zomba, Malawi <http://www.iss.co.za/pubs/Books/IntimatePartnerViolenceDec05/IntimatePartnerViolence.pdf>.

⁹⁷⁴ Nkwire, M. (18/07/06) 'PAC tales gender based violence head on', *The Daily Times*, p.2

⁹⁷⁵ NSO and ORC MACRO (2005) p.273

⁹⁷⁶ Behaviour Surveillance Research Coordinator, Family Health International (FHI) (26/07/07) Offices of FHI: Lilongwe, Malawi

⁹⁷⁷ Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi

⁹⁷⁸ Government of Malawi (2003) 'National AIDS Policy: A call for renewed action', Office of the President and Cabinet (OPC) and National AIDS Commission (NAC): Lilongwe, Malawi, 5.2.2

⁹⁷⁹ Pelser *et al* (December 2005); NSO and ORC MACRO (2005) pp.267-8. For the situation in general see Mafubelo, D. (2008) 'Female Genital Mutilation, intimate partner violence and sexual violence', *3rd Africa Conference on Sexual Health and Rights, 4-7 February 2008, Abuja, Nigeria* [check paper title]; CHGA (2004) P.9

or previous husband was the perpetrator.⁹⁸⁰ A study by CILIC reveals that women feel they are more unsafe in their homes.⁹⁸¹ The Technical Advisor to the 'Women, Girls and HIV/AIDS Programme and Plan of Action' reports that

The women would usually say 'when it is getting dark, it is a terrible time for us. We are always complaining that it is yet another night of horror'.... The marriage, the sex in there, is not a sex that is mutual originating from two people wanting the act, usually it is the man who wants it and he will have it his way.⁹⁸²

Incidences of violence by husbands against their wives are regularly reported in the Malawian press and indicate the severity.⁹⁸³ There are reports of women who have had their hands chopped off, been assaulted with an axe, stabbed for refusing to join their husband's church, killed for refusing their husbands sex, beaten to death for accusing their husband of engaging in extra-marital affairs and their sexual organs mutilated for refusing her husband sex when they were pregnant.⁹⁸⁴ It is also reported that girls are raped by *danbire* cult dance participants as part of the traditional rites of initiation.⁹⁸⁵

In addition, there are frequent reports in the media of men defiling and raping baby girls and young girls.⁹⁸⁶ According to one report a fifty-year-old chief allegedly threatened an eleven-year-old girl with assault, defiled her and gave her 50 kwacha not to report the

⁹⁸⁰ NSO and ORC MACRO (2005) pp.267-8

⁹⁸¹ CILIC (June 2007) p.7

⁹⁸² Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi

⁹⁸³ Gender Network National Coordinator, Action Aid (17/07/07) Offices of Action Aid: Lilongwe, Malawi

⁹⁸⁴ Centre for Social Concern (January 2006) 'Malawi Press Review'

<http://www.africamission-mafr.org/kanengojan06.htm>; Bamusi, M. (12/05/06) 'Man arrested for battering ex-wife', *The Daily Times*, p.4; Malamula, F. (19/07/06) 'Man gets seven yrs IHL for stabbing his wife', *The Nation*, pp.1-2; Theu, R.(18/07/06) 'Assaulted Kasungu woman dies – Kasungu man faces murder charges', *The Nation*, , p.1,3; Mwafolirwa (09/07/2006) p.1-2

⁹⁸⁵ Chalimba and Pinder (2002) check citation; Tango International (2004) p.3

⁹⁸⁶ Tayanjah-Phiri, F. (18/04/2006) 'Mann, 33, defiles two-year old baby', *The Nation*; Mwafolirwa, S. (09/07/2006) 'Man cuts pregnant wife's sex organs', *The Sunday Times*, p.1-2; Muwamba, E. (11/07/2006) 'Village head, 50, defiles girl, 11', *The Nation*

incident.⁹⁸⁷ Defilement carries the penalty of life imprisonment and the Chief Law Reform Officer at the Law Commission reflects that ‘the courts have been very hard’.⁹⁸⁸ It is reported in the media that perpetrators of defilement will face charges.⁹⁸⁹ However, as the Chief Law Reform Officer reflects, ‘it depends on the parents because sometimes the parents negotiate with the perpetrator and just demand compensation... because a child cannot just go on her own to the court or the police she really has to inform the parents and it is really the decision of the parents if they agree or maybe the culture of that area demands that if you defile you have to pay something.’⁹⁹⁰ There is a particular emphasis on confronting defilement because of the belief it will cleanse an infected person of HIV. The Law Commission’s consultations on proposed HIV/AIDS laws reveal that:

People feel very strongly about that because you are sentencing that child to death and most of them I think in the south, even in the meeting we have in Nkotakota they will tell you those should be locked for good because he has effectively sentenced that child to death and he is an animal. How can you say that ‘I cleanse myself’ and then you pass it on to small child. So they really feel strongly about this issue and they are recommending very stiff penalties.⁹⁹¹

Gender-based violence is rooted in gendered structures. Violence is part of the system of societal controls whereby men maintain societal dominance over women.⁹⁹² Violence is also inextricably linked to the lack of wealth and education of women relative to

⁹⁸⁷ Muwamba (11/07/2006)

⁹⁸⁸ Chief Law Reform Officer, Law Commission (11/07/07) Offices of the Law Commission: Lilongwe, Malawi

⁹⁸⁹ Mwafolirwa (09/07/2006)

⁹⁹⁰ Chief Law Reform Officer, Law Commission (11/07/07) Offices of the Law Commission: Lilongwe, Malawi

⁹⁹¹ Chief Law Reform Officer, Law Commission (11/07/07) Offices of the Law Commission: Lilongwe, Malawi

⁹⁹² Centre for Human Rights and Rehabilitation (CHRR) (June 2005) ‘Community Safety and Empowerment Programme - Report on Community Perspectives on Gender-Based Violence in Malawi: A Survey of Knowledge, Attitudes and Practices’, CHRR; Lilongwe, Malawi, p.1. For the situation in general see Dobash, R.P. and Dobash, R.E. (1979) *Violence Against Wives: A Case of the Patriarchy*, New York: Free Press. Martin, D. (1976) *Battered Wives*, New York: Pocket Books; Stark, E. and Flitcraft, A.H. (1996) *Women at Risk: Domestic Violence and Women’s Health*, Thousand Oaks, California: Sage

men. Women with a lower income are more likely to experience partner violence.⁹⁹³ The Malawi National HIV/AIDS Policy reports that where women and girls generally have lower levels of education they 'have less access to highly-paid employment, meaning they are less likely to be able to avoid abusive situations.'⁹⁹⁴ A report from CILIC reveals that women with little or no education in particular do not recognise sexual and physical assault as cases for concern.⁹⁹⁵ Women have a subordinate status in the family and this leaves them vulnerable to physical abuse, including sexual abuse.⁹⁹⁶ As Paul Kakhongwe reflects, women are 'expected to endure all evils of their marriages.'⁹⁹⁷

Violence against women is socially constructed to be normal and accepted. It was revealed in a study of *Nkanz̧a* (gender-based violence) that 22.4% of urban women and 38.4% of rural women believe it is acceptable for the husband to beat his wife if, for example, she were to burn food, argue, go out without telling him, neglect their children.⁹⁹⁸ Men are socially conditioned to expect sex as their 'marriage right', as explored in greater depth in chapters one and three, and violence is considered acceptable if a wife denies her husband this right.⁹⁹⁹ As the Head of the Assemblies of God Relief and Development Services (AGREDS) reveals:

Women are vulnerable because even though sometimes she knows that... [her husband] is going out with other women and he comes back and says 'I need sex with you'... she will not be able to say no. And sometimes... some will say no but they will be forced to do it... If she refuses sometimes there is a lot of battering, beating. [The husband asks] 'Why are you refusing?'

⁹⁹³ Russo *et al* in Aimakhu, C.O., Olayemi, O., Iwe, C.A.B., Olayemi, F.A., Ojoko, I.E., Shoretire, K.A., Adeniji, R.A., and Aimakhu, V.E. (Jan 2004) 'Current courses of violence against women in Nigeria', *Journal of Obstetrics and Gynaecology*, 24:1, pp.58-63, p.62

⁹⁹⁴ Government of Malawi (2003) 'National HIV/AIDS Policy', 5.2.1

⁹⁹⁵ CILIC (June 2007) p.6

⁹⁹⁶ Government of Malawi (2003) 'National HIV/AIDS Policy', 5.2.1

⁹⁹⁷ Kakhongwe, P. (Unpublished) 'Democracy, lobola, inheritance and women's rights: The case of Malawi', Centre for Social Research, University of Malawi: Zomba, p.3

⁹⁹⁸ Saur *et al* (2005) p.12. See also CHRR (June 2005) p.1

⁹⁹⁹ Saur *et al* (2005) p.8

Then he will start to blame the woman saying ‘ah, you are going out with another man that is why you are refusing me now’. He begins beating.¹⁰⁰⁰

In one incident in July 2006 a man was reported to have cut his five-month pregnant wife’s sexual organs using a sharp object because she refused him ‘the conjugal right’ to sex because she had sores. The wife had seven stitches and the police said the husband would answer charges of unlawful wounding.¹⁰⁰¹ Moreover, in the patrilineal areas of the north where a *lobola* (or dowry) is paid on marriage, it is believed that the husband has bought the wife and can use her as he wishes, as explored in chapter three.

Violence against women is normalised within schools.¹⁰⁰² Although schools should provide a safe environment for young people to learn and develop, it is where most violence against children occurs with pupils being physically, emotionally or sexually victimised.¹⁰⁰³ In particular, gender violence is widespread, there is an awareness of it but it is accepted as a part of everyday school life and a ‘normal’ feature of adolescent relationships.¹⁰⁰⁴ High levels of bullying are tolerated. Girls are the most likely to be bullied and most often experience unwanted sexual touching or forced sex from their classmates and teachers.¹⁰⁰⁵ Teachers were reported to demand sex from pupils in exchange for good grades.¹⁰⁰⁶ The

¹⁰⁰⁰ Head of Assemblies of God Relief and Development Services (AGREDS), Assemblies of God Church (12/07/07) Offices of the Assemblies of God Church: Lilongwe, Malawi

¹⁰⁰¹ Mwafolirwa (09/07/2006)

¹⁰⁰² Leach, F. (2003) ‘Learning to be violent’, *Compare*, 33 (3), p.385. Maluwa-Banda, D. (2003) ‘Gender sensitive educational policy and practice: The case of Malawi’, Submitted to the UNESCO’s International Bureau of Education, University of Malawi: Zomba, p.3

¹⁰⁰³ 71.1% of forced sex and 56.8% of incidents of sexual touching and 53.5% of bullying occurred within the school environment. Burton, P. (2005) ‘Suffering at School: Results of the Malawi Gender-based Violence in schools Survey’, CJSJ/ISS: Pretoria, p.34

¹⁰⁰⁴ Leach (2003) p.386; 19.8% of teachers reported that they are aware of teachers who entice students into ‘love relationships’. Of those that reported awareness of such incidents, 73.7% - knew of these incidents happening at their school. Burton (2005) pp.x-xi; For a specific study of Chiradzulu District see Chanika, E. (2003) ‘Male teacher sexual abuse of the girl child in the school context: A case study of primary schools in Chiradzulu District’, *Report by the Civil Liberties Committee submitted to the Commonwealth Education Fund*

¹⁰⁰⁵ For example, classmates were identified as the perpetrators by 60.9% of children experiencing sexual touching. Burton (2005) pp.27, 37

¹⁰⁰⁶ ‘Almost one third of all children reported that teachers at their school demanded sex from children in return for good grades. The majority of children 13 years and younger knew someone personally, or knew of an actual case where this had happened, while one third of older children could think of an actual incident.’ Burton (2005) pp.x, 13

‘confirmation of masculinity’ is associated with physical power over females, including violence, and this often sexual violence.¹⁰⁰⁷

Gender-based violence is often hard to discern and confront because it occurs in the privacy of the home. As explored in chapter one the private sphere of the family is outside the realm of political intervention. As Catherine Munthali of the Society for the Advancement of Women reflects, ‘at several occasions, the police referred to domestic violence as a domestic affair and that the police has no jurisdiction to handle such cases.’¹⁰⁰⁸

Some important steps towards challenging this gendered structure have been made. At the international level the ‘UN Declaration Against Violence’ (1993) specifically identifies sexual violence and violence that occurs in private. It outlines that violence against women includes: ‘Any act of gender based violence that results in or likely to result in *physical, sexual or psychological harm* or suffering to women; including threats of such acts, coercion or arbitrary deprivations of liberty, *whether occurring in public or private life*.’¹⁰⁰⁹ There have been some developments in Malawi with regards to meeting these international commitments. The Malawian Constitution (1994) seeks to eliminate all customs or practices that discriminate against women, especially sexual abuses, harassment and violence.¹⁰¹⁰ In 2006 the Government had publicly acknowledged the necessity to address the violence against women and in April the ‘Domestic Violence Act’ was passed. There had been several well-publicised cases of gender violence in the country and a study commissioned by Action Aid, UNICEF and humanitarian partners, covering over a thousand school-age girls, found that more than half had experienced some form of sexual abuse in schools in Malawi.¹⁰¹¹ In many respects this legislation was radical because it went against the notion that marriage is private and outside realm of law. As the Senior Assistant to the Chief State Advocate at the Ministry of Justice and Constitutional Affairs explains:

¹⁰⁰⁷ Leach (2003) p.386

¹⁰⁰⁸ Head, Society for the Advancement of Women (SAW) (11/07/07) Offices of SAW: Lilongwe, Malawi. Also reported by Gender Network National Coordinator, Action Aid (17/07/07) Offices of Action Aid: Lilongwe, Malawi. Gender Network National Coordinator, Action Aid (17/07/07) Offices of Action Aid: Lilongwe, Malawi. Chimgwede, W. (4-9/02/2004) ‘Of Polygamy, Women and Children’s Rights’, *The Malawi Standard*

¹⁰⁰⁹ UN (1993) in Aimakhu (2004) p.58, my emphasis

¹⁰¹⁰ Government of Malawi (1994) Section 24

¹⁰¹¹ IRIN (1 February 2006) ‘Malawi: Abuse of women and girls a national shame’ IRIN: Johannesburg, South Africa, <http://newsite.irinnews.org/Report.aspx?ReportId=58005>

Previously because of culture we would say that issues that are happening in marriage, if the man is beating up the wife, then it is their issue it is a marriage issue, the police or the state should not intervene because these people are married it's a private issue... but the difference that the act has brought is that whether it is a private issue between the husband and wife the state has to come in if there is violence in the marriage. So it's a radical bill because it for the first time in the history of Malawi it more or less like limits the issues of privacy in the marriage.¹⁰¹²

The 'Domestic Violence Act' was limited however, because it failed to challenge the gendered structure that sex is a man's marital right. Although 'marital rape' is included in the 'National HIV/AIDS Policy' as a 'customary practice' that increases the risk of HIV infection it is not recognised as a criminal act.¹⁰¹³ The concept of marital rape has not yet been accepted by society and as a result it was totally rejected during the consultations with relevant stakeholders on the 'Domestic Violence Act' and subsequently removed from the legislation.¹⁰¹⁴ The Technical Advisor to the 'Women, Girls and HIV/AIDS – Programme and Plan of Action' reports that especially the men in these consultations said 'there is no way you can have marital rape.'¹⁰¹⁵ The Law Commissioner reflects that in wider society 'when it was highlighted in the media a considerable number of Malawians frowned upon it' and 'even in Parliament I remember one MP saying, "you mean I can rape my wife?"'.¹⁰¹⁶ The 'Report of the Law Commission on the Review of the Laws on Marriage and Divorce' in June 2006 observed that 'The common law position prior to 1950 and indeed the position

¹⁰¹² Senior Assistant to the Chief State Advocate/ Human Rights Coordinator, Ministry of Justice and Constitutional Affairs (25/07/07) Offices of the Ministry of Justice and Constitutional Affairs: Lilongwe, Malawi

¹⁰¹³ Government of Malawi (2003) 'National HIV/AIDS Policy', section 6.1.1; Government of Malawi (2005)

¹⁰¹⁴ Representatives of the HIV/AIDS Section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi

¹⁰¹⁵ Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi

¹⁰¹⁶ Law Commissioner, Law Commission (11/07/07) Offices of the Law Commission: Lilongwe, Malawi

under Malawi law is that a husband cannot rape his wife. The rationale is that upon the marriage contract, a husband has a right and privilege to consummate the marriage with his wife and this right cannot ordinary be withdrawn.’¹⁰¹⁷ The Law Commission therefore resolved to maintain the position that marital rape is not a crime. However, it considers that ‘marital rape is an undesirable evil, which, either taken with other forms of gender-based violence or on its own is responsible for significant abuses with life threatening consequences on women.’¹⁰¹⁸ The Commission therefore recommends that ‘the concept of the right to consummation must be specifically addressed in the new law so that each spouse may be allowed to deny the other spouse sexual intercourse on reasonable grounds.’ In addition, it recommends that ‘unreasonable demand for sexual intercourse should amount to a reason for divorce as such conduct can be tendered as proof that the marriage has irretrievably broken down.’¹⁰¹⁹ The representative of the ‘Women Girls and HIV Program’ indicated that they are hopeful marital rape will eventually be included in an amendment, but, as she highlights, before the legislation can be brought in sensitisation of society is necessary.¹⁰²⁰ As the Law Commissioner explains that when looking at law reform ‘you have to be sensitive to the reality on the ground, I am not saying this as an excuse, but it is a consideration.’¹⁰²¹

As already explored in depth in chapter four there are gendered structures that act as a barrier to women accessing justice. Of particular concern with the ‘Domestic Violence Act’ is that although it exists on paper, it has not been used.¹⁰²² It was reported by one woman during a focus group with girls and young women conducted by IPPF, UNFPA and the Global Coalition on Women and AIDS in 2006 that ‘Most of the time, these laws are not

¹⁰¹⁷ Malawi Law Commission (June 2006) p.46; Law Commissioner, Chief Law Reform Officer and HIV/AIDS Law Reform Officer, Law Commission (11/07/07) Offices of the Law Commission: Lilongwe, Malawi

¹⁰¹⁸ Malawi Law Commission (June 2006) p.46

¹⁰¹⁹ Malawi Law Commission (June 2006) p.46

¹⁰²⁰ Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi

¹⁰²¹ Law Commissioner, Law Commission (11/07/07) Offices of the Law Commission: Lilongwe, Malawi

¹⁰²² Head, Women Lawyers Association (WLA) (16/07/07) Offices of the WLA: Lilongwe, Malawi; Gender Network National Coordinator, Action Aid (17/07/07) Offices of Action Aid: Lilongwe, Malawi

enforceable. So, to me, I feel that there is little they do to protect girls and women from HIV infection.¹⁰²³ Moreover there are practical constraints, for example there is a lack of human and financial resources. Legal issues pertaining to women are not a priority and divorce cases are only heard when there is a large amount of money involved. The 'Domestic Violence Act' needs to be implemented, monitored closely and women must be informed about their rights.¹⁰²⁴ As the Senior Programme Manager of the 'Packachere' Programme reports 'Our advocacy campaign now is focusing on implementation of the Domestic Violence Act, because the police have not been communicated yet, the magistrates in the courts... some are using it, some are not because they haven't received official communications from the Ministry of Justice.'¹⁰²⁵

There is a silence surrounding the violence because it is deemed to be a private issue, which acts as a barrier to the legislation being used. Women have no language to use to claim their rights and they cannot take issues of gender-based violence to court. Senior Assistant to the Chief State Advocate at the Ministry of Justice and Constitutional Affairs explains that 'The cultural beliefs are there that what happens in a marriage should stay there. It looks like the women in the village find it difficult to walk all the way to the police and inform them that now my husband is beating me.'¹⁰²⁶ The Programme Manager of the 'Story Workshop' highlights how there is a social silence 'when a teacher rapes a schoolgirl, when a father has sex with the daughter... even when mothers discover it they will still keep it [silent] so that they preserve the image of the family. So there is a kind of lot of suffering in silence and that is taken as somehow normal.'¹⁰²⁷ Families do not want the virginity of their daughter tarnished if she has been sexually abused or raped and they will endeavour to keep it secret.

¹⁰²³ IPPF, UNFPA and The Global Coalition on Women and AIDS (2006) 'Report card: HIV prevention for girls and young women', IPPF, UNFPA and The Global Coalition on Women and AIDS: Lilongwe, Malawi, p.2

¹⁰²⁴ Paliani-Kamanga, P. (22-28/07/2006) 'Enacting the bill is just step one', *Femail - Malawi News*, p.4

¹⁰²⁵ Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi. Similarly reported to be the case for Action Aid by Gender Network National Coordinator, Action Aid (17/07/07) Offices of Action Aid: Lilongwe, Malawi

¹⁰²⁶ Senior Assistant to the Chief State Advocate/ Human Rights Coordinator, Ministry of Justice and Constitutional Affairs (25/07/07) Offices of the Ministry of Justice and Constitutional Affairs: Lilongwe, Malawi

¹⁰²⁷ Programme Manager, Story Workshop (18/07/07) Offices of the Story Workshop: Blantyre, Malawi

Moreover, there is silence about forced sex and rape in society in general. The abuse of girls in school by teachers and classmates goes largely unreported, where it is reported this does not necessarily result in any action being taken, and it is unlikely to be decisive action. The children lack awareness about the seriousness of the violence and have low expectations about tackling it.¹⁰²⁸ Women need to be empowered with the language and capacity to have a voice and have that voice heard in order for them to hold the government accountable and to claim and defend their rights. With regards to women's vulnerability to HIV they need messages in their languages that challenge the taboos that stop women talking about sex. Despite barriers to women accessing justice, there are increasing incidents where those women who are more economically empowered and educated are bringing their cases forward and this trend is promising. As the Head of the Women Lawyers Association reports 'women are coming forward and claiming their rights':

[In the past] every time a woman came over to report either a case of violence or some property had been taken away from her, she would come back by the end of the day... and withdraw the case. But we are finding now this year we have got over 200 cases, which we have never had before.¹⁰²⁹

5.1.4 The emphasis on the man's pleasure from sex

As is the situation more generally, in Malawi sex is socially constructed according to gender-based norms that place an emphasis on the man's pleasure, as considered in further depth in the chapter three. Women engage in certain sexual practices, including 'dry sex' and 'Female Genital Mutilation/Circumcision' (FGM/C)¹⁰³⁰, to enhance the man's enjoyment of sex in return for the security his productive role brings them. Although it is possible these practices could bring sexual pleasure to women it is difficult to ascertain because the emphasis is on sex being for a man's pleasure. Women's pleasure from these practices has not been alluded to in any of the literature or during the interviews, so an in-depth ethnographical study would be necessary to ascertain the relevance of women's pleasure. The practices of 'dry sex'

¹⁰²⁸ Burton (2005) p.50

¹⁰²⁹ Head, Women Lawyers Association (WLA) (16/07/07) Offices of the WLA: Lilongwe, Malawi

and FGM/C increase the likelihood of HIV being contracted from an infected partner because of damage, lesions and inflammation caused in the vagina.

5.1.4.1 'Dry sex'

'Dry sex' involves the use of substances to totally dry all vaginal mucus so that the vagina is dry, tight and heated during sexual intercourse.¹⁰³¹ There is a lack of research on the links between 'dry sex' and HIV infection. However, it is suggested that the practice of 'dry sex' heightens the risk of women contracting HIV because of damage caused to the vagina, which includes bruising and laceration as the NAC highlights.¹⁰³² Research in South Africa for example suggests that the substances women used for drying could cause disruption to the membranes lining the vaginal and uterine wall, excessive drying of the vagina could lead to abrasive trauma during sexual intercourse.¹⁰³³ 'Dry sex' can also cause lacerations to the penis increasing the likelihood of transmitting HIV as revealed by research in Mozambique.¹⁰³⁴ The effective use of condoms may be compromised during 'dry sex'.¹⁰³⁵

¹⁰³⁰ Opponents of these practices tend to use the term *Female Genital Mutilation* (FGM), whereas groups who support and practice this ritual tend to use the term *Female Circumcision* (FC) or *Female Genital Cuttings* (FGC). The word *mutilation* expresses a normative value judgment from a western perspective and emphasises the gravity of the act. It reinforces the idea that this practice is a violation of the human rights of girls and women, and thereby helps promote national and international advocacy towards its abandonment. However, this language is problematic in cultures where this practice is central to a woman's identity. The terms *Female Circumcision* (FC) or *Female Genital Cuttings* (FGC) imply that no harm is done during the procedure because it is clean and safe. However, it is not within the scope of this research to resolve this debate, and for this reason for the purposes of this research the term *Female Genital Mutilation/Circumcision* (FGM/C) will be used to recognise the debate.

¹⁰³¹ A report by Reproductive Health Outlook (2002) cited in MHRC (May 2006) p.5; Kun, K.E. (1998) 'Vaginal drying agents and HIV transmission', *International Family Planning Perspectives*, 24:2, pp.93-4

¹⁰³² NAC (2003) p.17; Rankin *et al* (2001) p.5; Mhone, C.S. (1996) 'Autocracy and AIDS: The post Banda challenge. Country focus: Malawi', *AIDS Analysis in Africa*, 6:5, p.16. Also reported by Head of the Home Based Care Unit, Roman Catholic Church (20/07/07) Offices of the Roman Catholic Church: Limbe: Malawi recognises that it is reported that 'dry sex' leaves women at risk of HIV infection.

¹⁰³³ Baleta A. (1998) 'Concern voiced over "dry sex" practices in South Africa', *Lancet*, 352, p.1292

¹⁰³⁴ Bagnol, B. (2008) 'Closing the vagina through the elongation of the labia minora and use of vaginal products to enhance eroticism', *3rd Africa Conference on Sexual Health and Rights*, 4-7 February 2008, Abuja, Nigeria

In a study in Zimbabwe female HIV/AIDS peer educators reported that ‘condoms frequently broke when used in conjunction with drying agents and this was primarily attributed to excessive vaginal tightness.’¹⁰³⁶ Moreover, ‘dry sex’ results in people not using condoms because the lubricant in the condoms defeats the whole purpose of the drying.¹⁰³⁷ However, despite some evidence to suggest that there are links between ‘dry sex’ and HIV infection it is contentious, a study in Zambia in 1995 for example showed no strong relationship of these practices to HIV infection.¹⁰³⁸ Although health care workers interviewed in Mozambique claimed that ‘dry sex’ increases the risk of HIV and STIs these responses were not based on any evidence.¹⁰³⁹ The links between ‘dry sex’ and HIV infection are further complicated by reports that suggest women are using the drying agents to combat itching and discharge associated with STDs, the presence of which heighten the risk of contracting HIV as considered later in this chapter.¹⁰⁴⁰ However, it is not within the scope of this study to seek to resolve the disagreement over whether there is sufficient evidence to suggest that “dry sex” is associated with an increased risk of HIV transmission.

The research on the practice of ‘dry sex’ in Malawi is very limited.¹⁰⁴¹ This is an important barrier to understanding the practice, its value and significance and how it can be addressed to reduce the vulnerability of women to HIV infection. A greater understanding of the practice may also effect whether ‘dry sex’ is rightly included in the WHO definition of FGM should be banned in accordance with WHO guidelines. The WHO categorises ‘dry sex’ as Type IV Female Genital Mutilation because it causes injury and is considered to be a gross violation of human rights and dignity. Whether ‘dry sex’ causes harm may depend on what substances are used by the women. Focus group discussions conducted in Mozambique revealed that a large number of the respondents believed ‘dry sex’ does not

¹⁰³⁵ Baleta (1998) p.1292.

¹⁰³⁶ Civic, D. and Wilson, D. (1996) ‘Dry sex in Zimbabwe and implications for condom use’ *Social Science and Medicine*, 42:1, pp.91-98, p.91

¹⁰³⁷ Bagnol, B. (2008)

¹⁰³⁸ See Sandala L., Lurie, P., Sunkutu, M.R. and Chani, E.M (1995) ““Dry sex” and HIV infection among women attending a sexually transmitted diseases clinic in Lusaka, Zambia’, *AIDS prevention research in the developing world*, 9:26, pp. S61-S68, p.S61, S68

¹⁰³⁹ Bagnol, B. (2008)

¹⁰⁴⁰ Dalbett, G.A. *et al* (1995) ‘Traditional vaginal agents: Use and association with HIV infection in Malawian women’, *AIDS*, 9:3, pp.293-297. Cited in Kun (1998) p.93

¹⁰⁴¹ As was reported to be the case over a decade ago and is still the case today. See for example Kun (1998) p.93

have negative effects, apart from where the drying substances are excessively used.¹⁰⁴² It is difficult to determine the extent to which 'dry sex' is practiced in Malawi because of a silence surrounding issues of sex. For example the Head of the 'Society for the Advancement of Women' (SAW) reports that no woman has ever taken a case of 'dry sex' to their organisation.¹⁰⁴³ However, the specific consideration of 'dry sex' in a report on 'HIV/AIDS in Malawi' in 2003 by the National AIDS Committee (NAC) suggests that the levels are high enough to be of concern.

Gendered structures underscore the practice of dry sex because it is meant to ensure that the men are sexually satisfied. A vagina that is dry, tight, and heated is associated with virginity and is culturally constructed as pleasurable for men in many countries.¹⁰⁴⁴ As Adele Baleta considers for the situation across Africa:

Many women in the region willingly insert herbal aphrodisiacs, household detergents, and antiseptics into their vaginas before sex, to ensure they are 'hot, tight, and dry'. This is the way their men like them, they say. The agents increase friction during sex and although painful for women, they are prepared to forego their own pleasure to ensure their partners return to them.¹⁰⁴⁵

This is supported by the National AIDS Committee (NAC) 2003, which reports that 'to enhance male pleasure, a number of women continue to practice dry sex.'¹⁰⁴⁶ The Ministry of Health and Population and the NAC identifies amongst the barriers to behaviour change are the 'misconceptions that dry sex (tightened vagina) brings maximum sexual excitement

¹⁰⁴² Bagnol, B. (2008)

¹⁰⁴³ Head, Society for the Advancement of Women (SAW) (11/07/07) Offices of SAW: Lilongwe, Malawi

¹⁰⁴⁴ Head of Policy Support and Development, National AIDS Commission (NAC) (24/07/07) Offices of NAC: Lilongwe, Malawi. For the situation in Malawi see a report by Reproductive Health Outlook (2002) cited in MHRC (May 2006) p.5. For the situation across Sub-Saharan Africa see Kun (1998) p.93; Caldwell, J.C. and Caldwell, P. (1993) 'The nature and limits of Sub-Saharan African AIDS epidemic: Evidence from geographic and other patterns', *Population and Development Review*, 19:4, pp.817-48, p.829

¹⁰⁴⁵ Baleta (1998) p.1292.

¹⁰⁴⁶ NAC (2003)p.17

between partners.’¹⁰⁴⁷ Whereas from a scientific perspective being lubricated during sexual intercourse is more pleasurable. The need for drying is possibly related to overcoming the effects of successive child births and infections in the female reproductive tract.¹⁰⁴⁸

Furthermore research in South Africa suggests that a wet vagina is considered a sign of infidelity and lubrication is associated with the use of contraceptives and STDs.¹⁰⁴⁹

5.1.4.2 Female Genital Mutilation/ Circumcision (FGM/C)

‘Female Genital Mutilation (FGM) or Female Genital Circumcision (FGC) consists of all procedures that involve partial or total removal of the external female genitalia or any injury to the female genital organs whether for cultural or therapeutic reasons’.¹⁰⁵⁰ The procedure varies between different contexts. According to the WHO definition of FGM it is classified into four types and involves partial or total removal or injury. Certain methods of FGM/C increase the likelihood of women contracting HIV during sexual intercourse when damage is caused to the cervix. The cervix is believed to be the most likely site of HIV infection in women¹⁰⁵¹ and therefore, as a UNDP ‘HIV and Development Paper’ explains, ‘any erosion of the cervix or damage to it would increase the likelihood of virus entry.’¹⁰⁵² However, the causal relationships between FGM/C and HIV infection still need to be clarified¹⁰⁵³

¹⁰⁴⁷ Ministry of Health and Population and the NAC (Unknown) p.21

¹⁰⁴⁸ For the situation in Sub-Saharan Africa in general see Caldwell and Caldwell (1993) p.829-30

¹⁰⁴⁹ Kun (1998) p.93

¹⁰⁵⁰ 2nd Africa Conference on Sexual Health and Rights, 19-21 June, 2006, Nairobi Kenya

¹⁰⁵¹ Alexander, N.J. (1990) ‘Sexual transmission of Human Immunodeficiency Virus: Virus entry into the male and female genital tract’, *Fertility and sterility*, 54:1, pp.1-18 cited in Reid and Bailey (1992)

¹⁰⁵² Reid and Bailey (1992). See also O’Farrell, N. and Windsor, I. (1991) ‘Sexual behaviour in HIV-1 seropositive Zulu men and women in Durban, South Africa’, Letter to the Editor, *Journal of Acquired Immune Deficiency Syndromes*. 4, pp.1258-59; Mandelblatt, J. S. *et al.* (1992) ‘Association between HIV infection and cervical neoplasia; Implications for clinical care of women at risk for both conditions’, *AIDS*, Vol. 6: pp.173-178. Cited in Reid and Bailey (1992)

¹⁰⁵³ Klouman, E., Manongi, R. and Klepp, K.-I. (2005) ‘Self-reported and observed female genital cutting in rural Tanzania: Associated demographic factors, HIV and sexually transmitted infections’, *Tropical Medicine and International Health*, 10:1, pp.105-15, p.112; Mandelblatt *et al* (1992)

FGM/C is shrouded in secrecy because it is a private issue and as a result there is limited evidence on the practice in Malawi. UNICEF reports for example that only anecdotal evidence exists to suggest that a few small ethnic groups practice FGM/C. It is difficult to ascertain the extent to which FGM/C is practiced because of the enormous levels of secrecy surrounding it. FGM/C is reported to be ‘quietly happening’ in some parts of the southern region of Malawi as ‘The Daily Chronicle’ newspaper revealed:

Speaking about the practice to some women around the Thyolo and Mulanje areas, it seems obvious that [FGM/C]¹⁰⁵⁴ is practiced at some initiation ceremonies although they will not say if it is practiced in their own village... Everyone spoken to acknowledged that they are aware of the practice but deny that they or anyone they know is involved in the practice.¹⁰⁵⁵

In May 2006 however the MHRC produced a report that details how FGM/C is conducted in one traditional authority in Mulanje district for example:

[FGM/C] was said to take place in T.A. [traditional authority] Mthiramanja’s area in Mulanje, which involves the cutting off of the tips of the girls’ clitoris by the *namkungwi* [the woman counsellor] who use finger nails. In this area either an egg or a wooden penis is forced into the girl’s vagina to widen it so that it can accommodate any size of penis. The respondents likened the size of the wooden penis to the size of a fanta bottle.¹⁰⁵⁶

This report was supported by an article in ‘The Daily Chronicle’ reveals some aspects of the procedure:

Using her fingernails to remove the organ, the part is pinch and severed by the *namkungwi* under conditions that are not sterile or hygienic. Using a basin

¹⁰⁵⁴ FGM/C was referred to by the interviewee as FGM.

¹⁰⁵⁵ Jamieson, P. (13 February 2006) Malawi: Female Genital Mutilation Being Conducted on the Quiet with Young Girls Exposed to Infections and to HIV’ *The Chronicle Newspaper*, Lilongwe.<http://allafrica.com/stories/200602130979.html>

¹⁰⁵⁶ MHRC (May 2006) p. 35

of water to wash her hands after each removal, she moves from one girl to the next, exposing the girls to different kinds of infections, including HIV.¹⁰⁵⁷

The conditions under which the FGM/C is conducted are not sterile or hygienic and young girls may transmit HIV and other infections during the procedure. The practice of FGM/C in Malawi differs significantly from that which is practiced in West Africa, where the labia minora is totally removed, and, as the National Coordinator of the Malawi Network of Religious Leaders Living with HIV and AIDS (MANERELA) highlights, this is potentially less risky for women.¹⁰⁵⁸

Furthermore, although FGM/C is prevalent in other regions of Africa, it is not widespread in Malawi. There are 'some pockets' of FGM/C as the National Coordinator of MANERELA suggests. FGM/C is practiced amongst Muslim communities, a minority group, particularly in the districts of Mangochi, Machinga and Zomba.¹⁰⁵⁹ According to a study from the Malawi Human Rights Commission (MHRC) on 'Cultural Practices and Human Rights' in May 2006 'only 5% of the respondents said that [FGM/C] is practiced in their area'.¹⁰⁶⁰ For the majority of girls (89%) who undergo FGM/C it is first conducted when they are 10-15 years old, while for the remainder (11%) it is when they are between 16 and 20.¹⁰⁶¹

As is the situation across Africa, FGM/C is practiced to bring about male satisfaction in sex. However, there is a lack data and studies for Malawi. According to research on initiations in southern Malawi 'the *labia minora* are removed either through circumcision or the drinking of traditional medicine so that the man does not have a hindrance to quick penetration during sex.'¹⁰⁶² In addition, according to Population Council research into the practice of FGM/C in a Somali community in Kenya reveals that it was

¹⁰⁵⁷ Jamieson (13 February 2006)

¹⁰⁵⁸ National Coordinator, The Malawi Network of Religious Leaders Living with HIV and AIDS (MANERELA) (26/07/07) Offices of MANERELA: Lilongwe, Malawi

¹⁰⁵⁹ Amongst the Chewa of central Malawi FGM/C in the form of the lengthening the girl's labia minora. This involves stretching the labia minora through pulling them but it does not involve any 'surgery'.

¹⁰⁶⁰ MHRC (May 2006) p. 35

¹⁰⁶¹ MHRC (May 2006) p. 35

¹⁰⁶² Fielder (2005) p.35

conducted in order to control women's sexual desire.¹⁰⁶³ Conversely there is evidence from other parts of Africa that suggest that not all practices that are termed FGM are conducted for men's pleasure, they are part of being a woman and therefore some aspects are empowering. Girls in Malawi stretch their labia and there is eroticism and pride associated with the elongation of the labia in Mozambique.¹⁰⁶⁴ Where it is practiced in the Buganda culture in Uganda it is believed to enhance both the man's and woman's sexual pleasure and this empowers women sexually.¹⁰⁶⁵ However, FGM/C is problematic to research because there are taboos surrounding women's pleasure from sex and this means that women do not talk about their pleasure. Further research on the situation in Malawi is necessary to understand the value and significance placed on the practice for women.

As is the situation in general, FGM/C occurs without the consent of the girls involved and where they are underage they are often unable to provide informed consent.¹⁰⁶⁶ Although FGM/C is a violation of the sexual rights of women and girls, there is no specific legislation that makes FGM/C illegal in Malawi.¹⁰⁶⁷ Similar to gender-based violence, FGM/C occurs in the private sphere of non-intervention and as a result it is hard to discern and problematic to confront. However, FGM/C it is condoned by the WHO and the World Medical Association. Gamal A. Serour of the 'Al Akher University of Research' argues that FGM is a harmful practice as shown by science; it is part of culture but has no Islamic religious basis.¹⁰⁶⁸ According to the Koran people should not do harm or mutilate the creature of God and inflict harm without benefit, whereas communities use religion as their basis but are not authorities on Islam. As the WHO there is potential to target the women who conducted the procedures to try and put an end to the FGM/C. They may get paid for the practice and perhaps a financial incentive is needed to stop them.¹⁰⁶⁹ Evidence from other areas suggests that men can play an important role in stopping FGM/C, for example

¹⁰⁶³ 2nd Africa Conference on Sexual Health and Rights, 19-21 June, 2006, Nairobi Kenya

¹⁰⁶⁴ Bagnol (2008)

¹⁰⁶⁵ 2nd Africa Conference on Sexual Health and Rights, 19-21 June, 2006, Nairobi Kenya

¹⁰⁶⁶ 2nd Africa Conference on Sexual Health and Rights, 19-21 June, 2006, Nairobi Kenya

¹⁰⁶⁷ Head, Society for the Advancement of Women (SAW) (11/07/07) Offices of SAW: Lilongwe, Malawi. Also reported by the UNICEF and in the IPPF, UNAIDS and The Global Coalition on Women and AIDS 'Report Card.' IPPF, UNFPA and The Global Coalition on Women and AIDS (2006) p.2

¹⁰⁶⁸ Serour, G.A. (2008) 'New technologies in promoting women's sexuality', *3rd Africa Conference on Sexual Health and Rights, 4-7 February 2008, Abuja, Nigeria*

¹⁰⁶⁹ Mafubelu (2008)

the cultural beliefs do not reflect the preferences of young men in Sudan and the tendency for them not to wish to cut their daughters¹⁰⁷⁰ Research in Malawi is necessary to understand the perspectives of men.

5.1.5 Sexually Transmitted Infections (STIs)¹⁰⁷¹

A history of STIs is linked to a greater risk of HIV infection.¹⁰⁷² Having an STI increases the risk of contracting HIV from a sexual partner by as much as nine times.¹⁰⁷³ In the case of Malawi the 2004 MDHS reveals that 25.6 percent of women who reported STIs or symptoms of STIs were HIV positive, compared to 13.3 percent of women who did not have STIs or symptoms of STIs.¹⁰⁷⁴ The increased risk of contracting HIV is because the presence of STIs can cause symptoms including lesions in the genital mucosa and increase the presence of inflammatory cells, which are more effective for transmission of infection.¹⁰⁷⁵ Women are particularly vulnerable because STIs have less recognisable symptoms in women and often treatment is delayed with severe consequences.¹⁰⁷⁶ As the

¹⁰⁷⁰ Badri, B.A. (2008) 'Study in male knowledge, attitudes and behaviour in Gazere State towards female genital mutilation', 3rd *Africa Conference on Sexual Health and Rights*, 4-7 February 2008, Abuja, Nigeria

¹⁰⁷¹ The term STI is used in this research rather than venereal disease (VD) or sexually transmitted disease (STD), because these terms do not convey the concept of being asymptomatic in the same way that the term STI does. The term STI will be substituted for STDs when referring to other research.

¹⁰⁷² Head of Policy Support and Development, National AIDS Commission (NAC) (24/07/07) Offices of NAC: Lilongwe, Malawi; Programme Officer – HIV/AIDS, United Nations World Food Programme (WFP) (23/07/09) Offices of WFP: Lilongwe, Malawi

¹⁰⁷³ Campbell, I. (July 1994) 'Trends and involvement of development NGOs in HIV/AIDS work', The Salvation Army International Headquarters: London cited in Linking, A. (1996) 'AIDS as a development issue', *Canadian HIV/AIDS Policy and Law Newsletter*, 2:4 collection.nlc-bnc.ca

¹⁰⁷⁴ NSO and ORC MACRO (2005) p.237

¹⁰⁷⁵ Quinn and Overbaugh (2005) pp.1583

¹⁰⁷⁶ Tinker *et al* (2000) p.10,17. This is also recognised by the NAC (2003) p.17. Programme Officer – HIV/AIDS, United Nations World Food Programme (WFP) (23/07/09) Offices of WFP: Lilongwe, Malawi also highlights the issue of how STIs are often asymptomatic in women and therefore women may not realise they have them - Programme Officer – HIV/AIDS, United Nations World Food Programme (WFP) (23/07/09) Offices of WFP: Lilongwe, Malawi

Head of Policy Support and Development at the NAC reports the women ‘will not know and they will probably take it as normal when actually they have got an infection.’¹⁰⁷⁷

Men are at risk of contracting STIs and HIV because of their tendency to have multiple sexual partners. Despite Christianity diluting the practice of polygamy it is still common and extramarital partnerships are the norm.¹⁰⁷⁸ Interviews conducted by the MHRC suggest that polygamy ‘contributes significantly to the spread of the pandemic as many enter into such unions without knowing the serostatus of their would-be spouses.’¹⁰⁷⁹ Women in the marriage context are vulnerable to infection, not because they themselves are engaging in high-risk sex, but from transmitting HIV from their partner.¹⁰⁸⁰ MDICP survey data reveals that 20 percent of men report being unfaithful to their wives, whereas only 4 percent of women report being unfaithful. The survey reveals that women as a group are concerned about the risk from their husband’s behaviour, whilst men are concerned about their own risky behaviour.¹⁰⁸¹ As is the tendency across the developing countries, the norm is that women have sexual relations exclusively with one man.¹⁰⁸² Fielder reports that the initiations instruct the girls: ‘Do not agree to have sex with other men outside marriage. Be patient

¹⁰⁷⁷ Programme Officer – HIV/AIDS, United Nations World Food Programme (WFP) (23/07/09) Offices of WFP: Lilongwe, Malawi

¹⁰⁷⁸ Kaler, A. (2001) “‘Many divorces and many spinsters’: Marriage as an invented tradition in southern Malawi, 1946-1999”, *Journal of Family History*, 26:4, pp.529-556; Government of Malawi (1992); Government of Malawi (2000) in Chimbiri, A.M. (2007) ‘The condom as an “intruder” in marriage: Evidence from rural Malawi’, *Social Science and Medicine*, 64, pp.1102-1115, p.1103

¹⁰⁷⁹ MHRC (May 2006) p.15

¹⁰⁸⁰ Gender Network National Coordinator, Action Aid (17/07/07) Offices of Action Aid: Lilongwe, Malawi; Head of the Home Based Care Unit, Roman Catholic Church (20/07/07) Offices of the Roman Catholic Church: Limbe: Malawi; Director of Planning, Research and Evaluation, Department of HIV, AIDS and Nutrition within the Office of the President and Cabinet (OPC) (25/07/07) Offices of the Department of HIV, AIDS and Nutrition: Lilongwe, Malawi; Chairperson, Women’s Coalition (17/07/07) Offices of Action Aid: Lilongwe, Malawi. For the situation in South West Nigeria see Caldwell, J., Caldwell, P., Ankrah, E.M., Anarfi, J.K., Ahyeman, D.K., Awusabo-Asare, K. and Orubuloye, I. (1993) ‘African families and AIDS: Context, reactions and potential intervention’, *Health Transition Review* 3, *Supplement*, pp.1-16; Orubuloye, I. and Caldwell, J. (1997) ‘Perceived male sexual needs and male sexual behaviour in South West Nigeria’, *Social Science and Medicine*, 44:8, pp.1195-207

¹⁰⁸¹ Anglewicz, P. and Kohler, H.P. (2009) ‘Over-estimating HIV infection: The construction and accuracy of subjective probabilities of HIV infection in rural Malawi’, *Demographic Research*, 20:6, pp.65-96, p.73

¹⁰⁸² Rivers *et al* (1998) p.278

there is a man reserved for you, do not agree *kulama* (to taste) sex.¹⁰⁸³ Whereas men are reported to be ‘more likely to be unfaithful to their spouses than females’.¹⁰⁸⁴ The Malawi Demographic and Health Survey (MDHS) (2004) reports that ‘women are much less likely to engage in higher risk sex than men (8 percent compared with 27 percent of those who had sex in the 12 months before the survey).¹⁰⁸⁵ This is supported by the interviews conducted in Malawi:

Most of the time we regard women to be faithful to their partners whilst husbands most of the time they are the ones who go out. So women stay in the home for example and then the man contracts the virus somewhere and brings it home, a woman obviously would be infected.

- The Principle Documentation Officer at the Ombudsman’s Office¹⁰⁸⁶

If the husband is somebody who goes about with other women other than their wife and they meet somebody who is HIV positive and they get infected and they get back home they will say ‘sweet mama, how about it tonight?’ and they will have it... the wife will not ask questions she will just give in, ‘this is my husband’.

- The Acting Programmes Manager of MANET Plus¹⁰⁸⁷

Therefore messages targeting women to promote ‘being faithful’ to reduce their vulnerability to HIV infection may not be effective because, as is the situation in general, there are sexual double standards whereby men have multiple sexual partners whilst many women are monogamous.¹⁰⁸⁸

¹⁰⁸³ Fielder (2005) p.72

¹⁰⁸⁴ PSI/Malawi (2006) p.17

¹⁰⁸⁵ NSO and ORC MACRO (2005) p.201

¹⁰⁸⁶ Principle Documentation Officer, Ombudsman (23/07/07) Offices of the Ombudsman: Lilongwe, Malawi

¹⁰⁸⁷ Acting Programmes Manager, The Malawi Network of People Living with HIV (MANET Plus) (24/07/07) Offices of MANET-Plus: Lilongwe, Malawi

¹⁰⁸⁸ Representatives of the HIV/AIDS Section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi

There is evidence to suggest that there are links between men having multiple sexual partners and HIV infectivity amongst women.¹⁰⁸⁹ For example the MDHS reports that within polygamous unions female HIV prevalence is higher at 16.4 percent than for non-polygamous unions where it is 11.6 percent.¹⁰⁹⁰ The MDHS also reveals that men who are away from home have higher HIV prevalence: 9.2 percent of men who are never away HIV positive, 13.2 percent of men who are away for more than one month and 11.4 percent of men who are away always for less than a month.¹⁰⁹¹ Often the men do not have the financial means to support more than one wife and as a result neglect their other wives, especially the first one.¹⁰⁹² The Senior Assistant to the Chief State Advocate at the Ministry of Justice and Constitutional Affairs explains the co-wives might need to engage in extra-marital sex for financial support.

The wives are neglected, the guy has maybe three, four wives and he cannot sufficiently look after all of them. And the...inability of him to look after all those wives at times leads to the women being very vulnerable in that they cannot look after themselves and as I said women can be forced, more or less compelled to go into prostitution... [or] promiscuous conduct that leaves them very vulnerable.¹⁰⁹³

The Population and Health Specialist at the World Bank proposes the scenario that the co-wives might engage in adultery for sexual attention where they are neglected:

¹⁰⁸⁹ For the situation in Botswana see Hope, S. and Gaborone, S. (1999) 'HIV/AIDS and mobile population groups in Botswana', Government of Botswana; Gaborone: Botswana

¹⁰⁹⁰ NSO and ORC MACRO (2005) p.234

¹⁰⁹¹ NSO and ORC MACRO (2005) p.234

¹⁰⁹² MHRC (May 2006) p.13; Chimgwede (4-9/02/2004). For the situation in general see Poku (2005) *AIDS in Africa: How the Poor are Dying*, Polity Press: Cambridge, p.74

¹⁰⁹³ Senior Assistant to the Chief State Advocate/ Human Rights Coordinator, Ministry of Justice and Constitutional Affairs (25/07/07) Offices of the Ministry of Justice and Constitutional Affairs: Lilongwe, Malawi

it is likely the first wife would be much older than the younger wife and sometimes there may be a tendency for the man to stay with the younger wife. Once in a while you may find that the older wife will say 'oh ok if I am being ignored let me also look around'. When he is not around then you also have an affair somewhere. If that person has an affair with somebody who is infected, the man next time gets it from [her] it goes to all these other wives.¹⁰⁹⁴

The Senior Assistant to the Chief State Advocate highlights that the wives in polygamous marriages may be put further at risk on death of the husband because 'the sharing of property is very difficult and that normally leaves... the wives destitute.'¹⁰⁹⁵

The tendency for men to have multiple sexual partners is underscored by the intersection of gendered structures: Men are the breadwinners and have to migrate for work, having multiple sexual partners is considered to be a sign of masculinity and the emphasis on male pleasure from sex.¹⁰⁹⁶ Gendered structures also mean that the majority of women are not in a position to protect themselves from STIs and are limited in their power to ensure their husband is faithful.

Male migration is rooted in gendered structures whereby men are the 'breadwinners'.¹⁰⁹⁷ In Malawi male migration came about as a result of 'a combination of household tax implementation, arable appropriation of lands and the control of agricultural prices, the British Colonial administration made it difficult to maintain a living on rural lands in what is now Malawi.'¹⁰⁹⁸ Where men migrated for work it changed patterns of sexual

¹⁰⁹⁴ Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi. Also reported by Head of the Home Based Care Unit, Roman Catholic Church (20/07/07) Offices of the Roman Catholic Church: Limbe: Malawi

¹⁰⁹⁵ Senior Assistant to the Chief State Advocate/ Human Rights Coordinator, Ministry of Justice and Constitutional Affairs (25/07/07) Offices of the Ministry of Justice and Constitutional Affairs: Lilongwe, Malawi. Also reported in MHRC (May 2006) p.13

¹⁰⁹⁶ Programme Manager, Global AIDS Interfaith Alliance (GAIA) (12/07/07) Offices of GAIA: Lilongwe, Malawi. Bracher, Santow and Watkins (2003) pp.212-3; Government of Malawi (2005) 'The Women, Girls and HIV/AIDS' 3.1.1; Chingwede (02-03/2004) p.48

¹⁰⁹⁷ Burja, J. (2004) 'AIDS as a crisis in social reproduction', *Review of African Political Economy*, 31:102, pp.631-8, p.632

¹⁰⁹⁸ Craddock, S. (2006) 'Disease, social identity and risk: rethinking the geography of AIDS', *transactions of the British Institute of Geographers*, New Series, 25:2, pp.153-68, p.156; Forster, P.G. (2000) 'Prostitution in Malawi and the HIV/AIDS risk', *Nordic Journal of African Studies*, 9:1,

behaviour. For example where men migrated to the gold mines in South Africa they were contracted to 2-year contracts away from home.¹⁰⁹⁹ This increased the potential for commercial sex exchange and sex workers congregated around the camps. Rural impoverishment in post-colonial Malawi, particularly intensified by SAPs, meant the continuation of male outmigration to South Africa.¹¹⁰⁰ Between 1988 and 1992 the Employment Bureau for Africa stopped officially employing Malawian mine workers because of their high HIV rates, however they were still employed just with less optimal pay and working conditions.¹¹⁰¹ In more recent decades it is increasingly common for men to have separate urban residences whilst their wives tend to reside in the rural areas.¹¹⁰² As a result risky sexual environments emerge near major roads, rural industries attracting seasonal workers (including tea, coffee and tobacco plantations), ports on Lake Malawi and areas of small scale trading where there are periodic absences and an influx of traders.¹¹⁰³

According to gender-based cultural scripts having many several sexual partners is a sign of masculinity.¹¹⁰⁴ As Kaler explains ‘having multiple sexual partners and having sex without condoms can also function as proof that one is a real man, virile and masculine.’¹¹⁰⁵ There is an association between masculinity, mobility and sexual adventures. Kaler drawing upon observational journals, outlines that ‘In Malawian cultural history, labour migration has for generations been associated with masculinity and with the passage to manhood, as young

pp.1-19; Davidson, J. (1993) ‘Tenacious women: Clinging to banja household production in the face of changing gender relations in Malawi’, *Journal of Southern African studies*, 19:3, pp.405-21 pp.409-13

¹⁰⁹⁹ Lucas, R.E.B. (1987) ‘Emigration to South Africa’s mines’, *The American Economic Review*, 77:3, pp.313-30, p.317

¹¹⁰⁰ Craddock (2006) p.156, Whiteside, M. and Carr, S. (1997) ‘Services and policies needed to support sustainable smallholder agriculture in Malawi’, Report to the Overseas Development, UK., Mimeo; Tango International (2003) p.6

¹¹⁰¹ Craddock (2006) p.157

¹¹⁰² Chimiri (2002) ; Chimiri (2007) p.1103

¹¹⁰³ Ngwira, N., Bota, S. and Loevinsohn (2001) ‘HIV/AIDS, agriculture and food security in Malawi: Background to action’, Regional Network on HIV/AIDS, Rural Livelihoods and Food Security (RENEWAL): Lilongwe, Malawi and the Hague, Netherlands, p.8

¹¹⁰⁴ For the situation in general see Rivers *et al* (1998) p.274; World Health Organisation (WHO) (1994) ‘Women and AIDS: agenda for action’, Geneva: WHO; WHO (1994) ‘Creating common ground: Women’s perspectives on the selection and introduction of fertility regulation techniques’, HO/HRP/WOM, 94:1, Geneva: WHO

¹¹⁰⁵ Kaler (2003) “‘My girlfriend could fill a Yanu-Yanu bus’: Rural Malawian men’s own claims about their sero-status’, *Demographic Research*, Special Collection 1:11, pp.349-372 p.359

men seek their fortune in the outside world and, ideally, return with their spoils to the envy of their rural relatives'.¹¹⁰⁶ In more recent years evidence has emerged that indicates a discourse amongst some men that being HIV positive is considered by some people as a sign of masculinity because it is a testament to number of sexual partners one has had and engaging in risky behaviour. Kaler cites one journal record for example:

I have never tried to use [condoms]. I have slept with many girls and if it is the cause of AIDS then I already have it because the girls with which I had been having sex, gathering them all could fill a Yanu-Yanu bus.¹¹⁰⁷

Polygamy has long been regarded a 'symbol of prestige among Yaos, Ngonis and Chewas'. As an article in 'The Malawi Standard' reflects polygamy is associated with gendered structures whereby the men are the providers: 'Traditionally, in the olden days, it was thought that the more women and children the man had, the more food he produced and consequently, the more respected he became.'¹¹⁰⁸ A report from the MHRC reveals that 'Having many wives is a sign of wealth and the envy of society. The man finds it prestigious to marry more than one wife. For chiefs, having many wives creates an aura of respect around their chieftaincy.'¹¹⁰⁹ Peter Ngulube-Chinoko also reports that: 'Polygamy serves the prosperity and growth of the extended family, supplying a structure in which there are no needy widows and orphans. It also provides status and support for women in societies where they have no vocation other than marriage and the bearing of children to their husband's lineage.'¹¹¹⁰ In addition, the report from the MHRC suggests that 'some men look at women and children as a source of cheap labour and marrying many wives creates such a pool of cheap labour.'¹¹¹¹

¹¹⁰⁶ Kaler (2003) p.360

¹¹⁰⁷ Kaler (2003) p.361-2

¹¹⁰⁸ Chingwede (4-9/02/2004)

¹¹⁰⁹ MHRC (May 2006) p.13

¹¹¹⁰ Ngulube-Chinoko, P. (1995) 'The experience of women under the one party state and in the political transition', Nzunda, M.S. and Ross, K.R. (eds.) *Church, Law and Political Transition in Malawi, 1992-94*, Mambo Press: Gweru, Zimbabwe, pp.89-100, p.91. See also MHRC (May 2006) p.13

¹¹¹¹ MHRC (May 2006) p.13

Sex is socially constructed as being for as man's pleasure. If the man is not satisfied in sex then it is accepted that he will take other sexual partners.¹¹¹² It is reported that across Sub-Saharan Africa 'There is the pervasive belief that men cannot or do not limit themselves to one infection free lifetime partner.'¹¹¹³ Research from Nigeria suggests that men are biologically programmed to be polygamous and need sexual variation, their sexual appetite driven by uncontrollable needs rather than pleasure.¹¹¹⁴ Polygamous marriages result in the tendency for men to marry late and therefore have sex outside of marriage 'rather than face the social instability denial would almost certainly cause' and high fertility rates and long periods of post-partum abstinence mean that their wives frequently cannot engage in sex.¹¹¹⁵ Moreover, where men have to migrate for work and it is accepted, at least tacitly, that he will need to be sexually satisfied either through engaging in polygamous marriages (*mitala*) or extra-marital sex.¹¹¹⁶

The majority of women are not in a position to protect themselves from STIs because of gendered structures; many of the reasons have been explored in chapter three. Men will not disclose their STIs to their wife because they do not wish to reveal if they have been unfaithful. Women are not in a position to inspect partner before sex because they do not have the confidence and power, as a representative of the HIV/AIDS section of the Ministry of Education explained.¹¹¹⁷ There is a stigma of infidelity surrounding STIs. If a wife discovers she is infected she will not disclose the STI to her husband and perhaps even

¹¹¹² For the situation in developing countries in general see Rivers *et al* (1998) p.278

¹¹¹³ For the situation across Sub-Saharan Africa see Caldwell, J.C. (2000) 'Rethinking the African AIDS epidemic', *Population and Development Review*, 26, pp.117-135; Caldwell and Caldwell (1993) p.834

¹¹¹⁴ Orubuloye, I., Caldwell, J. and Caldwell, P. (1997) 'Perceived male sexual needs and sexual desires in south west Nigeria', *Social Science and Medicine*, 44:8, pp.1195-1207; Caldwell, J.C. (2000) p.121; Orubuloye, I., Caldwell, J. and Caldwell, P. (1993) 'African women's control over their sexuality in the era of AIDS', *Social Science and Medicine*, 37:7, pp.859-72

¹¹¹⁵ Caldwell (1999) p.4; Caldwell and Caldwell (1977) 'The role of marital sexual abstinence in determining fertility: A study of the Yoruba in Nigeria', *Population Studies*, 31:2, pp.193-217. For a detailed consideration of post-partum abstinence in Malawi see Zulu (2001)

¹¹¹⁶ As explored for the situation in general in Sub-Saharan Africa by Representatives of the HIV/AIDS Section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi. See also Poku (2005) p.74; Programme Manager - Gender, Canadian International Development Agency (CIDA) (27/07/07) Offices of CIDA: Lilongwe, Malawi

¹¹¹⁷ Representatives of the HIV/AIDS Section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi; Chairperson, Women's Coalition (17/07/07) Offices of Action Aid: Lilongwe, Malawi

avoid seeking medical treatment because even if it were the husband who infected her, disclosure would lead to questions of her infidelity. STIs are understood according to gendered ideologies and are known in Chichewa as ‘women’s disease’. This stigma is compounded by the tendency for female STIs to be asymptomatic in men.¹¹¹⁸

Gendered structures mean that women are limited in their power to ensure their husband is faithful. The husband’s multiple sexual partners are normalised and accepted. Girls are taught during their initiations to condone the immorality of their husbands. They are instructed that ‘if a man sleeps outside [engages in extra-marital affairs], and comes very late, you should not refuse him entry to the house because an animal can kill him. If this happens you will be sorry. So do not be jealous with your husband.’ and Fielder reports one initiation song:

<i>Tsegulire, tsegulire!</i>	Open for me, open for me!
<i>Ndakana, ndakana.</i>	I have refused, I have refused.
<i>Apanja, apanja,</i>	Those outside, those outside
<i>Mulibe mwambo.</i>	Have no behaviour.
<i>Anyumba, anyumba.</i>	Those in the house, those in the house,
<i>Mulibe mwambo.</i>	You do not have behaviour. ¹¹¹⁹

As an Advocacy Officer at NAPHAM explains the cultural belief in Malawi is that ‘the man should have several relationships even outside marriage’ and ‘the woman should not ask the husband ‘where were you?’¹¹²⁰ According to the clergy involved in focus group discussions conducted by Rankin *et al* the teaching in the church has always been that ‘If the man strays away from the marriage, we say the wife should forgive him; if the woman strays then the man should divorce her.’¹¹²¹ If the wife does confront her husband the Director of Planning,

¹¹¹⁸ Representatives of the HIV/AIDS Section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi

¹¹¹⁹ Fielder (2005) pp.36-37,82

¹¹²⁰ Advocacy Officer, National Association for People Living with HIV and AIDS (NAPHAM) (12/07/07) Offices of NAPHAM: Lilongwe, Malawi. Also Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi; Head of the Home Based Care Unit, Roman Catholic Church (20/07/07) Offices of the Roman Catholic Church: Limbe: Malawi

¹¹²¹ Rankin *et al* (2005) p.11

Research and Evaluation at the Department of HIV, AIDS and Nutrition suggests that ‘she will just complain and it ends there and they [the husband] will continue having sex with [other] women.’¹¹²² Women may also experience violence. In a case reported in the press one woman in Kasungu was allegedly murdered by her husband for accusing him of flirting with another woman.¹¹²³ Similarly a woman in Kasungu died after her husband beat her until she was unconscious and fractured her skull for accusing him of engaging in extra-marital affairs.¹¹²⁴ The emphasis is upon women to ensure that their husbands are satisfied sexually to keep him from seeking other sexual partners. As explored in greater depth in chapter three, this is taught as part of a girl’s initiation, as research by Fielder reveals:

Without careful preparation, she subjects herself to failure in marriage, which can either result in divorce or constant abuse from her husband. The husband may also become unfaithful as he goes to look for a woman who was better prepared for marriage. A husband may also beat his wife in frustration because he is not sexually satisfied.¹¹²⁵

Women who are in polygamous marriages are often in a situation where they need to compete with the other wives to satisfy the husband sexually.¹¹²⁶ Furthermore, a report from CILIC suggests that where many women have little or no education they do not recognise polygamy as a cause for concern.¹¹²⁷

Polygamy is legal in Malawi. The Government only pledges in the ‘National HIV/AIDS Policy’ to ‘promote and encourage monogamous marriages and fidelity within

¹¹²² Director of Planning, Research and Evaluation, Department of HIV, AIDS and Nutrition within the Office of the President and Cabinet (OPC) (25/07/07) Offices of the Department of HIV, AIDS and Nutrition: Lilongwe, Malawi

¹¹²³ Kashoti, D. (20/07/2006) ‘Police Nets Suspected wife Murderer’, *The Daily Times*, Lilongwe, Malawi

¹¹²⁴ Theu, R. (18/07/06) ‘Assaulted Kasungu woman dies – Kasungu man faces murder charges’, *The Nation*, p.1,3

¹¹²⁵ Fielder, R.N. (2000) ‘The place of religion in the struggle for the rights of girl children: A case study of experiences of girls in initiation programmes in rural communities in southern Malawi’, *Religion in Malawi*, 10, pp.37-41, p.38

¹¹²⁶ Chingwede (4-9/02/2004)

¹¹²⁷ CILIC (June 2007) p.7

any type of marriage, to prevent HIV and other STIs'.¹¹²⁸ It is a problematic situation because polygamy is guarded against criticism by pervasive traditionalism.¹¹²⁹ Although 'a man is supposed to culturally ask his first wife's permission before he marries another woman', as the Head of the Women Lawyers Association reports 'that is not done, men just marry as many wives as they feel at ease.'¹¹³⁰ A report from the Ministry of Health and Population and the National AIDS Committee (NAC) cites that amongst the unsafe behaviour of opinion leaders is that polygamy is accepted and even promoted in some societies.¹¹³¹ The only social barriers to polygamy are that men can only have as many wives and children as they can look after.¹¹³² Former President Hastings Kamuzu Banda expressed that 'Inkosi ya Makosi [village headman] cannot have one wife, no, and therefore he has to have enough money and enough houses to support his wives.'¹¹³³ The Law Commission has recommended that polygamy should be abolished in line with commitments to CEDAW and the African Protocol on the Rights of Women.¹¹³⁴ However, as the Senior Assistant to the Chief State Advocate at the Ministry of Justice and Constitutional Affairs explains it is a contentious issue:

It is very difficult to regulate issues of marriage because... the laws can be there to say this and this should not happen but in practice and reality is very difficult... I have quite my doubts if this Bill probably presented before parliament it would be very interesting to see how the parliament would react

¹¹²⁸ Government of Malawi (2003) 'National HIV/AIDS Policy', section 6.1.2

¹¹²⁹ Advocacy Officer, National Association for People Living with HIV and AIDS (NAPHAM) (12/07/07) Offices of NAPHAM: Lilongwe, Malawi; Head, Society for the Advancement of Women (SAW) (11/07/07) Offices of SAW: Lilongwe, Malawi; Head, Women Lawyers Association (WLA) (16/07/07) Offices of the WLA: Lilongwe, Malawi; Chingwede (4-9/02/2004)

¹¹³⁰ Head, Women Lawyers Association (WLA) (16/07/07) Offices of the WLA: Lilongwe, Malawi

¹¹³¹ Ministry of Health and Population and the NAC (unknown) p.39

¹¹³² Polygamy is particularly evident among the Yao and Chewa. Lwanda (2005)p.124

¹¹³³ Hastings Kamuzu Banda, handing over keys to chiefs in Mzimba District, Edingeni, Mzimba, September, 1980. Cited in Ngulube-Chinoko (1995) p.92-3

¹¹³⁴ Malawi Law Commission (June 2006) p.46

to the idea that polygamy should be abolished... Malawians for religious reasons do this.¹¹³⁵

5.2 The predisposition of women to poor health increases their risk of contracting HIV

Globally women tend to have a worse quality of life and are more sickly and disabled than men.¹¹³⁶ Women's low immunity increases their susceptibility of HIV infection if they become exposed to the virus.¹¹³⁷ According to a 1997 World Bank report HIV has a very low probability of transmission between otherwise healthy adults; one in 1000 contacts from female to male and one in 500 contacts from male to female.¹¹³⁸ The link between low health and a susceptibility to HIV infection was recognised by the representatives of organisations interviewed for this research.¹¹³⁹ This section explores how women are susceptible to poor health because of the persistence of gender-based norms.

5.2.1 Poverty and poor health

The links between poverty, health and vulnerability are pertinent because Malawi is an impoverished country ranking 83rd of 102 countries in the Human Poverty Index.¹¹⁴⁰ Poverty

¹¹³⁵ Senior Assistant to the Chief State Advocate/ Human Rights Coordinator, Ministry of Justice and Constitutional Affairs (25/07/07) Offices of the Ministry of Justice and Constitutional Affairs: Lilongwe, Malawi explains

¹¹³⁶ Tinker *et al* (2000)p.8

¹¹³⁷ For discussion of the implications of immunity for contracting HIV see Stillwaggon, E. (2005) 'The ecology of poverty: Nutrition, parasites and vulnerability to HIV/AIDS', *International Conferences on HIV/AIDS and Food and Nutrition*
<http://pdfhtml.markoer.org/pdf2html.php?url=http%3A%2F%2Fwww.ifpri.org%2Fevents%2Fconferences%2F2005%2Fdurban%2Fpapers%2FstillwaggonWP.pdf&images=yes>
Kelly, M. (2005) 'AIDS education and the MDGs', paper presented to the International Students Conference Against AIDS, Lusaka, Zambia, July 2005. cited in Mabala (2006) p.410

¹¹³⁸ World Bank (1997) *Confronting AIDS: Public Priorities in a Global Epidemic*, Oxford: Oxford University Press

¹¹³⁹ Interview with Executive Director, Malawi AIDS Counselling and Resource Organisation (MACRO) (25/07/07) Offices of MACRO: Lilongwe, Malawi etc

¹¹⁴⁰ Rankin *et al* (2005) p.9; United Nations Population Information Network (POPIN) (1994) '94-09-09: Statement of Malawi, H.E. Mr. Justin C. Malewezi', Delivered at the

creates the biological conditions for increased susceptibility to infection because impoverished individuals lack sufficient nutrition and access to health services and are more prone to illness.¹¹⁴¹ The 'Malawi Poverty and Vulnerability Assessment' (2006) highlights the link between poverty and hunger, it reports that 'poor individuals consume on average 58 percent of the calories of their better off counter parts.'¹¹⁴² Impoverished individuals cannot necessarily purchase food for a balanced diet and this reduces their nutrition levels and leaves them vulnerable to illness, including HIV infection.¹¹⁴³ Globally poverty has a 'female face'.¹¹⁴⁴ In Malawi although a minority of women are economically empowered the overwhelming majority are impoverished, especially in rural areas. Women are poor within society but also within the family unit.¹¹⁴⁵ However, statistics for Malawi are limited because they do not show women's relatively poverty within the household. Women lack economic power in their relationships because they are often dependent on their husbands for indirect access to and control over resources. In particular, the 'Malawi Poverty and Vulnerability Assessment' (2006) reports that 'female households are disproportionately poor'.¹¹⁴⁶ The value of assets in female-headed households (FHHs) is half that of male-headed households (MHHs) and MHHs are more likely to own productive assets for agricultural activities.¹¹⁴⁷

Where women are hardest hit by poverty it perpetuates their poor health status and increases the likelihood that they will contract HIV.¹¹⁴⁸ In Malawi, as for the situation in general, it is the poorest women who have the least autonomy, are at most frequent risk, and

International Conference on Population and Development, Cairo International Conference Centre, Cairo, Egypt, 9th September 1994

¹¹⁴¹ Tango International (2004) p.4. for the situation in general see Poku (2001) p.10

¹¹⁴² Government of Malawi (2006)

¹¹⁴³ Program Officer, National Initiative for Civic Education (NICE) (16/07/07) Offices of NICE: Lilongwe, Malawi

¹¹⁴⁴ Charlton, S.E.M. (1984) *Women in Third World Development*, Westview Press: Bolder, Colorado, p.126. Heyzer, N. (1993) 'Gender, economic growth and poverty', in Evers, B. (ed.) *Women and Economic Policy, Oxfam Focus on Gender*, 3, 1:3, pp.22-5, p.23

¹¹⁴⁵ Kehler, J.(2001) 'Women and poverty: the South African experience', *Journal of International Women's Studies* 3:1, November, <http://www.bridgew.edu/depts/artscnce/jiws/fall01/kehler/pdf>; (POPIN) (1994)

¹¹⁴⁶ Government of Malawi (June 2006) p.33

¹¹⁴⁷ Government of Malawi (June 2006) p.33

¹¹⁴⁸ For the situation in Malawi see Tango International (2004) p.4. For the situation in general see Poku (2001) *Africa's AIDS Crisis in Context*, p.197. Tinker *et al* (2000)p.11

have the highest likelihood of HIV infection.¹¹⁴⁹ The MDHS (2004) reveals that ‘rural women are almost twice as likely to be thin as urban women’ and ‘women in the highest wealth quintile ... are least likely to be thin.’¹¹⁵⁰

The increasingly ‘female face’ of poverty reveals the greater vulnerability of women to poverty. The Government’s ‘Poverty Alleviation Programme (PAP) Policy Framework’ recognises that the vulnerability of women to poverty is underscored by gendered structures.¹¹⁵¹ As explored further in chapters one, three and four, women are ‘naturally’ excluded from the formal economy in the public (masculine) sphere, being confined to the private (domestic) sphere.¹¹⁵² Women’s work and contribution to the economy in producing labour through their work in the informal sector, subsistence farming, and domestic role is marginalised.¹¹⁵³ The domestic role women undertake has a lower perceived value and they are regarded ‘as less ‘valuable’ members of society.’¹¹⁵⁴ Women cannot access resources because the husband owns and controls all property acquired during marriage and despite the heavy workload women undertake, they have little or no control over the proceeds.¹¹⁵⁵ Furthermore, whilst more men migrate to the towns for their productive role, 93 percent of women live in the rural areas where poverty is most acute because of their domestic role and women head 30 percent of rural households.¹¹⁵⁶

¹¹⁴⁹ For the situation in Malawi see Mbaya (2002) p.2. For the situation in general see Doyal, L. (1994) ‘HIV/AIDS putting women on the global agenda’ in Doyal, L., Naidoo, J. and Wilton, T. (eds.) *AIDS: Setting a Feminist Agenda*, London: Taylor and Francis, pp.16-17

¹¹⁵⁰ NSO and ORC MACRO (2005) p.182

¹¹⁵¹ UN (Dec 2004) p.1; Heyzer (1993) p.25

¹¹⁵² Elson, D. (1993) ‘Gender relations and economic issues’, in Evers, pp.6-12, p.7; Bennaria, L. (1992) ‘Accounting for women’s work: the progress of two decades’, *World Development*, 20:11

¹¹⁵³ James, S. (1994) ‘Women’s unwaged work – The heart of the informal sector’, in Evans, M. (ed.) *The Woman Question*, Sage: London, p.176

¹¹⁵⁴ Kehler (2001); Bentley, K. (2004) ‘Women’s human rights and the feminisation of poverty in South Africa’, *Review of African Political Economy*, 100:247-261, p.258. See also Fleming, A. (1993) ‘Lessons from tropical Africa for addressing the HIV/AIDS epidemic in South Africa’ in Cross, S. and Whiteside, A. (eds.) *Facing up to AIDS: The Socio-Economic Impact in Southern Africa*, Macmillan: London, pp.295-317, p.297

¹¹⁵⁵ Kakhongwe, P. (Unpublished) ‘Democracy, *lobola*, inheritance and women’s rights: the case of Malawi’, Centre for Social Research, university of Malawi: Zomba, p.3; Saur *et al* (2005) p.28

¹¹⁵⁶ Mbaya, S. (2002) ‘HIV/AIDS and its impact on land issues in Malawi’, a paper presented at the FAO/SARPN Workshop on HIV/AIDS and Land, 24-25 June 2002, Shere View Lodge, Pretoria, p.8

5.2.2 Low levels of nutrition

Issues of nutrition and vulnerability to HIV/AIDS are critical in Malawi because it is periodically hit by food shortages. The WFP reports in 2007 that ‘During the past ten years, Malawi has experienced at least five severe droughts and a number of cyclical floods that have damaged food production and crops.’¹¹⁵⁷ Malnutrition and HIV/AIDS are interlinked: Malnutrition reduces an individual’s immunity and leaves them susceptible to HIV infection and, in turn, HIV exacerbates food insecurity because of the loss of productive adults to work on land and to generate income to purchase food.¹¹⁵⁸

Crucially women are more susceptible than men to poor health associated with hunger and poor nutrition, which impacts upon their vulnerability to HIV infection.¹¹⁵⁹

¹¹⁵⁷ Principle Documentation Officer, Ombudsman (23/07/07) Offices of the Ombudsman: Lilongwe, Malawi; National Coordinator, The Malawi Network of Religious Leaders Living with HIV and AIDS (MANERELA) (26/07/07) Offices of MANERELA: Lilongwe, Malawi; HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi; Director of Planning, Research and Evaluation, Department of HIV, AIDS and Nutrition within the Office of the President and Cabinet (OPC) (25/07/07) Offices of the Department of HIV, AIDS and Nutrition: Lilongwe, Malawi. See also UN Disaster Management Technical Working Group (2006) ‘UN Malawi Humanitarian Situation Report – 15 February 2006’, UNDP: Lilongwe, Malawi; Itano, N. (26/07/2002) ‘Famine, AIDS devastating Malawi Women’, *WEnews* World Food Programme (WFP) (January 2007) ‘Increasing food security’, WFP: Lilongwe, Malawi

¹¹⁵⁸ Director of Planning, Research and Evaluation, Department of HIV, AIDS and Nutrition within the Office of the President and Cabinet (OPC) (25/07/07) Offices of the Department of HIV, AIDS and Nutrition: Lilongwe, Malawi. Also reported by Representatives of the HIV/AIDS Section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi. See Hindin, M.J. (2005) ‘Women’s autonomy, status and nutrition in Zimbabwe, Zambia and Malawi’, in USAID (ed.) *A Focus on Gender: Collected Papers on Gender using DHS Data*, ORC MACRO: Maryland, US, pp.93-116, p.93. Mtika, M (1998) ‘Illness, deaths, and social obligations: Peasant food security in the context of AIDS in Malawi’, *International Conference on AIDS*, 12:472. Southern African Development Community (SADC) Food and Natural Resources (FANR) Vulnerability Assessment Committee (2003) ‘Towards identifying impacts of HIV/AIDS on food security in Southern Africa and implications for response: Findings from Malawi, Zambia and Zimbabwe, SADC FANR: Harare, Zimbabwe

¹¹⁵⁹ Tinker *et al* (2000) p.3. Head of Policy Support and Development, National AIDS Commission (NAC) (24/07/07) Offices of NAC: Lilongwe, Malawi; World Bank; Director of Planning, Research and Evaluation, Department of HIV, AIDS and Nutrition within the Office of the President and Cabinet (OPC) (25/07/07) Offices of the Department of HIV,

According to the MDHS (2004) 9 percent of women have a Body Mass Index (BMI) below 18.5 and 45 percent of women are anaemic, which indicates poor nutrition and health.¹¹⁶⁰ However, there is insufficient data on the inequality in access to nutrition within the family between the wife and husband and the boys and girls.¹¹⁶¹ The vulnerability of women to malnutrition is intimately linked to gender-based norms, several of which are explored here.

The man's gender-based productive role as the 'breadwinner' is more highly valued than the woman's domestic reproductive role.¹¹⁶² Women's lower autonomy and status within the household leaves them more likely to experience poor nutrition and have a lower BMI.¹¹⁶³ Even in situations where there is no commodity scarcity women lack entitlements to food and income, which can lead to poor nutrition as Amartya Sen identifies for the situation in general.¹¹⁶⁴ The wife has to satisfy the husband because he is 'breadwinner' and in exchange he supports her financially and this includes making sure the husband is well fed.¹¹⁶⁵ Men take priority for food and the interviews reveal the tendency for the men to eat first and be fed the most nutritious food. For example a gender specialist with CIDA highlights:

AIDS and Nutrition: Lilongwe, Malawi; Representatives of the HIV/AIDS Section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi

¹¹⁶⁰ NSO and ORC MACRO (2005) pp.177,182; WHO (2004) 'Anaemia: Towards an integrated approach for effective anaemia control', WHO

http://www.who.int/topics/anaemia/en/who_unicef-anaemiastatement.pdf p.1

¹¹⁶¹ Programme Officer – HIV/AIDS, United Nations World Food Programme (WFP) (23/07/09) Offices of WFP: Lilongwe, Malawi

¹¹⁶² Director of Planning, Research and Evaluation, Department of HIV, AIDS and Nutrition within the Office of the President and Cabinet (OPC) (25/07/07) Offices of the Department of HIV, AIDS and Nutrition: Lilongwe, Malawi

¹¹⁶³ Hindin (2005) p.93

¹¹⁶⁴ Sen (1990)

¹¹⁶⁵ Executive Director, Malawi AIDS Counselling and Resource Organisation (MACRO) (25/07/07) Offices of MACRO: Lilongwe, Malawi; Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi; Director of Planning, Research and Evaluation, Department of HIV, AIDS and Nutrition within the Office of the President and Cabinet (OPC) (25/07/07) Offices of the Department of HIV, AIDS and Nutrition: Lilongwe, Malawi; Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi; Programme Manager, Global AIDS Interfaith Alliance (GAIA) (12/07/07) Offices of GAIA: Lilongwe, Malawi; Programme Officer – Reproductive Health and HIV/AIDS, United Nations Children's Fund (UNICEF) (19/07/07) Ryall's Hotel Conference Centre: Blantyre, Malawi

Traditionally... in Africa and in Malawi women are the ones that prepare the food, but they are taught from a young age... that they should serve the best food to the men. Whether it is during a function like a wedding ceremony or is a funeral... or even the home. If there is the best part of a chicken, if there is just a little of a nutritious food that is available, women are supposed to give preference to the men. So in most cases they end up eating something that is less nutritious, and is inadequate, so that would lead to their being vulnerable to being low in nutrition levels.¹¹⁶⁶

This situation is most entrenched in rural areas, as the Executive Director of MACRO explains.¹¹⁶⁷ However, it is still evident that amongst the middle-class educated urban women that the food preference goes to the husband. A representative of the HIV/AIDS Section of the Ministry of Education for example reflects upon how she is yet to know a woman who does not feed her husband first.¹¹⁶⁸

The husband's productive role means that he controls the family's food security, both through control over the land and the household resources. As an Advocacy Officer at NAPHAM reflects men have control over nutritional issues because they are the 'breadwinners' and have the power in the house.¹¹⁶⁹ Women are the major food producers in

¹¹⁶⁶ Programme Manager - Gender, Canadian International Development Agency (CIDA) (27/07/07) Offices of CIDA: Lilongwe, Malawi. Also Behaviour Surveillance Research Coordinator, Family Health International (FHI) (26/07/07) Offices of FHI: Lilongwe, Malawi; Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi; Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi; Director of Planning, Research and Evaluation, Department of HIV, AIDS and Nutrition within the Office of the President and Cabinet (OPC) (25/07/07) Offices of the Department of HIV, AIDS and Nutrition: Lilongwe, Malawi. See also Government of Malawi (March 2000) 'National Gender Policy', Ministry of Women and Child Development; Lilongwe, Malawi, 1.9

¹¹⁶⁷ Executive Director, Malawi AIDS Counselling and Resource Organisation (MACRO) (25/07/07) Offices of MACRO: Lilongwe, Malawi

¹¹⁶⁸ Representatives of the HIV/AIDS Section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi

¹¹⁶⁹ Advocacy Officer, National Association for People Living with HIV and AIDS (NAPHAM) (12/07/07) Offices of NAPHAM: Lilongwe, Malawi

Malawi, comprising 80 percent of farmers, and yet, as outlined in chapter one, the majority of women still lack control over the land and its produce, which leaves them food insecure.¹¹⁷⁰ Where women do access land it tends to be smaller farms and less fertile land.¹¹⁷¹ As explored in chapter four, women lack control of the land even in matrilineal societies of the south, where land inheritance is traced through the women. In addition, women are disadvantaged in intra-household resource allocation.¹¹⁷² Women do not have access to a sufficient income with which they can buy food, even though they are the ones responsible for feeding the family.¹¹⁷³ Interviews conducted as part of a study of *Nkanza* (gender-based violence) reveal incidences of where the husbands mark the levels on the milk and maize when they migrate for work to regulate the amount the wife uses in their absence.¹¹⁷⁴ Women may have to exchange sex for food with traders, especially between December and March when hunger peaks.¹¹⁷⁵ In some areas along Lake Malawi, notable Nkotakota, it is reported that women without money to buy food will be given free fish by the fishermen in return for sex, a phenomenon that is known as 'fish for sex'.¹¹⁷⁶

There are specific aspects of women's domestic role that heightens their vulnerability to under-nutrition. Domestic tasks including washing and water collection leave them vulnerable to nutrition-related diseases associated with water contamination including giardia and dysentery. There are annual outbreaks of waterborne diseases including giardiasis and

¹¹⁷⁰ Reported to be the situation across the region more generally by Abby Taka Mugugu director of the Zimbabwe based NGO, 'Women, Land and Water Rights in Southern Africa' (WLWRSA) in Phiri, M.M. (11/05/1980) 'Gender, land rights', *The Nation*, p.17

¹¹⁷¹ Guyer, J.I. (1995) 'Women in the rural economy: Contemporary variations' in Hay, M.J. and Stichter, S. (eds.) *African Women South of the Sahara*, Longman: Harlow, pp.22-43, p.23

¹¹⁷² Hindin (2005) p.93

¹¹⁷³ National Coordinator, The Malawi Network of Religious Leaders Living with HIV and AIDS (MANERELA) (26/07/07) Offices of MANERELA: Lilongwe, Malawi; Acting Programmes Manager, The Malawi Network of People Living with HIV (MANET Plus) (24/07/07) Offices of MANET-Plus: Lilongwe, Malawi

¹¹⁷⁴ Saur *et al.* (2005)

¹¹⁷⁵ Pinter, C. (2004) 'Economic pathways for Malawi's rural households', Report for Care International, Malawi; Bryceson, D.F., Fonseca, J. and Kadzadira, J. (2004) 'Social Pathways from the HIV/AIDS Deadlock of Disease, Denial and Desperation in Rural Malawi', CARE: Lilongwe

¹¹⁷⁶ HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi; Director of Planning, Research and Evaluation, Department of HIV, AIDS and Nutrition within the Office of the President and Cabinet (OPC) (25/07/07) Offices of the Department of HIV, AIDS and Nutrition: Lilongwe, Malawi

dysenteries. Women are particularly vulnerable because 93 percent of women live in rural areas where water contamination is worse.¹¹⁷⁷ Only the cities of Blantyre, Lilongwe and Zomba have central sewage systems.¹¹⁷⁸ Despite the impact of water issues on women were not included in the formulation of the 2004 water policy or and it did not take into account the gendered dimensions, mention HIV/AIDS or consider the importance of water to mitigate illness.¹¹⁷⁹

The majority of women live in the rural areas hardest hit by food shortages, whilst men are more likely to migrate to work in the urban areas that are less affected.¹¹⁸⁰ In addition, the food that is consumed within the home in the villages does not provide a balanced diet because it tends to consist predominantly of carbohydrates: the staple food is *nsima*, which is made from maize flour, and is often served only with a small relish of leaves.¹¹⁸¹ Men have access to more diverse foods whilst they work in town and they have a disposable income to purchase this food. Women in rural areas are vulnerable to malnutrition caused by intestinal worms because the 'lack of easy access to clean water makes it difficult to keep hands and food preparation areas clean' and they tend to walk around without shoes, whereas men are more likely to wear shoes when they migrate to work in urban areas.¹¹⁸² Women's nutrition is under pressure from burden of the multiple gender roles they have to fulfil, including their domestic role caring for their family and farm work.¹¹⁸³ The burden on women reduces their energy levels as the Senior Programme Manager of the 'Packachere' Programme considers:

¹¹⁷⁷ Ferguson (2005) p.49-50

¹¹⁷⁸ Ferguson (2005) p.53; UN Disaster Management Technical Working Group (2006) p.3

¹¹⁷⁹ Ferguson (2005) p.56-7

¹¹⁸⁰ Head of Policy Support and Development, National AIDS Commission (NAC) (24/07/07) Offices of NAC: Lilongwe, Malawi

¹¹⁸¹ Principle Documentation Officer, Ombudsman (23/07/07) Offices of the Ombudsman: Lilongwe, Malawi; Programme Officer – Reproductive Health and HIV/AIDS, United Nations Children's Fund (UNICEF) (19/07/07) Ryall's Hotel Conference Centre: Blantyre, Malawi

¹¹⁸² Representatives of the HIV/AIDS Section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi. See Stillwaggon (2005)

¹¹⁸³ Gender Network National Coordinator, Action Aid (17/07/07) Offices of Action Aid: Lilongwe, Malawi; National Coordinator, The Malawi Network of Religious Leaders Living with HIV and AIDS (MANERELA) (26/07/07) Offices of MANERELA: Lilongwe, Malawi; Advocacy Officer, National Association for People Living with HIV and AIDS (NAPHAM) (12/07/07) Offices of NAPHAM: Lilongwe, Malawi; Senior Programme

Mostly when we talk about the rural areas the woman... does most of the household work, she loses a lot of energy... That also can make her vulnerable because... if she has got problems with nutrition, she is doing too much work she is not having enough food to recover the energy she is losing.¹¹⁸⁴

Women do not have the time to eat properly as a result of the multiple burdens upon their time, as the Population and Health Specialist at the World Bank highlights.¹¹⁸⁵ Women work an average of 16 hours a day. The 'Malawi Poverty and Vulnerability Assessment' reveals that on average women work ten hours more than men.¹¹⁸⁶ Women in rural areas work eleven hours more than men.¹¹⁸⁷ The domestic role of women is an enormous burden on their time. The Technical Advisor to the 'Women, Girls and HIV/AIDS – Programme and Plan of Action' considers how 'the woman [is] the person who is working in the family long hours.'¹¹⁸⁸ As the interviews reveal women have to balance a whole multitude of tasks:¹¹⁸⁹

[The women] are not resting because everything depends on them, like looking after the children... they do the work in the gardens, from there they come home, some work is waiting from them is piling at home is waiting for them. They don't have time to rest, because if a man... comes back and says

Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi; Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi. See also UN (Dec 2004); Rankin *et al* (2005) p.9

¹¹⁸⁴ Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi

¹¹⁸⁵ Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi

¹¹⁸⁶ Government of Malawi (June 2006) p.48

¹¹⁸⁷ Wodon and Beegle (2006) 'Labour Shortages Despite Underemployment? Seasonality in Time Use in Malawi', in Blackden, C. M. and Wodon, Q. (eds.) *Gender Time Use and Poverty in Sub Saharan Africa*, World Bank working paper no.37, Washington DC, pp.97-118, p.104

¹¹⁸⁸ Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi

¹¹⁸⁹ For the case in general see Moser (1989). Head of Policy Support and Development, National AIDS Commission (NAC) (24/07/07) Offices of NAC: Lilongwe, Malawi

‘where is [the] food?’ they will expect the same woman to cook, to do everything.

- The Principle Documentation Officer at the Ombudsman’s Office¹¹⁹⁰

[The husband] will wake up very early and go to the field. He will be at the field until 1 o’clock in the afternoon, he comes home, he will rest and do other things around the house, chop firewood etc. At the same time his wife will wake up, she will draw water in the morning, give her kids a bath, make sure they are fed. Some of them will go to school. Likely one of them will be an infant she will have to breastfeed. She has got to go the market; she has got to go to the maize mill.

- HIV/AIDS Advisor at DFID¹¹⁹¹

Women also have the burden of the farm work: they work a greater number of hours than men and there is a deeply engrained gender division of labour in farming.¹¹⁹² Peter Ngulube-Chinoko reports how women are still the main beasts of burden in rural areas, describing the typical Malawian sight:

From the rural scene, bent double under twenty-five kilograms or more of stout firewood branches, the woman staggers along a dirt road, her stretched taught as a drum by a yoke tied round the forehead. By her side, her husband strolls erect, a *panga*, an axe or a hoe his only load.¹¹⁹³

This was reflected in the interviews conducted by Rankin *et al*, one woman from a NGO working with disempowered women reported that ‘we know that women in Malawi do a lot

¹¹⁹⁰ Principle Documentation Officer, Ombudsman (23/07/07) Offices of the Ombudsman: Lilongwe, Malawi

¹¹⁹¹ HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi, Malawi

¹¹⁹² See Boserup, E. (1970), *Woman's Role in Economic Development*, London: George Allen and Unwin. p.35

¹¹⁹³ Ngulube-Chinoko (1995) p.90

of work, it is the donkey work.¹¹⁹⁴ The burden of a woman's multiple roles is especially severe for female-headed households, as HIV/AIDS Advisor at DFID outlines:

She is now lumbered with the responsibility of going to the garden, going to collect firewood, chopping the firewood and this is a daily process. Drawing water, feeding her kids, making sure that they have gone to school ... So already the burden is so much... greater on her if it is a female-headed household.¹¹⁹⁵

In polygamous marriages and where the husband migrates for work women have the burden of supporting themselves and their children in the absence of their husband.¹¹⁹⁶ Moreover, the HIV/AIDS epidemic has exacerbated the burden because women have to care for the sick and support the family if the husband is infected.¹¹⁹⁷ The interviews conducted for the study of *Nkanza* revealed that despite some men and women believing that the labour demand on women is too great, there is 'a tendency to accept it as a given fact.'¹¹⁹⁸

Women are also food insecure because they are largely excluded from agricultural education as a result of gender-based norms, despite playing a fundamental role in agriculture.¹¹⁹⁹ Girls are underrepresented and underachieve in maths, science and technology subjects and agricultural education. At the tertiary level women are 'under-represent[ed] in science, agriculture and other professional degree programs.'¹²⁰⁰ Where girls

¹¹⁹⁴ Rankin *et al* (2005) p.9

¹¹⁹⁵ HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi

¹¹⁹⁶ Rankin *et al* (2005) p.9

¹¹⁹⁷ Rankin *et al* (2005) p.9

¹¹⁹⁸ Saur *et al* (2005)p.29

¹¹⁹⁹ Semu, L. Ngwira, N. and Kamchedzera, G. (2005) 'Malawi strategic gender country assessment (SGCA)', The World Bank/ UNDP: Lilongwe, Malawi; Tango International (2004) p.5

¹²⁰⁰ Ministry of Education, Sports and Culture (2001) 'Malawi Education Sector: Policy and Investment Framework (PIF)', Ministry of Education, Sports and Culture: Lilongwe, Malawi <http://chambo.sdn.org.mw/edu/new/min-education/whole.htm#achievements>; Between 1966 and 1983 13 percent of diploma graduates and 6 percent of degree graduates were female. Although in 1984 this rose to 30 percent of degree graduates and 15 percent of diploma graduates were female. A similar situation was recorded at the Colby College of Agriculture where 2 percent of graduates were female between 1957 and 1982. Spring, A.

do attend agricultural training institutions they take home economics as part of their studies.¹²⁰¹ At the secondary level girls are under represented in maths and science, although government statistics reveal that the gender gap ‘fell significantly between 1992 and 1996 from 22.7 percent to 10.5 percent in mathematics and from 18.7 percent to 9 percent in physical science.’¹²⁰² At the secondary level boys consistently out-perform girls in almost all subjects but the gender gap in performance is most pronounced in maths and physical science.¹²⁰³ Girls are marginalised from maths, science and technology subjects and agricultural education because they are considered male subjects linked to social production, which is divorced from the sphere of the family, despite the relevance of these subjects to women’s role in farming. Sayers argues that girls are not enthusiastic about these subjects because they are considered irrelevant for female roles in society.¹²⁰⁴ Kamwendo proposes that girls under perform in physical science examinations because they have negative attitudes towards science subjects, low expectations of their ability in the area by teachers, there is only limited participation of girls in science activities in class, and the use of textbooks that are biased against girls.¹²⁰⁵ These subjects are perceived as male subjects that appeal to masculine traits including rationality and objectivity. Boys are therefore expected to

(1995) *Agricultural Development and Gender Issues in Malawi*, University Press of America: London, p.61

¹²⁰¹ Spring reveals that at Bunda College of Agriculture in the mid 1980s despite all students following a similar curriculum, girls would take home economics whilst boys would take agricultural engineering. Similarly at Colby College of Agriculture 85 percent of the course was the same but for 15 percent girls would take home economics whilst boys would take farm mechanics, surveying and building. Spring (1995) p.61

¹²⁰² MANEB statistics cited in Swainson, N., Bendera, S., Gordon, R., Kadzamira, E. (1998) ‘Promoting girl’s education in Africa – The design and implementation of policy interventions’, Education Research Paper no. 25, Department for International Development, section 3.1.2

¹²⁰³ Kadzamira, E.C. (1987) ‘Sex differences in the performance of candidates in MSCE Mathematics and Science subjects, 1982-86’, Zomba: Malawi National Examinations Board. Kamwendo (1984) ‘An investigation of factors adversely affecting the performance of Malawian girls compared to that of boys in the Malawian Junior Certificate physical science examination’ University of Malawi: Zomba – unpublished thesis. Cited in Swainson *et al* (1998) section 3.2.5.

¹²⁰⁴ Sayers, J. (1984) ‘Psychology and gender divisions’ in Acker et al (eds.) pp.40-51, p.40-3

¹²⁰⁵ Kamwendo (1984) ‘An investigation of factors adversely affecting the performance of Malawian girls compared to that of boys in the Malawian Junior Certificate physical science examination’ University of Malawi: Zomba – unpublished thesis. Cited in Swainson *et al* (1998)

perform better than girls in these subjects and those girls who do well in these subjects are under pressure from their male counterparts.¹²⁰⁶

Women are excluded from technological and scientific advancements in farming in Malawi and for the situation more generally.¹²⁰⁷ There is too little appropriate equipment for women's agricultural tasks. As is the case in general men are involved in farming cash crops where more money involved and therefore more technology, whilst women tend to be involved in small-scale subsistence farming, which does not generate sufficient money for investment in technology.¹²⁰⁸ In Malawi it is evident that 'for foods such as maize, men are more likely than women to utilize higher yielding hybrid strains that require fertilizer for sale, rather than the lower yielding, seed-bearing strains chosen by women for domestic use.'¹²⁰⁹ Similar to the situation in Africa in general, women are part of the 'underside of development' because they are engaged in subsistence production for home consumption.¹²¹⁰ The informal and private sectors in which women are actively engaged do not benefit from agricultural development and if anything they experience increased burden. Women are also marginalised from knowledge of technological and scientific advancements in agriculture. The lack of access of women to technology begins with their lack of awareness of alternative methods of farming. The 'Malawi Poverty and Vulnerability Assessment' (2006) reveals that 'only 7 percent of female-headed households obtained such advice [on farming methods], compared to 13 percent of male-headed households. Based on [women's limited role in decision-making identified] ... it can be presumed that within a household, agricultural advice provided to men is not always passed on to their wives, furthering this gender gap.'¹²¹¹

¹²⁰⁶ Megarry, J. (1984) 'Introduction: Sex, gender and education', in Acker et al (eds.) pp.14-30, p.15

¹²⁰⁷ Engberg, L.E., Sabry, J.H. and Beckerson, S.A. (1987) 'Productional activities, food supply and nutritional status', *The Journal of Modern African Studies*, 25:1, pp.139-147, pp.139-140. For the situation in general see Koopman J. (1995) 'Women in the rural economy: Past, present and future', in Hay, M.J. and Stichter, S. *African Women South of the Sahara*, Longman: Harlow pp.3-22, p.21; Ferguson, A.E. (1994) 'Gendered science: A critique of agricultural development', *American anthropologist*, 96:3, pp.540-52, pp.544,547;

¹²⁰⁸ First explored for the case for women in farming in general in Boserup (1970) p.24

¹²⁰⁹ Government of Malawi (June 2006) p.33

¹²¹⁰ Seidman, A. (1981) 'Women and the development of underdevelopment: The African experience', in Daunber, R. and Cain, M. (eds.) *Women and Technological Change in Developing Countries*, Westview Press: Boulder, p.109-110

¹²¹¹ Government of Malawi (June 2006) p.33. For the situation in general see Charlton, S.E.M. (1984) *Women in Third World Development*, Westview Press: Bolder, Colorado, p.87

5.2.3 Schistosomiasis

Schistosomiasis (also known as Bilharziasis) is a waterborne disease endemic in Malawi that increases the risk of contracting HIV. High increases in HIV infectivity are associated with areas with endemic schistosomiasis and ‘the greatest increase in HIV prevalence in the past decade has occurred in Uganda, Kenya, Malawi, and the Central African Republic - countries with [schistosomiasis parasite] rates of about 70%.¹²¹² Schistosomiasis heightens the vulnerability of women to HIV infection, and ‘the HIV prevalence rate in areas highly endemic for this parasite is 1.2-1.7 times greater in women than men.’¹²¹³ Female genital schistosomiasis found in Africa causes genital lesions and tumours in the vulva, which facilitate the transmission of HIV.¹²¹⁴

The gender-based domestic role of women puts them at a heightened risk of being infected with schistosomiasis.¹²¹⁵ The parasites penetrate the skin of people in the water¹²¹⁶ and women are susceptible to infection because they immerse themselves in contaminated water for prolonged periods whilst washing clothes or collecting water. The water turbulence and chemicals particularly stimulate the parasite’s activity. Stillwaggon considers how children are susceptible to schistosomiasis as a result of assisting their mother collecting

¹²¹² Feldmeier, H., Krantz, I., and Poggensee, G. (1994) ‘Female genital schistosomiasis as a risk-factor for the transmission of HIV’, *International Journal of STD and AIDS*, 5:5, pp.368-72

¹²¹³ Feldmeier et al (1994)

¹²¹⁴ Kjetland, E.F., Poggensee, G., Helling-Giese, G., Richter, J., Sjaastad, A., Chitsulo, L., Kumwenda, N., Gundersen, S.G., Krantz, I., and Feldmeier, H. (1996) ‘Female genital schistosomiasis due to *Schistosoma haematobium*. Clinical and parasitological findings in women in rural Malawi’, *Acta Trop.*, 62(4), pp.239-55. Mabala, R. (2006) ‘From HIV prevention to HIV protection: Addressing the vulnerability of girls and young women in urban areas’, *Environment and Urbanization*, 18:2, pp.407-32, p.410. Poggensee, G., Kiwelu, I., Weger, V., Göppner, D., Diedrich, T., Krantz, I., and Feldmeier, H. (2000) ‘Female Genital Schistosomiasis of the Lower Genital Tract: Prevalence and Disease-Associated Morbidity in Northern Tanzania’, *The Journal of Infectious Diseases*, 181, pp. 1210–1213, p.1210. Feldmeier et al (1994)

¹²¹⁵ Programme Officer – Reproductive Health and HIV/AIDS, United Nations Children’s Fund (UNICEF) (19/07/07) Ryall’s Hotel Conference Centre: Blantyre, Malawi. Ferguson, A. (2005) ‘Water reform, gender and HIV perspectives from Malawi’, in Whiteford, L. and Whiteford, S. (eds.) *Globalization, Water and Health: Resource Management in Times of Scarcity*, James Currey: Oxford, pp.45-66, p.55

¹²¹⁶ WHO Tropical Diseases Research (TDR) Programme
<http://www.who.int/tdr/diseases/schisto/diseaseinfo.htm>

water or washing laundry.¹²¹⁷ Young girls are especially at risk because they tend to be the ones who assist their mother.¹²¹⁸ The 'Malawi Poverty and Vulnerability Assessment' (2006) reports that 'the extra female burden... extends to girls, especially after age 10. They spend 16 hours a week on household chores compared to 10 hours for their male peers.'¹²¹⁹

5.2.4 Access to health services

Although women in Malawi frequent health services for their children's health, they typically lack access to health services for themselves. The marginalisation of women from health services perpetuates their low health status and compounds their vulnerability to HIV infection. Women are perhaps unable to access VCT before or during pregnancy for example, which increases the HIV risk to themselves and of transmission to their child. Women may not receive early detection and treatment of STIS. HIV positive women may not seek advice or support to protect their newborn babies. Women may also not use contraceptives.¹²²⁰

Gender-based norms underscore this marginalisation of women from health services. Men both directly and indirectly control the access of women to reproductive health care.¹²²¹ Men for example control access to resources and female mobility because of their productive gender-based role within the family.¹²²² Often the women lack education relative to their husbands and have been socially conditioned to do as their husbands tell them. Men often control the medicine that women take and women may ask their husband what to do with medicines they have been given. The HIV/AIDS Advisor at DFID considers:

¹²¹⁷ Stillwaggon, E. (2006) *AIDS and the Ecology of Poverty*, Oxford University Press: Oxford, p.57

¹²¹⁸ See Njeuma, D.L. (1993) 'An overview of women's education in Africa', in Conway, J.K. and Bourque, S.C. (eds.) *The Politics of Women's Education: Perspectives from Asia, Africa and Latin America*, University of Michigan Press: Michigan, pp.123-32, pp.126

¹²¹⁹ Government of Malawi (June 2006) p.33

¹²²⁰ NAC (unknown)p.21

¹²²¹ Programme Officer – HIV/AIDS, United Nations World Food Programme (WFP) (23/07/09) Offices of WFP: Lilongwe, Malawi

¹²²² For the situation in general see Blanc, A.K. (2001) 'The effect of power in sexual relationships on sexual and reproductive health: An examination of the evidence', *Studies in Family Planning*, 32:3, pp.189-213, p.197.

Women [who] are educated... beneath standard four, they have very strong links to the husband. The husband will determine when to go the hospital, when she is going to have children, if she is even going to take birth control, if they are going to have extra marital relationships and if they are going to use condoms or not.¹²²³

If a husband tells his wife not to access health services or take medicine then she will not.¹²²⁴ As the HIV/AIDS Programme Officer at WFP explains ‘mostly the man is seen to be the head of the family so whatever he says, even to the extent of making a decision for the wife’s health if they want to go for family planning or what not.’¹²²⁵ Similarly a Product Manager HIV Prevention at PSI-Malawi explains that ‘the men they have the power and if the man says ‘you can’t go and get these services’ the woman is expected to obey.’¹²²⁶ In the case of HIV medicines and treatment men may be concerned to conceal the HIV status of the family and not allow their wife to access the necessary medicines. As the breadwinner, men are the ones that go into work and are the ones targeted for Antiretroviral (ARV) programs through their employers.¹²²⁷ A representative of the HIV/AIDS Section of the Ministry of Education reports of incidences where men hide their ARVs from their wife at work or give half the medicine to the wife to take without telling her what it is for.¹²²⁸ Where the husband is receiving treatment for HIV or other STIs he may share the medication with his wife, instructing her to take the medication without explaining what the drugs are for and why his wife should take them.¹²²⁹

¹²²³ HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi. Also reported by Chairperson, Women’s Coalition (17/07/07) Offices of Action Aid: Lilongwe, Malawi

¹²²⁴ HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi; Gender Network National Coordinator, Action Aid (17/07/07) Offices of Action Aid: Lilongwe, Malawi

¹²²⁵ Programme Officer – HIV/AIDS, United Nations World Food Programme (WFP) (23/07/09) Offices of WFP: Lilongwe, Malawi

¹²²⁶ Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi

¹²²⁷ Programme Officer – Gender, United Nations Population Fund (UNFPA) (17/07/07) Offices of UNFPA: Lilongwe, Malawi

¹²²⁸ Representatives of the HIV/AIDS Section, Ministry of Education (13/07/07) Offices of the Ministry of Education: Lilongwe, Malawi

¹²²⁹ Chairperson, Women’s Coalition (17/07/07) Offices of Action Aid: Lilongwe, Malawi

The gender-based domestic role of women means that they have the burden of caring for family and the health of the rest of the family comes first, often at the expense of woman's own health. As the Head of the Society for the Advancement of Women (SAW) outlines a woman 'cares more of her family first. Even when she is sick she would not be the first one to go to the hospital she would rather take the husband to the hospital and the child and then later on she remembers she is also sick.'¹²³⁰ There are also related gender issues whereby women are vulnerable to infection from HIV positive patients under their care.¹²³¹ Traditionally, the husband does not share in this burden, even when the wife is sick. An Advocacy Officer at NAPHAM reports that 'When the wife is the sick they call for the aunty of the wife, or the sister, or [the husband's] mother... but not him [the husband].'¹²³² As HIV/AIDS increasingly affects adult women grandmothers and young girls are obliged to take on the burden.¹²³³ In addition, the gender-based domestic role of women means that they tend to be confined to rural areas, as considered earlier, where they lack access to health care facilities. As the Programme Officer at UNAIDS explains: 'If the lady is... in a village... where these services are far from them sometimes it is not available if they go to the health clinic it will not have some services especially to cater for women who are HIV positive who are pregnant.'¹²³⁴

¹²³⁰ Head, Society for the Advancement of Women (SAW) (11/07/07) Offices of SAW: Lilongwe, Malawi. Also reported by Gender Network National Coordinator, Action Aid (17/07/07) Offices of Action Aid: Lilongwe, Malawi; Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi; Advocacy Officer, National Association for People Living with HIV and AIDS (NAPHAM) (12/07/07) Offices of NAPHAM: Lilongwe, Malawi; Head of the Home Based Care Unit, Roman Catholic Church (20/07/07) Offices of the Roman Catholic Church: Limbe: Malawi. For the situation in general across Sub-Saharan Africa see CHGA (2004) p.8

¹²³¹ Gender Network National Coordinator, Action Aid (17/07/07) Offices of Action Aid: Lilongwe, Malawi; Head of the Home Based Care Unit, Roman Catholic Church (20/07/07) Offices of the Roman Catholic Church: Limbe: Malawi

¹²³² Advocacy Officer, National Association for People Living with HIV and AIDS (NAPHAM) (12/07/07) Offices of NAPHAM: Lilongwe, Malawi; Ngwira, Bota and Loevinsohn (2001) p.11. For the situation in Uganda and South Africa see Akintola, O. (2004) 'A gendered analysis of the burden of care on family and volunteer caregivers in Uganda and South Africa', HEARD, University of Kwazulu-Natal, Durban, p.34

¹²³³ Ngwira, Bota and Loevinsohn (2001) p.11. For the impact on the schooling of young girls see Kendall, N. and O'Gara, C. (2007) 'Vulnerable children, communities and schools', *Compare*, 37:1, pp.5-21, p.10

¹²³⁴ Programme Officer, The Joint United Nations Programme on HIV/AIDS (UNAIDS) (25/07/07) Offices of UNAIDS: Lilongwe, Malawi

5.2.5 Pregnancy

Pregnancy reduces a woman's immunity levels and increases her vulnerability to HIV infection. High levels of progesterone could increase susceptibility to HIV infection, as has been shown to be the case in nonhuman primate models of HIV-1. The mechanisms by which female hormones may affect HIV-1 susceptibility include increases in the number of target cells and the suppression of the immune responses, these mechanisms remain poorly defined.¹²³⁵ For example malaria is endemic in Malawi and lies dormant in the body where people build up a natural resilience, however during pregnancy it is attracted to the placenta and women become increasingly vulnerable to HIV and other infections.¹²³⁶

There is a social pressure on women to bear many children from a young age because of their gender-based reproductive role. This is explored in depth in chapter three on the ability of women to negotiate safe sex. The close spacing of births does not give the body adequate time to recover from the pregnancy, as the Population and Health Specialist at the World Bank reports.¹²³⁷ Although different ethnic groups in Malawi practice postpartum abstinence, Eliya M. Zulu reveals that 'In all three regions the purpose of abstinence during the first two to three months after birth is to safeguard the man's health. The end of postpartum bleeding is regarded as an indication that the woman's reproductive system has 'cooled down' and that she has been cleansed of the dangerous birth-related fluids that remained in her body after giving birth.'¹²³⁸ This period of abstinence is not sufficient for the woman's body to recover in health and nutrition from the pregnancy. Moreover, some women report that they experience physical and verbal abuse from their

¹²³⁵ Quinn and Overbaugh (2005) pp.1583

¹²³⁶ Programme Officer – Reproductive Health and HIV/AIDS, United Nations Children's Fund (UNICEF) (19/07/07) Ryall's Hotel Conference Centre: Blantyre, Malawi; Ferguson (2005) p.55

¹²³⁷ Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi

¹²³⁸ Zulu draws upon qualitative interviews. One middle-aged men's focus group explained that: The problem when the mother has just given birth she has a 'fire' in her womb, which lasts for a few months. The when the father has sex with the mother, the fire from her transfers into the father during sexual intercourse. It is when the fire comes into the husband that the husband contracts *kanela*. Middle aged men's focus group, south. Zulu (2001)p.474

husbands should they refuse to resume sexual intercourse before the end of the abstinence period.¹²³⁹

Even during pregnancy women still have the burden of having multiple roles. The husband has the gender-based role of the breadwinner, leaving the wife solely responsible for all the domestic tasks, although there is some support available from other female family members. This lack of male involvement persists despite campaigns for the husband to assist his wife during pregnancy. Poorer families are particularly reliant on the wife for their very survival. These issues were highlighted by the Senior Programme Manager for the 'Packachere' Programme:

[The wife] may be pregnant but you find that she is doing more work than the husband does because they do not give the support that is required to a pregnant woman. That also can make her vulnerable because... if she has got problems with nutrition, she is doing too much work [and] she is not having enough food to recover the energy she is losing.¹²⁴⁰

Conclusion

Gendered structures underscore important aspects of the biological vulnerability of women to contracting HIV: they lead to behaviour and practices that facilitate HIV transmission and the predisposition of women to poor health that increases their risk of contracting HIV.

Firstly, gender-based norms lead to sexual behaviour that facilitates HIV transmission. Girls tend to have their sexual debut at a young age and this heightens the risk of contracting HIV because their vaginas have less of a barrier to infection and are more prone to being damaged during sex and pregnancy. Girls tend to marry and begin to have sex at a young age because the gender division of labour means women are dependent on men. In addition, there is a practice called '*kusasa fumbi*' amongst the Chewa and '*kuchotsa fumbi*' amongst the Yao where the girls have a sexual initiation as part of their graduation into adulthood.

¹²³⁹ Zulu (2001)p.477

¹²⁴⁰ Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi

There is a tendency for younger girls to have sex with older men. This places the girls at risk because older men are likely to have had multiple sexual partners and therefore have higher infectivity rates. Young girls marry older men because of the greater financial security they can offer. There is also the practice of '*kupimbira*' in Karonga and '*kupammila*' in Chipita where young girls are forced to marry older men to repay their family's debts.

Violence against women is pervasive and normalised and women are at greatest risk from their husbands. Violent sexual intercourse causes damage to the vagina, which increases the likelihood of HIV acquisition. Gender-based violence is rooted in gendered structures: it contributes to men's societal dominance over women; it is linked to the lack of wealth and education of women relative to men; and, the subordinate status of women in the family. Violence against women is socially constructed to be normal and accepted. In particular sex is a part of a husband's 'marriage right' and violence is considered acceptable if a wife denies her husband this right. Gender-based violence is often hard to discern and confront because it occurs in the privacy of the home. Although some important steps towards challenging this gendered structure have been made, the Anti-Domestic Violence legislation does not include the concept of 'marital rape' and there are gendered structures that act as barriers to women utilising the legislation.

Sex is constructed to be concerned with the man's pleasure because he is the 'breadwinner'. As a result some women practice 'dry sex' or 'Female Genital Mutilation/Circumcision' (FGM/C) to enhance the man's pleasure and reduce the woman's pleasure. These practices put women at greater risk of contracting HIV because of damage caused in the vagina. Dry sex involves the use of substances to totally dry all vaginal mucus so that the vagina is dry, tight and heated during sexual intercourse because these are associated with virginity. 'Dry sex' can also cause damage to the penis and condoms. FGM/C is practiced amongst a few small ethnic groups. According to reports it involves the removal of the clitoris and labia minora and the vagina widened to accommodate the size of a penis. In addition, the procedure is not hygienic or sterile. However, there is insufficient research on these practices in Malawi.

Having a Sexually-Transmitted Infection (STI) increases the risk of contracting HIV from a sexual partner. Men are at risk of contracting STIs because of their tendency to have multiple sexual partners and women are at risk of being infected by their husbands. Men tend to have multiple sexual partners because of an intersection of gendered structures: they

are the breadwinners and often have to migrate for work; having multiple sexual partners is considered to be a sign of masculinity; and, there is an emphasis on male pleasure from sex. Gendered structures also mean that the majority of women are not in a position to protect themselves from STIs and are limited in their power to ensure their husband is faithful.

Secondly, gender-based norms lead to the predisposition of women to poor health that increases their susceptibility of HIV infection if they become exposed to the virus. Women are hardest hit by poverty, which perpetuates their poor health status and increases the likelihood that they will contract HIV. Women's contribution through their work in the informal sector, subsistence farming, and domestic role is marginalised. The majority of women cannot access resources because the husband owns and controls all property and despite the heavy workload women undertake, they often have little or no control over the proceeds.

Women are more susceptible than men to poor health associated with hunger and poor nutrition. The man has a highly valued gender-based productive role as the 'breadwinner', whilst the woman's domestic reproductive role is marginalised and perceived to have less value. Men tend to take priority for food and control the family's food security. The domestic role of women often exposes them to poor health because they tend to be confined to rural areas worse affected by food shortages and water contamination. The burden of the multiple roles of women negatively impacts on their health and nutrition. Women are also excluded from agricultural education and technological advancements because of gender-based norms, despite the pivotal role they play in farming.

Women's gender-based domestic role exposes them to schistosomiasis infection, which causes genital lesions and thereby increases the risk of HIV transmission. Women are susceptible where they immerse themselves in contaminated water for prolonged periods whilst washing clothes or collecting water. Young girls are also at risk because they tend to be the ones who assist their mother.

Gender-based norms underscore this marginalisation of women from health services. The tendency is that men both directly and indirectly control the access of women to reproductive health care. Men's health is valued as the 'breadwinner' so they take priority with regards to health services and they control their wife's health.

Pregnancy reduces a woman's immunity levels and increases her vulnerability to HIV infection. High levels of progesterone could increase susceptibility to HIV infection. There

is a social pressure on women to bear many children from a young age and to closely space the births because of their gender-based reproductive role. Even during pregnancy women tend to have the burden of having multiple roles.

The analysis reveals that although the biological vulnerability of women to HIV infection is commonly accepted, important aspects of this vulnerability are underscored by structures of gender. As a result women are predisposed to behaviour and practices that facilitate HIV transmission and poor health that increases the risk of contracting HIV. Women therefore need to be empowered broadly across their lives and at a structural level to reduce their biological vulnerability to HIV infection.

Conclusion

The HIV/AIDS pandemic poses one of the biggest challenges of our time. As the pandemic matures in Sub-Saharan Africa, women are increasingly infected and gender is recognised as one of the drivers of the pandemic. HIV/AIDS spreads along the fault lines of inequalities in society¹²⁴¹ and as a result ‘those people who were marginalised, stigmatised and discriminated against – before HIV/AIDS arrived – have become over time those at highest risk of HIV infection.’¹²⁴² This research examines gender as one of the fault lines. The gendered structures that lead to the subordination of women leave them vulnerable to infection. The analysis of the gendered dimensions of HIV/AIDS is in accordance with a feminist critical theory research agenda. Drawing upon Marx’s definition of critical theory as ‘the self clarification of the struggles and wishes of the age’, Nancy Fraser argues that: ‘If struggles contesting the subordination of women figured among the most significant of a given age, then a critical social theory for that time would aim, among other things, to shed light on the character and bases of such subordination.’¹²⁴³

The objective of this research is to critique the current response to HIV/AIDS in Malawi and provide a thorough and theoretically informed analysis of why women are vulnerable. Drawing upon forty-four key informant interviews, the analysis sheds light on the character and bases of the subordination of women in order to facilitate a more meaningful discussion of how to empower them. It has proved the hypothesis that the response to HIV/AIDS is limited because of the failure to successfully engage with the gendered dimensions; and that gendered structures of power underscore the vulnerability of women to HIV infection.

In order to achieve the stated aims and objectives the research questions are:

¹²⁴¹ Baylies, C. (2004) ‘Cultural hazards facing young people in the era of HIV/AIDS: Specificity and change’, in Whiteside and Poku (eds.) pp.71-84, p.71

¹²⁴² Mann, J. and Tarantola, D. (1996) *AIDS in the World II: Global Dimensions, Social Roots and Responses*, Oxford University Press: Oxford

¹²⁴³ Fraser, N. (1985) ‘What’s critical about critical theory? The case of Habermas and gender author(s)’, *New German Critique*, 35, pp.97-131, p.97

1. Does the response to HIV/AIDS in Malawi engage with the gendered power relations?
2. How do gendered structures of power underscore the vulnerability of women to HIV infection?
 - How do gendered structures affect the position of women to negotiate for safer sex?
 - How do gendered structures of power affect the capacity women have to leave a marital union if it puts them at risk of HIV infection?
 - How do gendered structures of power underscore the biological vulnerability of women to HIV infection?

The Theoretical Foundations

Feminist critical theory and post-structuralist perspectives of how power operates through gendered structures provide the theoretical foundations for this research. A combination of these perspectives facilitates a deeper, fuller analysis of how gendered structures limit the response and underscore the vulnerability of women to HIV infection. The term 'gendered structures' refers to the ways of thinking, knowing and acting in accordance with gender. Gendered structures of power include the gendered frameworks and discourses at one level and the gendered ideologies at the other. It is important to note that what critical theorists refer to as 'power' is what poststructuralists refer to as 'domination' – the condition under which those subject to power have limited effective capacity for resisting power and transforming their lives. For the purposes of this research the term 'power' is used.

The gendered structures of power are deeply embedded, hard to discern and accepted to be the norm. A restricted consciousness shapes how one understands the world through pictures or perspectives. Gendered ideologies shape the underlying gendered reality and this reality is accepted as correct in accordance with common sense. It is therefore difficult to demonstrate that power is operating through gendered structures. There is resistance to the deconstruction or transformation of these structures and limited opportunities to challenge the gender reality. However, both critical theory and post-structuralism allow for the emancipation from power. Empowerment is where individuals

realise power is operating, and have the power to act in accordance with their 'real interests'; they are in a position to resist power and stand aside from power.

Where HIV/AIDS spreads along the gender fault lines of society it sheds light on them and creates a space to challenge them. The operation of power can be understood by observing how the current gender reality leaves women vulnerable to HIV infection and compromises their basic human interests. Drawing upon the 'capabilities approach', which asserts that the most basic human interests lie in living a life fit for a human being, it is meaningful to talk about how the 'real interests' of women are in freedom from the gendered structures that underscore their vulnerability to HIV. Where the current gender order underscores the vulnerability of women to HIV infection it compromises their basic human interests: HIV/AIDS undermines women's capacity to fulfil functions including life, bodily health, practical reason and control over their environment.

The theoretical issues are applied to the empirical analysis to answer the two research questions. Chapter two explores how the response to HIV/AIDS is limited by gendered structures of power. This analysis draws upon post-structuralism, and questions the ways in which the certain gendered discourses and frameworks mean that the response fails to engage with the deeper gender power relations. Chapters three, four and five explore how gendered structures underscore women's vulnerability to HIV infection. This analysis draws upon critical theory, and questions how certain gendered ideologies in Malawi are reproduced and support asymmetric power relations between men and women that leave women vulnerable to HIV infection.

There are several issues of applying feminism to the case study of Malawi. This research focuses on women in marriage but is careful to differentiate between the north, central and southern regions of Malawi, rural and urban areas, socio-economic class, levels of education, ethnic groups, and the matrilineal and patrilineal societies. This enables an understanding of the complexity and diversity of how gendered structures underscore the vulnerability of women to HIV infection. However, despite the differences between women, the gendered structures are pervasive; empowered women can only overcome them to a limited extent. Many of the issues raised are therefore relevant to women more broadly. In addition, the analysis recognises that neither men nor women are the perpetrators or victims of power and despite the pervasive gendered structures some women are challenging them. Moreover, this research makes an important contribution because it views the operation of

gendered structures of power for the specific context of Malawi from an external standpoint. However, it is reflexive of its own cultural biases and preconceptions. The empirical analysis is deeply contextualised to provide a culturally-respectful critique of those aspects that are oppressive and to generate conclusions that are relevant at the grassroots. A thorough and theoretically informed analysis of how gendered structures underscore the vulnerability of women enables a more a meaningful discussion of what their empowerment entails.

Does the response to HIV/AIDS in Malawi engage with the gendered power relations?

The critique of the response to HIV/AIDS in Malawi reveals how it fails to engage with the gender power relations because of pervasive gendered frameworks and discourses. The initial hesitancy to respond to HIV/AIDS and its gendered dimensions was rooted in the gendered framework of the public/private dichotomy. According to this framework the public sphere of the state is the realm of politics, whereas HIV/AIDS and issues pertaining to women are part of the private sphere of non-intervention. Crucially HIV/AIDS is shrouded in the stigma of immorality and it is particularly taboo for women.

A cause for action arose as a result of two developments. On the one hand, the shift to democracy created the space for HIV/AIDS and gender issues to emerge onto the political agenda. On the other hand, HIV/AIDS and the feminisation of HIV/AIDS have had a heightened impact at a national and international level, which has increased national and international pressure for an effective response. Where HIV/AIDS spreads along the gender 'fault lines of inequalities' increasingly more women are infected, which sheds light on how gendered structures marginalise them across their lives. Increasingly, questions of empowerment are emerging onto the agenda. In this sense the vulnerability of women to HIV/AIDS becomes a mobilising factor because it allows them to realise that their real interests lie in social change. Furthermore, there is increasing international pressure to respond from the 'top-down'.

Although HIV/AIDS and its gendered dimensions have emerged onto the political agenda, the response continues to be limited by the dominant scientific discourse that governs the way that HIV/AIDS is conceived. The focus is upon mitigating the impact of the perceived crisis, rather than engaging with the deeper structures that leave populations

vulnerable. The response addresses the most immediate microbiological and micro environmental factors and alleviates the impact on women at a surface level. Anti-retroviral treatment is available and behaviour change is sought through the A,B,Cs. However, despite some observable results, this approach leaves the underlying structures in place and consolidated.

In recent years there have been important developments with the 'National AIDS Policy' (2003) and the 'Women, Girls and HIV/AIDS – Program and National Plan of Action' (2005). These both recognise the gendered structures but fail to effectively challenge them. The centralised response limits the ability of donors and non-governmental organisations (NGOs) to bring gender onto the agenda and to challenge the gendered structures. The tendency is to mitigate the impact at a surface level as this yields measurable results. Moreover the gendered dimensions are treated as separate and marginal and the office within the Ministry of Gender lacks capacity. As a result, although the Program looks good on paper, the planning for the past has not been implemented, and has become planning for the future. The understanding of how gendered structures underscore women's vulnerability, does not translate into effective policies and outcomes.

This thesis contributes to understanding the gender context of HIV/AIDS in Malawi. This is important because although the gendered dimensions of HIV/AIDS are recognised and are on the political agenda, they are not effectively understood and engaged with. An effective response requires a deep understanding of the context and for this understanding to inform the response. There is the necessity for more evidence and research to guide the response. Currently the Monitoring and Evaluation (M&E) tends to be conducted at the end of projects, does not feed back into the programmes and despite some advances in gender M&E, there is no M&E element in the 'Women, Girls and HIV/AIDS – Program and National Plan of Action'. The universities lack capacity and there are barriers to women's issues emerging onto the agenda. There is uncertainty about what information is required for the evaluations, how it should be produced and by whom. The research that has been done is not utilised to inform policy. A report from this thesis will be disseminated to organisations engaged in the response in order to share the information that has been collaborated.

At present, the belief persists that fulfilling economic goals will in turn bring about social goals, and the focus of government policy has been on poverty eradication. The

response to the gendered dimensions of HIV/AIDS requires a broader approach to women's vulnerability to address their wider subordination. The discussion in chapters three, four and five explores how women are vulnerable to HIV infection because they lack power across their lives, including in the areas of health, education, economics, justice and participation; and therefore Government policy needs to address these areas. Although HIV/AIDS and gender is recognised as crosscutting all policy areas, these wider issues are not incorporated into a holistic response to the gendered dimensions of HIV/AIDS.

How do gendered structures of power underscore the vulnerability of women to HIV infection?

Having examined the limitations of the response to the gendered dimensions of HIV/AIDS, chapters three, four and five provide a thorough and theoretically informed exploration of how gendered structures underscore the vulnerability of women to HIV infection. The analysis explores how certain gendered ideologies are reproduced and support asymmetrical relations between men and women that leave women vulnerable to HIV infection. Three pertinent issues are explored: women's lack of power to negotiate for safer sex; women's limited ability to leave a marital union that places them at risk of infection; and, the biological vulnerability of women to contracting HIV.

How do gendered structures affect the position of women to negotiate for safer sex?

The majority of women are not in the position to negotiate for safer sex because of the gendered structures. Reproduction is central to the gendered identity of both men and women; however this has a particular bearing upon women because of their gender-based reproductive role. Women tend to be vulnerable to HIV infection because reproduction is at odds with abstaining from sex or using condoms. In addition, where the family is considered incomplete without children, women may be under pressure to engage in extra-marital sex in order to conceive. The majority of women cannot refuse because of the social pressure, and the husband is the decision maker.

Where the husband is the breadwinner the woman is dependent on accessing resources through her husband. In accordance with the 'sexual contract', women have a

marital duty to fulfill the husband's sexual desires and to bear children. Sex is therefore conducted to satisfy the man and according to his terms. In this situation the majority of women do not have the power to abstain from sex or insist upon the use of condoms.

The productive role of men is more highly valued than the reproductive role of women. As a result, the tendency is that women are not in a position to negotiate for safer sex because they have a subordinate status in general and in the family. The subordination of women is especially evident in the patrilineal areas in the north of Malawi and where young girls marry older men. Where men tend to be the decision makers they control the sexual reproductive health of the couple. Despite the control men have, women tend to be targeted by family planning programmes and men tend to be excluded. However, female-controlled barriers to infection are being developed.

Women have a gender-based duty to engage in cultural sexual rituals. The majority of women cannot refuse to partake because of the pervasive tradition; they lack education; and, it is largely the case that the concept of rape does not widely exist. Women cannot insist on the use of condoms because the rituals require the exchange of sexual fluids. There have been sensitisation campaigns to try to reduce the negative implications of these rituals on women, but despite some reports that certain areas have stopped conducting these practices, it is believed that they continue.

Negotiating for safer sex is not on the agenda for most women because of the stigma surrounding sex, HIV/AIDS and condoms. As a result there is not the necessary language in order to educate women and for them to promote and defend their sexual rights. Sex is especially taboo for women and they should not be knowledgeable about sexual matters. HIV/AIDS is shrouded in the stigma of sexual misconduct and is treated with silence and denial. Couples cannot disclose their serostatus to each other. This is especially the case for women: they tend to be blamed for infecting their husbands because they are often the first ones to know their status and the discourse surrounding HIV/AIDS is that men are at risk of contracting HIV from women. Condoms are stigmatised as being associated with immorality and protection against infected women because of the discourse from the faith-based organisations, traditional leaders and the social marketing. This stigma acts as a barrier against women using them, especially in the marriage situation.

The majority of women lack the knowledge and understanding to negotiate for safer sex because of their marginalisation from education and information. The tendency is that

women are not in an informed position about the issues affecting them; lack the confidence to confront the pervasive gendered structures; and, lack a broader awareness of their rights.

It is important for women to be empowered across their lives because the gendered structures that permeate society leave them unable to negotiate for safer sex. This includes empowering women in several respects: socially, economically, to be able to participate in decision-making in society and with regards to their education. However, an even broader understanding of how to empower women is necessary because the gendered structures mean that women cannot leave a marital union if it puts them at risk of HIV infection and leaves them biologically vulnerable to contracting HIV, as chapters four and five explore.

How do gendered structures of power affect the capacity women have to leave a marital union if it puts them at risk of HIV infection?

Given the stigma associating HIV/AIDS with sinful sexual behaviour outside of marriage, marriage is popularly advocated as a safeguard against infection. Despite this ideology, marriage puts women at heightened risk of infection from their husband's risky behaviour. Therefore divorce can act as a safeguard against infection; however, the majority of women do not have the power to leave an unsafe marital union. Conversely, if a wife becomes infected her husband is in a position to divorce her to protect him from infection.

It is not intentional to suggest that women should necessarily leave a marital union to protect themselves from HIV infection. As chapter one considers, someone can have the *power to* do something but not necessarily exercise that power. The majority of women do not have the *power to* leave a marital union and as a result lack the *power to* negotiate for safer sex. Moreover the perceived risk of HIV infection from the partner because they will not use a condom or abstain from sex if they are infected for example, is the concern rather than the person's HIV status.

Gendered structures of power mean that the majority of women are not in a position to leave a marriage if it puts them at risk of HIV infection. Firstly, the majority of women cannot leave because of the social significance of marriage. Women are socially conditioned to want to marry: marriage provides women with security; they can avoid premarital sex; and can begin bearing children. The majority of women cannot leave because of the social pressure to be successful in marriage: they will be perceived to have failed in marriage and

even the more educated women fear losing their social status. Women are socially conditioned to persevere in marriage and this includes behaviour that puts them at risk of HIV infection.

The ideology of persevering in marriage is institutionalised throughout society. If women go to their parents they tend to be sent back to their husbands. Within the extended family system a marriage involves two families and even two villages. All matrimonial problems are taken to the marriage counsellors (*ankhownse*), who are the husband and wife's uncles, and they endeavour to reconcile the couple. It tends to be the case that women have to consult the *ankhownse* several times and experience repeated violence before being in a position to leave. The capacity of women to leave differs between the matrilineal and patrilineal areas. In the matrilineal areas women have some powers because the husband resides in the wife's village and the wife's brother or uncle has ultimate control. Under the patrilineal system a *lobola* (bride price) is paid and the woman is bound to her husband and his family. If she does leave she may be in a position where she has to leave her children behind and repay the *lobola*. If the woman goes to her church she is told to persevere in marriage, although the churches may offer her support if she does leave.

Secondly, women tend to lack economic autonomy and are financially dependent upon their husbands for their own and their children's survival; they fear destitution if they leave. According to dominant discourse the woman must stay in the marriage for the welfare of the children. Men dominate in having control over, and access to, land, crops and credit. In patrilineal areas land inheritance is traced through the male line of descent and, in reality, matrilineal areas also have a patrilineal structure. Women under both systems are frequently dispossessed of their land. In addition, there have been major shifts in the matrilineal system, which have eroded the traditional rights of women to land. Men have control over the cash crops and the money from the sales of these crops, whereas women only control the subsistence crops and the sales of excess food. In addition, men are more likely to access credit and especially larger loans. As a result, women tend to have nowhere to go if they leave and are economically vulnerable. Women may engage in marginal work including transactional sex and other risky behaviour that puts them at risk of HIV infection in order to survive. In situations where some women are stable and self-dependent, albeit a minority, they may be in a better position to leave.

Thirdly, women tend to lack the legal power to leave an unsafe marital union because of gendered structures within the legal framework and society more generally. Traditionally, the laws are concerned with the rights of men, whereas issues pertaining to women are within the private sphere of non-intervention. There has been a shift in recent decades and women's rights have emerged onto the legal agenda. However, although there is legislation for women to divorce their husbands and secure equal access to land, women are vulnerable because of loopholes in the law. In addition, women are not in a position to utilise the legislation because of gendered structures: both the traditional and modern legal systems are dominated by men; there are gender barriers to women utilising the Victim Support Units (VSUs); and, the majority of women lack the practical capacity to access justice. In addition, women are marginalised from education and are not in a position to understand, promote and defend their own rights. They tend to have a greater knowledge of the traditional legal system than the modern legal system. As a result the way that women access justice is very different to how it should work. There have been some attempts to address the lack of awareness amongst women.

Women are vulnerable as a result of gendered structures across their lives and as a result a broader understanding of what their empowerment entails is necessary. This empowerment of women includes socially, economically, legally and with regards to their education.

How do gendered structures of power underscore the biological vulnerability of women to HIV infection?

Gendered structures underscore important aspects of the biological vulnerability of women to contracting HIV: they lead to behaviour and practices that facilitate HIV transmission, and the predisposition of women to poor health that increases their risk of contracting HIV.

Gender-based norms lead to sexual behaviour that facilitates HIV transmission. Girls tend to have their sexual debut at a young age and this heightens the risk of contracting HIV because their vaginas have less of a barrier to infection and are more prone to being damaged during sex and pregnancy. Girls tend to marry and begin to have sex at a young age because the gender division of labour means women are dependent on men. In addition, there is a practice called '*kusasa fumbi*' amongst the Chewa and '*kuchotsa fumbi*'

amongst the Yao where the girls have a sexual initiation as part of their graduation into adulthood.

There is a tendency for younger girls to have sex with older men. This places the girls at risk because older men are likely to have had multiple sexual partners, and therefore prevalence is high amongst them. Young girls marry older men because of the greater financial security they can offer. There is also the practice of '*kupimbira*' in Karonga and '*kupammila*' in Chipita where young girls are forced to marry older men to repay their family's debts.

Violence against women is pervasive and normalised, and women are at greatest risk from their husbands. Violent sexual intercourse causes damage to the vagina, which increases the likelihood of HIV acquisition. Gender-based violence is rooted in gendered structures: it contributes to men's societal dominance over women; it is linked to the lack of wealth and education of women relative to men; and, the subordinate status of women in the family. Violence against women is socially constructed to be normal and accepted. In particular, sex is a part of a husband's 'marriage right' and violence is considered acceptable if a wife denies her husband this right. Gender-based violence is often hard to discern and confront because it occurs in the privacy of the home. Although some important steps towards challenging this gendered structure have been made, the Anti-Domestic Violence legislation does not include the concept of 'marital rape' and there are gendered structures that act as barriers to women utilising the legislation.

Sex is constructed to be concerned with the man's pleasure because he is the 'breadwinner'. As a result some women practice 'dry sex' or 'Female Genital Mutilation/Circumcision' (FGM/C) to enhance the man's pleasure and reduce the woman's pleasure. These practices put women at greater risk of contracting HIV because of damage caused in the vagina. Dry sex involves the use of substances to totally dry all vaginal mucus so that the vagina is dry, tight and heated during sexual intercourse because these are associated with virginity. 'Dry sex' can also cause damage to the penis and condoms. FGM/C is practiced amongst a few small ethnic groups. According to reports it involves the removal of the clitoris and labia minora and the vagina widened to accommodate the size of a penis. In addition, the procedure is not hygienic or sterile. However, there is insufficient research on these practices in Malawi.

Having a Sexually-Transmitted Infection (STI) increases the risk of contracting HIV from a sexual partner. Men are at risk of contracting STIs because of their tendency to have multiple sexual partners and women are at risk of being infected by their husbands. Men tend to have multiple sexual partners because of an intersection of gendered structures: they are the breadwinners and often have to migrate for work; having multiple sexual partners is considered to be a sign of masculinity; and, there is an emphasis on male pleasure from sex. Gendered structures also mean that the majority of women are not in a position to protect themselves from STIs and are limited in their power to ensure their husband is faithful.

Gender-based norms lead to the predisposition of women to poor health that increases their susceptibility of HIV infection if they become exposed to the virus. Women are hardest hit by poverty, which perpetuates their poor health status and increases the likelihood that they will contract HIV. Women's contribution through their work in the informal sector, subsistence farming, and domestic role is marginalised. The majority of women cannot access resources because the husband owns and controls all property and despite the heavy workload women undertake, they often have little or no control over the proceeds.

Women are more susceptible than men to poor health associated with hunger and poor nutrition. The man has a highly valued gender-based productive role as the 'breadwinner', whilst the woman's domestic reproductive role is marginalised and perceived to have less value. Men tend to take priority for food and control the family's food security. The domestic role of women often exposes them to poor health because they tend to be confined to rural areas worse affected by food shortages and water contamination. The burden of the multiple roles of women negatively impacts on their health and nutrition. Women are also excluded from agricultural education and technological advancements because of gender-based norms, despite the pivotal role they play in farming.

Women's gender-based domestic role exposes them to schistosomiasis infection because they immerse themselves in contaminated water for prolonged periods whilst washing clothes or collecting water. Young girls are also at risk because they tend to be the ones who assist their mother. Schistosomiasis causes genital lesions and thereby increases the risk of HIV transmission.

Women tend to be marginalised from accessing health services for their own health care and this is underscored by gender-based norms. The tendency is that men both directly

and indirectly control the access of women to reproductive health care. Men's health is valued as the 'breadwinner' so they take priority with regards to health services and they control their wife's health.

Pregnancy reduces a woman's immunity levels and increases her vulnerability to HIV infection. High levels of progesterone could increase susceptibility to HIV infection. There is a social pressure on women to bear many children from a young age because of their gender-based reproductive role and they tend to closely space the births. During pregnancy the tendency is that women continue to have the burden of multiple roles.

The analysis reveals that although the biological vulnerability of women to HIV infection is commonly accepted, important aspects of this vulnerability are underscored by gendered structures. Women are predisposed to behaviour and practices that facilitate HIV transmission and poor health that increases the risk of contracting HIV. Women therefore need to be empowered broadly across their lives and at a structural level to reduce their biological vulnerability to HIV infection; this empowerment includes socially, economically, legally and with regards to their education.

Talking meaningfully about empowerment

In response to the escalating HIV prevalence amongst women, there are calls for women to be empowered; however the issues of how women lack power are not fully understood. This research therefore sheds light on the character and basis of the subordination of women and how this leaves them vulnerable to HIV infection in order to facilitate a more meaningful discussion of how to empower them.

This thesis explores how gendered structures of power lead to the subordination of women and underscores their vulnerability to HIV infection. The analysis has moved beyond understandings of how women lack power to negotiate for safer sex. It also highlights the importance of confronting women's wider subordination that means that they do not have the power to leave a marital union that puts them at risk of HIV infection and increases their biological vulnerability to HIV transmission. Central to the subordination of women is the gendered division of labour: men have a productive role in the public sphere and women have a reproductive role in the private sphere; and, there is a gender hierarchy where men's roles are more highly valued than women's. As a result women tend to have a subordinate

position in their sexual relations; are marginalised from education; cannot participate in decision making; lack economic security; and, often cannot access justice. This understanding reveals that for effective empowerment outcomes for women vis-à-vis their vulnerability to HIV infection, the gendered structures need to be challenged at a deeper level and women need be empowered across their lives. The different spheres of empowerment are inextricably linked but empowerment in one sphere does not necessarily entail empowerment in another. Empowerment is therefore not just about creating assertive individuals; it requires structural change throughout society. Men need to be included for successful empowerment outcomes for women. Men often control the couple's sexual reproductive health and it tends to be their risky sexual behaviour that puts women at risk: men are the perpetrators of gender-based violence; cultural practices favour men; where men migrate to work they are at heightened risk of contracting HIV and other STIs; and, men do not seek treatment during early signs of STIs.

Where the vulnerability of women to HIV infection sheds light on the gender fault lines of society it provides the opportunity to challenge the gendered structures. This acts as a catalyst for empowerment because it reveals that women's real interests lie in social change. Although the gendered dimensions of HIV/AIDS are recognised, the response does not effectively engage with the gendered structures. However, as HIV prevalence amongst women escalates and the impact is heightened, there is an increasing pressure from internal and external actors to challenge the negative gendered structures. The feminisation of HIV/AIDS has an impact on the family, community and society because women fulfil multiple roles as mothers, wives, providers, farmers and carers. In particular, there is an impact on the future population where their children are affected.

In addition, where light is shed on the gender fault lines it is empowering women. On the one hand, individuals begin to realise that power is operating and as a result the gendered structures are no longer accepted as the status quo but are deemed to be detrimental to women's health and society in general. On the other hand, some individuals increasingly have the power to act in accordance with their 'real interests'; they are in a position to resist power and stand aside from power. The gendered structures become intolerable where women do not have the means to modify them and questions of empowerment therefore emerge onto the agenda. Women living with HIV/AIDS (WLWHA) are being politicised and are rising up to tackle the issues that affect them. They

are struggling to call for their rights as women but also as WLWHA. As Beatrice Were expressed in a paper presented at the ‘Third Africa Conference on Sexual Health and Rights’, the government needs to be made accountable for addressing the gendered structures because WLWHA cannot afford to wait – they need services and options for themselves and their children.¹²⁴⁴

The relevance and value of this research

The relevance and value of this research is twofold. Firstly, it makes an important contribution to the feminist task of radically challenging the conventional boundaries of international relations (IR), which typically draws upon a masculine form of knowledge.¹²⁴⁵ Despite the increasing number and variety of critical feminist IR theories as a subfield on the margins of IR, the mainstream of the discipline remains silent about gender.¹²⁴⁶ Feminist analysis of the gendered dimensions of the HIV/AIDS pandemic therefore places gender issues firmly onto the IR agenda and makes ‘women visible as social, economic and political subjects in international politics’.¹²⁴⁷ Moreover, HIV/AIDS is one of the biggest global challenges and yet whilst other disciplines have engaged with the pandemic, IR does not adequately include HIV/AIDS in its research agenda. The literature is scant and the tendency is to speculate from limited data. There is a paucity of political scientists and IR scholars engaging with the issues. Alan Whiteside and Nana Poku draw attention to how the

¹²⁴⁴ Were, B. (2008) ‘Sexuality beyond reproduction: Beyond pleasure and wellness’, 3rd Africa Conference on Sexual Health and Rights, 4-7 February 2008, Abuja, Nigeria

¹²⁴⁵ Squires, J. and Weldes, J. (2007) ‘Beyond Being Marginal: Gender and International Relations in Britain’, *British Journal of Politics and International Relations*, 9:2, pp.185- 203, p.189; For a discussion of how feminism has successfully challenged the conventional boundaries of IR see Steans, J. (2003) ‘Engaging from the margins: Feminist encounters with the “mainstream” of international relations’, *British Journal of Politics and International Relations*, 5:3, pp.428-54

¹²⁴⁶ Sjoberg, L. (2006) ‘Gendered realities of the immunity principle: Why gender analysis needs feminism’, *International Studies Quarterly*, 50, pp.889-910, p.891; Carpenter, C. (2002) ‘Gender theory in world politics: Contributions of a non-feminist standpoint’, *International Studies Review*, 4:3, pp.153-65; Tickner, J.A. (2005) ‘Gendering a discipline: Some feminist methodological contributions to international relations’, *Signs: Journal of Women in Culture and Society*, 30:4, pp.2173-88p.2173; Tickner (1997); Zalewski, M. (2003) “‘Women’s troubles” again in IR’, *International Studies Review*, 5:2, pp.287-302

¹²⁴⁷ Steans (2003) p.435

majority of the authors in their volume on 'The Political Economy of AIDS in Africa' (2004) are not political scientists, but instead range from epidemiologists to economists. They suggest that 'political scientists have failed to understand what AIDS means for both politics and society of large', proposing that this is possibly due to a lack of professional interest, lack of information and that it is an area occupied by activists and NGOs with whom 'political scientists make uneasy bedfellows'.¹²⁴⁸ IR is typically concerned with the public spheres of the global and the national, whereas HIV/AIDS is perceived to be a part of the private sphere of personal sexual relations. However, with the increasing impact of HIV/AIDS on the State and globally, it transcends the private/public/hyper-public division and emerges onto the national and international agenda. HIV/AIDS has had a devastating impact and the potential impact is alarming, revealing how, as feminists maintain, 'the personal is the political.' In the methodological respect this research challenges the emphasis on positivism in IR and the value of quantitative methods through the application of the qualitative methods of key informant interviews and documentary analysis

Secondly, this research challenges the dominance of the scientific discourse that governs the way the HIV/AIDS pandemic is conceived to make an important contribution to the literature on understanding the gender context. The literature and the response tend to focus on the medicalisation of HIV/AIDS and aspects of mitigating the impact of the perceived crisis. However, this obscures the deeper structures that leave populations vulnerable. In particular, although the stereotypical gender roles and unequal gender power relations that leave women susceptible to HIV infection are widely recognised, the gendered structures have not been adequately researched and engaged with. The response to the gendered dimensions amounts to little more than rhetoric and the tendency is to rely upon intuition rather than evidence. This thesis therefore provides a deep and theoretically informed analysis of the gender context of HIV/AIDS. In the methodological respect this research challenges the emphasis on the value of quantitative methodology in the scientific discourse through the application of qualitative methods.

The findings can be utilised to fill gaps in the knowledge amongst policy makers. The interviews revealed that there is a lack of research and documentation and where it is

¹²⁴⁸ Whiteside and Poku (2004) p.215. See also Boone, C. and Batsell, J. (2001) 'Politics and AIDS: Research agendas in political science and international relations', *Africa Today*, 48:2, pp.3-33, p.3-4

available it is not always shared, as explored in chapter two. A report of the findings will therefore be sent to the participants of this research. Furthermore, the interview process allowed representatives of the various organisations to consider these issues; and reflect for themselves upon the gendered structures that underscore the epidemic in Malawi and where there are gaps in the response. The findings of this research were presented in a plenary session at the 'Third African Conference on Sexual Health and Rights' to an audience that included a range of organisations engaged in responding to these issues worldwide; the abstract for this paper is included in Appendix three.

The wider debate and further research

General or quantifiable conclusions cannot be generated from this single country case study. Instead this research contributes to the existing body of research and the case study of Malawi can be utilised to engage in the broader debates. Malawi is an important case study because it is situated in the region hardest hit by the pandemic, has amongst the highest prevalence and the epidemic has had an increasing impact on women. The gendered dimensions of the epidemic are situated within the context of a strong belief in the maintenance of the traditional role of women, which leaves them marginalised across their lives.

The HIV/AIDS epidemic in Malawi, although distinct, is part of the broader global pandemic. There are commonalities between situations in developing countries that put women at risk of infection including: their limited access to education; lower literacy; greater poverty; vulnerability to sexual coercion and rape; need to engage in transactional sex for survival; and, women are constricted especially in terms of their sexual behaviour. During the interviews, the situation in Malawi was contextualised within Sub-Saharan Africa and globally, which indicates that the issues are not unique. The extent to which the issues raised in this research affects women more broadly was also highlighted when it was presented in a plenary session at the 'Third Africa Conference on Sexual Health and Rights'. Furthermore, the subordination of women has emerged as one of the biggest global issues, affecting women across cultural and geographical boundaries.

This research produces elaborative data that raises issues for further research. The questions, themes and conclusions generated in this thesis can be applied to other case

studies to generate more general conclusions. The effective governance of HIV/AIDS requires a deep understanding of the context and for this understanding to inform the response. Women are vulnerable to HIV infection because of deeply embedded gendered structures. These gendered structures need to be understood and this understanding needs to inform the response. This requires an in-depth understanding of the specific gender contexts in different countries from the 'bottom up'.

The aim of future research emanating from this PhD is more comparative in ambition. There will be an analysis of whether the recent Anti-Domestic Violence and HIV/AIDS legislation in Kenya, Tanzania, Zimbabwe and Malawi effectively addresses the gendered structures that underscore the vulnerability of women to HIV infection. South-East Africa is the area hardest hit by HIV/AIDS and the epidemics in these countries have a 'female face'. An examination of countries in similar circumstances would enable the assumptions that the explanations of their situations are the same to be queried. The recent legal developments in these countries have the potential to empower women and reduce their vulnerability to HIV infection. The current legislation and law reform proposals will be analysed to determine whether they effectively address the realities of women's lives. This research will enable the rich data generated on the legislation in Malawi to be further utilised. The methodology will be developed to undertake a discourse analysis of the interview data and documents.

In the longer term there will be an examination of the governance of HIV/AIDS in areas of conflict in Central Africa where there is an absence of the structures of law and governance. An in-depth comparative analysis of Angola, Democratic Republic of Congo, Central African Republic and Sudan will be conducted. The instability, size and poor infrastructure of these countries has led to a gap in the knowledge about these epidemics. The emphasis will be upon understanding the gendered dimensions of the particular vulnerability of women in conflict areas and appraising the response to the gendered dimensions. This research would enable a broader comparison between governing HIV/AIDS in areas of stability in South-East Africa and in areas of conflict in Central-South Africa where there is an absence of the structures of law and governance.

Appendix 1: Interviews

Government Ministries

1. Director of Planning, Research and Evaluation, Department of HIV, AIDS and Nutrition within the Office of the President and Cabinet (OPC) (25/07/07)
Offices of the Department of HIV, AIDS and Nutrition: Lilongwe, Malawi
2. Representatives of the HIV/AIDS section, Ministry of Education (13/07/07)
Offices of the Ministry of Education: Lilongwe, Malawi
3. Technical Advisor to the Women, Girls and HIV/AIDS – Programme and Plan of Action, Ministry of Women and Child Development (13/07/07) Offices of the Ministry of Women and Child Development: Lilongwe, Malawi
4. Senior Assistant to the Chief State Advocate/ Human Rights Coordinator, Ministry of Justice and Constitutional Affairs (25/07/07) Offices of the Ministry of Justice and Constitutional Affairs: Lilongwe, Malawi
5. STI Programme Officer, Ministry of Health Reproductive Health Unit (RHU) (11/07/07) Offices of the Ministry of Health Reproductive Health Unit (RHU): Lilongwe, Malawi

Faith-based organisations

6. Head of the Home Based Care Unit, Roman Catholic Church (20/07/07) Offices of the Roman Catholic Church: Limbe: Malawi
7. Head of Assemblies of God Relief and Development Services (AGREDS), Assemblies of God Church (12/07/07) Offices of the Assemblies of God Church: Lilongwe, Malawi

8. Head of the Seventh Day Adventist Church, Seventh Day Adventist Church
(24/07/07) Offices of the Seventh Day Adventist Church: Lilongwe, Malawi

Constitutional Bodies

9. Law Commissioner, Chief Law Reform Officer and HIV/AIDS Law Reform Officer, Law Commission (11/07/07) Offices of the Law Commission: Lilongwe, Malawi
10. Chief Law Reform Officer, Law Commission (11/07/07) Offices of the Law Commission: Lilongwe, Malawi
11. HIV/AIDS Law Reform Officer, Law Commission (11/07/07) Offices of the Law Commission: Lilongwe, Malawi
12. Deputy Director for Research and Documentation, Malawi Human Rights Commission (MHRC) (12/07/07) Offices of the MHRC: Lilongwe, Malawi
13. Executive Director, Malawi AIDS Counselling and Resource Organisation (MACRO) (25/07/07) Offices of MACRO: Lilongwe, Malawi
14. Head of Policy Support and Development, National AIDS Commission (NAC) (24/07/07) Offices of NAC: Lilongwe, Malawi
15. Program Officer, National Initiative for Civic Education (NICE) (16/07/07) Offices of NICE: Lilongwe, Malawi
16. Principle Documentation Officer, Ombudsman (23/07/07) Offices of the Ombudsman: Lilongwe, Malawi

International Monetary Donors

17. HIV/AIDS Advisor, Department for International Development (DFID) (27/07/07) Offices of DFID: Lilongwe, Malawi

18. Programme Manager - Gender, Canadian International Development Agency (CIDA) (27/07/07) Offices of CIDA: Lilongwe, Malawi
19. Programme Manager - HIV and AIDS, Canadian International Development Agency (CIDA) (26/07/07) Offices of CIDA: Lilongwe, Malawi
20. Population and Health Specialist, World Bank (27/07/07) Offices of the World Bank: Lilongwe, Malawi

UN Organisations

21. Programme Officer, The Joint United Nations Programme on HIV/AIDS (UNAIDS) (25/07/07) Offices of UNAIDS: Lilongwe, Malawi
22. Programme Officer – Reproductive Health and HIV/AIDS, United Nations Children’s Fund (UNICEF) (19/07/07) Ryall’s Hotel Conference Centre: Blantyre, Malawi
23. Programme Analyst - Governance and HIV/AIDS, United Nations Development Programme (UNDP) (27/07/07) Offices of UNDP: Lilongwe, Malawi
24. Programme Officer - HIV/AIDS, United Nations Population Fund (UNFPA) (19/07/07) Ryall’s Hotel Conference Centre: Blantyre, Malawi
25. Programme Officer – Gender, United Nations Population Fund (UNFPA) (17/07/07) Offices of UNFPA: Lilongwe, Malawi
26. Condom Programming Officer, United Nations Population Fund (UNFPA) (24/07/07) Offices of the Reproductive Health Unit: Lilongwe, Malawi
27. Programme Officer – HIV/AIDS, United Nations World Food Programme (WFP) (23/07/09) Offices of WFP: Lilongwe, Malawi

International Non-Governmental Organisations (NGOs)

28. Gender Network National Coordinator, Action Aid (17/07/07) Offices of Action Aid: Lilongwe, Malawi
29. Behaviour Surveillance Research Coordinator, Family Health International (FHI) (26/07/07) Offices of FHI: Lilongwe, Malawi
30. Senior Programme Manager – Packachere Programme, Population Services International (PSI) (20/07/07) Offices of PSI-Malawi: Blantyre, Malawi
31. Strategic Manager - Youth Alert Programme, Population Services International (PSI) (20/07/07) Offices of PSI Malawi: Blantyre, Malawi
32. Product Manager HIV Prevention - Chisango Programme, Population Services International (PSI) (19/07/07) Offices of PSI Malawi: Blantyre, Malawi
33. Programme Manager, Global AIDS Interfaith Alliance (GAIA) (12/07/07) Offices of GAIA: Lilongwe, Malawi

Malawian NGOS

34. Programme Assistant, Family Planning Association of Malawi (17/07/07) Offices of the Family Planning Association of Malawi: Lilongwe, Malawi
35. Advocacy Officer, National Association for People Living with HIV and AIDS (NAPHAM) (12/07/07) Offices of NAPHAM: Lilongwe, Malawi
36. Acting Programmes Manager, The Malawi Network of People Living with HIV (MANET Plus) (24/07/07) Offices of MANET-Plus: Lilongwe, Malawi

37. National Coordinator, The Malawi Network of Religious Leaders Living with HIV and AIDS (MANERELA) (26/07/07) Offices of MANERELA: Lilongwe, Malawi
38. Programmes Coordinator, Malawi Center for Advice, Research and Education on Rights (Malawi CARER) (18/07/07) Offices of Malawi CARER: Blantyre, Malawi
39. Head of the HIV/AIDS Department, Civil Liberties Committee (CILIC) (19/07/07) Offices of CILIC: Blantyre, Malawi
40. Head, Society for the Advancement of Women (SAW) (11/07/07) Offices of SAW: Lilongwe, Malawi
41. Programme Manager, Story Workshop (18/07/07) Offices of the Story Workshop: Blantyre, Malawi
42. Head, Women's Campaign (12/07/07) Offices of the Women's Campaign: Lilongwe, Malawi
43. Chairperson, Women's Coalition (17/07/07) Offices of Action Aid: Lilongwe, Malawi
44. Head, Women Lawyers Association (WLA) (16/07/07) Offices of the WLA: Lilongwe, Malawi

Appendix 2: Ethics Application



**University
of Southampton**

School of Social Sciences

July 2006

ETHICS COMMITTEE APPLICATION FORM

Please note:

- You must not begin your study until ethical approval has been obtained.
- You must complete a risk assessment form prior to commencing your study.

1. **Name(s):** Emma Louise Anderson

2. **Current Position** PhD Research Student

3. **Contact Details:**

Division/School PAIR - Social Sciences Department

Email ela100@soton.ac.uk

Phone 07818227545

4. **Is the proposed study being conducted as part of an education qualification (e.g., PhD)**

Yes ☒ **PhD** No ☐

5. **If Yes, state name of supervisor (the supervisor should complete the declaration at the end of this form)**

Dr Tony Evans

6. **Title of Project:**

Women and Power in the Vulnerability to HIV Infection: The Case of Malawi

7. **What are the proposed start and end dates of the study?**

Fieldwork interviews: 8th June – 27th July 2007

8. Briefly describe the rationale, study aims and the relevant research questions

This research considers the reality of women's lack of power by using examples from the case study of Malawi. The primary intention of this research is a deeper understanding of women's vulnerability to HIV infection. A more sophisticated understanding of the complexities of women's lack of power will allow a more complete understanding of women's empowerment as a means to tackle the escalation of HIV infection. How women lack power across their lives will be explored.

The relevant research questions explore aspects of 'how do gender-based norms operate to leave women structurally vulnerable to HIV infection?' In order to understand the extent of the operation of gender-based norms this analysis will consider how gender-based norms operate across numerous spheres and at different levels. This research specifically addresses economics, education, justice, citizenship and reproductive health.

9. Briefly describe the design of the study

Semi-structured one-on-one interviews will be conducted to determine the relevance of gender-based norms. Individuals will not be interviewed in a personal capacity. Given the latent operation of power individuals will not realize that power is operating over them. The interviewees will be representatives of key organisations.

Interviews will be conducted in Lilongwe and at the district level in Rumphi, Dedza and Mulanje. Eight days of interviews are scheduled in each area to allow for eight interviews. All the interviews will be conducted over a six-week period in June-July 2007.

10. Who are the participants?

At the national level: representatives from the Ministry of Gender, International Organizations (UNDP, UNICEF, UNFPA) and National Organizations (MaSSaJ, NAPHAM).

At the district level: District Commissioner, District Officers (Social Welfare, Community Development, Health, Education, Labour) District Magistrate, Victim Support Unit at the Police Station a reproductive health NGO (Banja La Mtsogolo), Human Rights NGOs (Malawi CARER, Youth Net and Counselling (YONECO), and Civil Liberties Committee (CILIC)) and civic education NGO (National Initiative for Civic Education (NICE)).

11. How will they be identified, approached and recruited to the study?

(please attach a copy of the information sheet if you are using one)

The interviewees will be identified, approached and recruited through the organisations they represent.

12. How will you obtain the consent of participants?

(Please attach a copy of the consent form if you are using one)

I will request the written consent of all the participants. [See attached form]

13. Is there any reason to believe participants may not be able to give full informed consent? If yes, what steps do you propose to take to safeguard their interests?

No

14. If participants are under the responsibility or care of others (such as parents/carers, teachers or medical staff) what plans do you have to obtain permission to approach the participants to take part in the study?

NA

15. Briefly describe what participation in the study will involve for study participants. Please attach copies of any questionnaires and/or interview schedules to be used

The interviewees will be answering a series of semi-structured interview questions on how they perceive women's power with respect to education, economics, justice, citizenship and reproductive health.

16. How will it be made clear to participants that they may withdraw consent to participate at any time without penalty?

It is outlined in the consent form. [See attached form]

17. Detail any possible distress, discomfort, inconvenience or other adverse effects the participants may experience, including after the study, and how this will be dealt with.

The issues raised in my interviews would be sensitive to Malawian people in general, particularly issues of women's empowerment and sexual reproductive health. However, I am interviewing people who are involved in these very issues on a day-to-day basis in their working capacity. HIV/AIDS and women's empowerment are identified by the government as crosscutting issues and are heavily focused upon. Moreover the interviewees will be interviewed about these issues in general terms with respect to the local and national population. The questions do not concern how the interviewees are personally affected.

18. How will participant anonymity and confidentiality be maintained?

In my research the participants will be identified as 'representatives of local government', 'representatives of the magistrates court', 'representatives of human rights NGOs', 'representatives of the Victim Support Unit' 'local health care workers'.

19. How will data be stored securely during and after the study?

The data will be securely stored on tape and in written form on my personal computer.

20. Describe any plans you have for feeding back the findings of the study to participants

I will write a summary report of the findings of my PhD research to distribute to the organisations represented by the participants. These organisations work directly in the field of my research and I believe my findings will be useful to them.

21. What are the main ethical issues raised by your research and how do you intend to manage these?

There are ethical issues involved in conducting one-on-one interviews. There will be power relations between the researcher and the respondents, particularly resulting from differences in wealth, ethnicity and education. However individuals will not be interviewed in a personal capacity. They will be interviewed as a representative of the key organisations. The semi-structured interviews will allow the interviewees more freedom and control, and the opportunity to give fuller and fairer responses.

I will ensure the responses of the interviewees will be fairly represented within the final PhD paper. The interviewees will be assured of the commitment to anonymity and confidentiality. The interviewees will be asked for their informed consent and will be given a summary report to ensure they are not misrepresented. I will ensure that my research complies with the highest ethical standards through strict adherence to the University of Southampton guidelines.

22. Please outline any other information you feel may be relevant to this submission

NA

Please include your research proposal with this form

Supervisor/Grant-holder/Research Student Declaration

I have discussed this application with the applicant and support it.

Any further comments:

Supervisor/Grant-holder:

Name: Dr Tony Evans

Date:

Research Student:

Name: Emma Anderson

Date:



Postgraduate Ethics Review Checklist

This checklist should be completed by the research student (with the advice of the research supervisor) for all research projects.

Research Title:

Women and power in the vulnerability to HIV infection: The case of Malawi

Research Student:

Emma Louise Anderson

Supervisor:

Dr Tony Evans

	YES	NO
1. Will the study involve human participants?	YES	
2. Will it be necessary for participants to take part in the study without their knowledge and consent at the time? (e.g. covert observation of people)		NO
3. Does the study involve participants who are unable to give informed consent? (e.g. children, people with learning disabilities)		NO
4. Does the study involve participants who are commonly viewed as 'vulnerable'? (e.g. children, people with learning disabilities)		NO
5. Will the study require the co-operation of a third party for initial access to the groups or individuals? (e.g. students at school, residents of a nursing home)		NO
6. Will the study involve discussion of sensitive topics (e.g. sexual activity, drug use)?		NO
7. Could the study induce psychological stress or anxiety, cause harm or have negative consequences for the participants beyond the risks encountered in normal life?		NO
8. Will deception of participants be necessary during the study?		NO
9. Will blood or tissue samples be taken from participants? Are drugs, placebos or other substances (e.g. foods, vitamins) to be administered to the participants or will the study involve invasive, intrusive or potentially harmful procedures of any kind?		NO
10. Will the study involve prolonged or repetitive testing or physical testing?		NO
11. Is pain or more than mild discomfort likely to result from the study?		NO
12. Will financial or other inducements (other than reasonable expenses) be offered to participants?		NO
13. Will the study involve recruitment of patients or staff through the NHS?		NO
14. Is the right to freely withdraw from the study at any time made explicit?	YES	
15. Where secondary data is to be used, is the risk of disclosure of the identity of individuals minimal?	YES	

16. If you are using secondary data, are you obtaining it from any where other than recognised data archives?		NO
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Please refer to the School Guidance Notes for completing the Ethics Review Checklist before completing this form.

If you have answered YES to any of the questions (other than 13, 14 & 15), your research proposal will be referred to the School Ethics Committee. You will need to submit your plans for addressing the ethical issues raised by your proposal using the Research Ethics Approval Form, available on the School intranet. If you have answered Yes to Question 13, you will have to submit an application to the appropriate external NHS Ethics Committee. If this is the case, your application will not need to be reviewed by the School Ethics Committee.

Please note that it is your responsibility to follow the University of Southampton's Ethics Policy and any relevant academic or professional guidelines in the conduct of your study. **This includes providing appropriate information sheets and consent forms, and ensuring confidentiality in the storage and use of data.**

Signature of Research Student
Date

Signature of Supervisor
Date.....



TITLE OF RESEARCH **WOMEN AND POWER IN THE VULNERABILITY TO HIV INFECTION: THE CASE OF MALAWI**

RESEARCHER **Miss EL Anderson**
PhD research student

Interview Schedule

Introduction

Welcome

Signing the informed consent form and going over the research information sheet

Discussion about the planned interview schedule

Contextual Information

About the organisation – type or organisation, scope of organisation

About the participant – position, role, history in the areas of gender, HIV/AIDS

Women's Vulnerability to HIV Infection

Why are women vulnerable to HIV infection?

- Are women in a position to negotiate for safer sex?
- Can women leave a sexual relationship if it puts them at risk of HIV infection?
- Does the health status of women put them at risk of HIV infection?
- Are there certain sexual practices that increase the risk of HIV infection?

Response to Women's Vulnerability

What has been the response to the vulnerability of women to HIV infection?

- How has your organisation responded?
- What has been the wider response?
- How have women responded to their own vulnerability?
- Are women being empowered to reduce their vulnerability to HIV/AIDS?

Wider context

How can the vulnerability of women to HIV infection in Malawi be put in a wider context?

Thank you



TITLE OF RESEARCH **WOMEN AND POWER IN THE VULNERABILITY TO HIV INFECTION: THE CASE OF MALAWI**

RESEARCHER **Miss EL Anderson**
PhD research student

Participant Information Sheet

Purpose of this research

This PhD research explores how women in Malawi are vulnerable to HIV infection because they lack power. The objective is to understand how to effectively empower women to reduce their vulnerability to HIV infection. A thorough and theoretically informed analysis of women's lack of power facilitates a more meaningful discussion of how to empower women.

Description of this research

Interviews will be conducted with representatives of relevant organisations in Malawi. Participants will include representatives from Government Ministries, Constitutional Bodies, Faith-Based Organisations, International Monetary Donors, UN Organisations and Non-Governmental Organisations (NGOs).

Participation

You are being asked to participate in a one-on-one interview with the researcher. You will be answering a series of semi-structured interview questions on why women are vulnerable to infection and the response to this vulnerability. You will be interviewed as a representative of the organisation you work for. You will not be asked questions about your personal experiences. You participate in this research voluntarily. You have the right

to refuse to participate in this research. A decision to participate is not binding. You can choose to withdraw from this research at any time.

How the data will be used

The information you provide will be used to highlight the situation of women in Malawi. Your answers may be quoted in the final PhD paper as a representative of the organisation you work for.

Storage of the data

The information you provide will be stored securely in the researcher's computer and on tape. The only people who will have access to the data besides the researcher will be her supervisor and perhaps the examiners.

Feedback

As a participant in this research the organisation you represent will receive a copy of a report of the findings of this research.

Confidentiality

Your confidentiality will be respected. No information that discloses your identity will be released or published.

Consent

Attached to this information sheet are a consent form and a release form for you to sign. By signing the consent form you are saying that:

- You know why the research is being carried out
- You understand what you will be expected to do
- You want to participate in this research project.

By signing the release form you are agreeing with how the information you are giving is been stored and used.

This research started in October 2005 and will finish in March 2009. It is funded by the Economic and Social Research Council (ESRC), UK.

This research will comply with the Ethics Committee of the University of Southampton and the Code of Ethics of the Economic and Social Research Council (ESRC).

If you would like additional information about the research, please contact:

Miss Emma Louise Anderson,
Politics research student
School of Social Science
University of Southampton
Highfield Campus
Southampton
Hampshire
SO17 1BJ
United Kingdom

Tel: 023 8059 3276

Mobile: +44 7818227545

Email: ela100@soton.ac.uk

Supervisor for this research project is: Dr Tony Evans

He can be contacted on: aje2@soton.ac.uk



**TITLE OF
RESEARCH**

**WOMEN AND POWER IN THE VULNERABILITY TO HIV
INFECTION: THE CASE OF MALAWI**

RESEARCHER

Miss EL Anderson
PhD research student

Participant Consent Form

Please answer either 'yes' or 'no' to the following eight questions. Your answers will be recorded on this form by ticking the 'yes' or 'no' box. You will then be asked to sign your name at the bottom of the form.

Have you read the participant's information sheet?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had the chance to ask questions about this project?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you understand that the research aims to find out about how women lack power in Malawi?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you understand that you will not be asked questions about your personal experiences?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you understand that what we discuss will be written down and tape – recorded?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you understand that you can leave the research whenever you like?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you understand that you can refuse to answer any of the questions?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Would you like to take part in this research project?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Signed.....Date.....

Name in BLOCK
LETTERS.....

Name of Researcher.....Date.....

Appendix 3: Conference Abstracts

Women and Power in the Vulnerability to HIV Infection: The Case of Malawi

As the HIV/AIDS pandemic matures increasingly more women are infected than men and it is widely perceived that HIV/AIDS has a “female face”. The heightened prevalence amongst women suggests that they are at particular risk of infection. Although the gender dimensions of HIV/AIDS have been recognised, this is not fully understood and the tendency is to respond at a surface level only. This research examines how gender structures the vulnerability of women to infection for the case study of Malawi.

Drawing upon forty-five key informant interviews, three aspects of women’s vulnerability to HIV infection are explored and it is argued that the latent operation of gender-based norms structures this vulnerability. Firstly, the majority of women are not in a position to negotiate the terms of sex because gender-based norms keep safe sex off the agenda for women. Secondly, the majority of women cannot leave a sexual relationship even if it puts them at risk of HIV infection because of the significance of marriage, their dependency upon their husbands for survival and they tend to lack sufficient legal power. Thirdly, women are at risk because of their biological susceptibility to contracting HIV. Gender-based norms both lead to sexual behaviour that facilitates HIV transmission, and the predisposition of women to poor health that increases their risk of contracting HIV.

It is important to engage with empowering women across their lives in order for a sustainable and effective response to the spread of the pandemic. Gender structures that leave women vulnerable to HIV infection are deeply embedded and hard to discern. However, where HIV/AIDS travels along the fault lines of society it reveals these deeper structures of power, including the gender structures, and mobilises a political response.

Presented at ‘The Politics and International Relations Conference’, Cumberland Lodge (06-08/2/2009) and a Plenary Session at the ‘Third Africa Conference on Sexual Health and Reproductive Rights’, Abuja, Nigeria (04-07/2/2008)

Women and Education in the Vulnerability to HIV Infection: The Case of Malawi

The education of women underpins their empowerment to reduce their vulnerability to HIV infection. This paper explores women's marginalisation from education in Malawi. It is argued that beyond surface level considerations of achieving equality of numbers, gender-based norms operate to structurally marginalise women from education.

The analysis is conducted in three stages. Firstly, it is revealed why it is necessary to address women's marginalisation from education in Malawi. Education is fundamental to empowering women across their lives and reducing their vulnerability to HIV infection. In Malawi women's marginalisation from education is severe and therefore a priority.

Secondly, it is argued that more significant than unequal access to education, is the marginalisation of women at a structural level. The education system ensures the production and reproduction of patriarchy, the domination of men over women. Only through effectively addressing women's marginalisation at this structural level can real and sustainable improvements be made.

Thirdly, women's marginalisation from education persists because the underlying causes are left unchallenged. The focus of government policy in Malawi is upon improving access, which simply makes superficial changes.

**Presented at 'The Gender and Education Conference', Trinity College, Dublin
(28-30/3/2007) and 'The Politics and International Relations Conference',
Cumberland Lodge (10-11/2/2007)**

Glossary

Acquired Immunodeficiency Syndrome (AIDS) - a fatal disease caused by the Human Immunodeficiency Virus (HIV).

Dry sex – a practice that involves the use of substances to totally dry all vaginal mucus so that the vagina is dry, tight and heated during sexual intercourse.

Epidemic - a disease that appears as new cases in a given human population during a given period, at a rate that greatly exceeds what is ‘expected’ based on recent experience.

Female Genital Mutilation (FGM) or Female Genital Cuttings (FGC) - consists of all procedures that involve partial or total removal of the external female genitalia or any injury to the female genital organs whether for cultural or therapeutic reasons

Feminisation of HIV/AIDS - indicates the increasing impact that the pandemic has on women. It is often linked to the idea that the number of women infected has equalled, or surpassed, the figure for men or that women and girls are bearing the brunt of the epidemic in many settings.¹

Human Immunodeficiency Virus (HIV) - HIV destroys the body’s ability to fight off infection and disease, which can ultimately lead to death. Currently, antiretroviral drugs slow down replication of the virus and can greatly enhance quality of life, but they do not eliminate HIV infection.

HIV incidence - the number of new cases arising in a given period in a specified population.

¹ UNAIDS (February 2008) ‘UNAIDS’ Terminology Guidelines’, UNAIDS: Geneva
http://search.unaids.org/Html.aspx?q=Publicationbestof&u=http://data.unaids.org/pub/Manual/2008/20080226_unaids_terminology_guide_en.pdf

HIV prevalence - quantifies the proportion of individuals in a population who have HIV at a specific point in time, usually given as a percentage. The term 'prevalence rates' because a time period of observation is not involved.

Human Immunodeficiency Virus type 1 (HIV-1) - There are two strains of HIV identified as HIV type 1 (HIV-1) and HIV type 2 (HIV-2). Only HIV-1 has been identified in Malawi. Although HIV-1 and HIV-2 are similar in their viral structure, modes of transmission and resulting opportunistic infections, they have differed in their geographical patterns of infection and in their propensity to progress to illness and death.

Human Immunodeficiency Virus type 2 (HIV-2) - **a virus closely related to HIV-1 that has also been found to cause AIDS. HIV-2 is very rare, found primarily in West Africa and has a slower, less severe clinical course.**

Pandemic - A disease that spreads across an entire region, continent or the whole world.

People living with HIV and AIDS (PLWHA) - reflects that an infected person may continue to live well and productively for many years.

Seroprevalence - the proportion of persons who have serologic evidence of HIV infection, i.e. antibodies to HIV at any given time.

Serostatus - refers to the presence/absence of antibodies in the blood and often, the term refers to HIV antibody status.

Sexually Transmitted Infection (STI) - The term STI is used in this research rather than venereal disease (VD) or sexually transmitted disease (STD), because these terms do not convey the concept of being asymptomatic in the same way that the term STI does.

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