

# **The HIV/AIDS pandemic in Malawi: cultural and gender perspectives**

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## **Introduction**

Researchers concerned with HIV/AIDS prevention have to grapple not only with ideas of disease aetiology and causation that are particular to the local contexts, but also with appropriate strategies for prevention that are likely to be effective. The specific notions of disease causation that a people have are very important, particularly where changing one's behaviour is one of the most effective ways of reducing its spread. With HIV/AIDS in particular, behaviour change is still the most effective way of avoiding the disease.<sup>1</sup> An important first step towards behaviour change lies in whether or not people accept that the illness they have contracted results from their own behaviour, or whether they believe it is caused by some agents outside themselves – e.g. witches. If the former is the case, then it is likely that such people would be receptive to the idea that altering their own behaviour will reduce their own chances for being infected. If the latter is the case, then obviously behavioural change will be perceived as having no consequence whatsoever.

The central contention of this paper is that in the discourse about HIV/AIDS, no effective theological and pastoral approach can be devised without taking into account the issues of culture and gender. The problem I seek to address in the area of HIV/AIDS are linked up with traditional practices which sanction and promote the spread of the virus. This should not be understood as pandering to merely secular technical aspects but as pressing into religious techniques and spiritual service whatever the human sciences can offer us.

## **The discourse on HIV/AIDS**

In my research for this paper,<sup>2</sup> I asked three questions to a sample of traditional healers and local people of a rural background. These were:

- How do you understand the HIV/AIDS?
- How is it caused?
- How can it be prevented?

The response I received to the first question, if I got it right, seemed to identify HIV/AIDS with the condition of patients suffering from diseases known to have similar origins and symptoms. This similarity in symptoms has much to tell us about the aetiology of the HIV/AIDS from the ordinary people's perspective. Health conditions known by the generic name *mdulo*<sup>3</sup> or *tsempho*, with physical manifestations such as *kaliwondewonde* (loss of weight), *kaliwodziwodzi* (sleepy) and *kanyera* (running stomach) mirror the aetiology and symptoms of the HIV/AIDS. The term *mdulo* refers to a complexity of sick conditions arising from breach or lack of observance of traditional mores largely to do with sexual regulations. *Tsempho*, a common mystic ailment, shows itself in the swelling up of the human organs – while *kaliwondewonde* makes the patient look thin, pale and the texture of his/her hair looks thin. *Kanyera* is a wasting disease associated with acute diarrhoea as a predominant symptom believed to be caused by pollution which results from sexual contact soon after menstruation and delivery. In this case only the man is susceptible to danger of contracting the disease, unlike the case of *tsempho* where the third party, which is innocent, may become the victim. All in all, the aetiology of HIV/AIDS, according to my respondents, appears to hinge on the common symptoms of what may be called the *mdulo* – complex related diseases which are described as: swelling of the cheeks, legs and the abdomen; pain in the chest; vomiting blood; loss of hair; and diarrhoea. It is in these aspects that they show the greatest possible correspondence with AIDS: similar symptoms, and the idea of contagion, although not in the sense of viruses or bacteria entering the human body particularly through sexual transmission.<sup>4</sup> The moral discourse about right and wrong social behaviour is framed by the high regard for reproduction and social continuity in society expressed by the *mdulo* complex. Therefore, the HIV/AIDS is interpreted within a cultural framework or worldview that already exists. Any changes related to sexual conduct will be measured and interpreted in relation to existing concepts, which in the process get broadened.

The case of Goodson Billy Chisupe<sup>5</sup> of Chikanama Village in Liwonde, who, in 1995 claimed to have discovered a cure for AIDS and for the prevention of HIV infection, is still fresh in many minds. The herbal medicine which was named *madzi a moyo* (water of life) but later came to be popularly known as *mchape*, was administered to thousands upon thousands of people of different rank and file, but not without any injunctions. He stated in a release that:

- Anyone who took the concoction should not indulge in adultery.

- We should follow our ancestral customs and mores concerning marital fidelity.
- God's commandment forbids adultery.
- Ancestral wisdom of abiding by traditional law and customs should be strictly adhered to.
- Hospital admonitions against use of unsterilized razor blades, injections and anything that comes in contact with blood, should be taken seriously.

Here, Chisupe combines traditional and modern concepts and ways of preventing the HIV infection. He makes constructive suggestions to the general public on the best means to combat the pandemic by appealing to indigenous, Christian and scientific norms.

Seen from a wider perspective, issues of illness, health and healing are not only about bio-medicine but also about the whole person in harmony with society. In its proper context, the *mdulo* complex shows that it is an ideal that both reflects and encourages the primary value of society which is the well-being of the lineage and each member within it. Furthermore, it is an ideal which concerns the maintenance of right order within the lineage. The ancestors as guardians of members of their lineage are believed to uphold and sanction harmonious relations that make for health, peace, good luck and prosperity but may cause illness and misfortune if proper traditions, customs and taboos are broken. One may, therefore, say that the traditional healers and actors have not only taken over and modified the global concept of HIV/AIDS, but have also enabled it to be integrated into the local medical context. By offering an explanation and interpretation within the local social milieu, they have participated in shaping morals.

### **Traditional customs that risk the spread of HIV/Infection**

We are all aware that AIDS is largely behaviour – oriented malady because the virus causing it is spread from one person to another through the infected person's body fluids. Drugs and sex have become the vehicle of choice for spreading this opportunistic disease's threat of death.

While the *mdulo* complex is both a deterrent and preventive measure against the spread of HIV/AIDS in the way it regulates sexual matters, there are still certain customs and practices inherited from the ancestors which are prone to

spreading the virus. In the research I carried out in the Lower Shire Valley of Malawi last year,<sup>6</sup> I was able to identify at least six such customs and practices. What is common among them is that sexual intercourse is performed with a man who is not the proper husband – either for ritual or social purposes in order to safeguard or achieve fertility. Fertility rites which demand that a woman engages in ritual intercourse fall under the blanket term *FISI* (hyena). About six months after the birth of a child, the mother – who has no proper husband – has to meet a *fisi*. This ritual called *Bzyade* in Chisena, the local language, marks the end of the birth period. When a girl has undergone puberty rites locally called *Maseseto*, she is to engage in sex with a man in order to ritually ensure her fertility by deflowering her virginity. This is the ritual known as *kuchotsa fumbi* (to remove the dust) and is also found among other people such as the Yao, Nyanja, Chewa and Lomwe. When a house gets burnt down accidentally or by arsonists, the *fisi* ritual called *moto* is performed by the surviving woman about two weeks later. After the death of the husband, the *fisi* ritual is arranged to clear away the filth left by the death and to mark the termination of mourning. This frees the woman to remarry. Apart from these crisis moments which call for the *fisi* ritual, the *fisi* is at times invited to make a woman pregnant when the actual husband proves infertile. In this case the guest will not claim paternity but he will transfer it to the real husband.

Other customs which are driven by social exigencies are: polygamy (*mitala*) which a man may voluntarily contract for prestige, management of wealth, family unions, etc. Among the Sena, a husband who has distinguished himself in taking good care of his wife and the wife's family is sometimes offered to marry his wife's younger sister as a token of gratitude. This practice is called *kukwata nthena* (to marry a wife's younger sister).

A widow may sometimes be encouraged to marry the brother of her deceased husband or one of his relatives for the welfare of the children and property left behind. This arranged marriage is called *Chokolo* by many ethnic groups in Malawi. To sum it all, the customs that risk the spread of the HIV virus are in two main categories:

- (a) The *fisi* (hyena) type which includes *Bzyade* (natal); *kuchotsa fumbi* (puberty); *Moto* (life crisis); and *kupita kufa* (death);
- (b) The *mitala* (polygamy) type: *mitala/kukwata nthena* (social prestige); *Chokolo* (restoration after death).

What emerges from the findings of this research is that these age-old customs and practices have survived without real challenge. Conformity to the cultural behaviour is assured by explicit or implicit sanctions (verbal disapproval, gossip, ostracism, psychological or even physical punishment such as withdrawal from the village). The ideal in life is general equality and equilibrium in power and wealth, and aspirations are for good health, abundant reproduction (fertility) and production of livelihood, security, peace and community harmony. Fears are about witchcraft (which is anti-social, anti-community and radically evil self-centredness), infertility, illness, poverty, insecurity, wars and disharmony. Here culture involves the whole matrix of practices and meanings derived from historical experiences of a given group. Human beings are not born in a vacuum, but rather in a social and cultural context and are makers of their own history. Religion then is not primarily about beliefs, but rather about the meaning of life in the cosmos. Many Malawians are informed by this practical theology. Life-style choices place them at risk for receiving the death sentence that is brought about by the AIDS pandemic within the context of cultural life.

In our HIV/AIDS awareness campaigns, these cultural practices which are prone to spreading the virus must be stopped forthwith. Jesus Christ has told us: "I am sending you out as sheep among wolves" (Luke 10:3). Who are the wolves? These are the people who cling tenaciously to these obsolete customs in the conviction that they are life-saving while the reality in the context of the HIV/AIDS pandemic is that they are detrimental to life despite the claim that they derive their authority from the ancestors. Even if the ancestors were to come back to life today, they would no longer condone such customs and practices as life-savers. The faith communities have the task of turning these wolves into their likeness – as sheep.

It is possible, in certain instances, for individuals to depart from the expected behaviour if they have strong motivation for doing so after knowing the risk that they take. Even so, they should expect to be subjected to sanctions from the community. They will be able to persist only if they can afford to get away with those sanctions. But if these departures are tolerated or accepted by the majority, they may constitute the beginning of culture change. Therefore dialogue with traditional leaders and other stakeholders will lead to a better understanding of the need for change. In the area of my research, I came to know that the *fisi* ritual is on the decline due to, among other things, the fact

that many people have become aware of the aspect of the risk of either taking on the virus or spreading it at such cohabitations. In a number of cases the would-be *fisi* were demanding exorbitant sums of money for remuneration due to the risk that the act involves. Therefore as substitute for the *fisi*, some herbal medicines are taken by the female partner. We must appreciate the fact that culture is a mechanism which society creates for itself as a tool or strategy for coping, that is, adjusting as well as possible, to the human biological make-up and the surrounding geographical and social environment.

### **Gender and HIV/AIDS**

This second part of our discussion addresses the question: "How are culture and gender related with regard to the transmission of the AIDS virus?" Research carried out in African societies has shown that HIV/AIDS uses gender inequalities as a strategy for attacking us as individuals, families and community. Gender-based inequalities tend to overlap with other social, cultural, economic and political inequalities and affect women and men of all ages. If we are going to combat the impact and spread of HIV/AIDS in Malawi, we must understand what gender is, how it is constructed and maintained by culture, and how we can reconstruct and transform gender inequalities by using culture to empower ourselves as men and women in order to halt this pandemic in its tracks.<sup>7</sup>

### **What is gender?**

It must be noted from the outset that gender is a social construct of men and women. Geeta Rao Gupta has described it as a culture-specific construct. She says:

There is always a distinct difference between women and men's roles, access to productive resources outside the home and decision making authority. Typically, men are seen as being responsible for the productive activities outside the home while women are expected to be responsible within the home ... women have less access over control of productive resources than men (...) resources such as income, land credit, and education.<sup>8</sup>

There are significant differences in what women and men can do or cannot do in one culture as compared to another. However, the problem is that gender does not distribute power equally between men and women. At the centre of

gender relations is the concept of power and powerlessness. Gender construction disempowers the womenfolk. Women are, therefore, not subjects in the same way that men are. This open discrepancy has become our 'thorn in the flesh' in this HIV/AIDS era. Women who have been constructed as powerless cannot insist on safe sex even in the ritual cohabitation discussed earlier. They can hardly abstain nor does faithfulness to their partners help. There are numerous cases of women who got the virus from their promiscuous husbands. Men who have been constructed to be fearless, brave, and sometimes reckless, think it is a manly thing to do when they refuse to fear that unprotected sex can lead them to HIV/AIDS. Working within the cultural allowance of extra-marital affairs, they continue to be unfaithful.<sup>9</sup> At the end of the day, no one wins. Those with power and those without power die. So what is the point of keeping such gender construction? Who is served? Its unfair distribution of power is the poison in our plate.

Gender is a complex issue and none among us has escaped its construction. It is hegemonic in the sense that we are always being socially reconstructed as women and men in our various cultures, politics, schools, towns, work places, villages and homes. Gender roles are underlined through national laws that do not give equal power to women and men. Upon marriage, for example, the man is the property owner and manager of whatever they own and whatever the woman owns or makes. The status of the woman is reduced to that of a minor. In this way her dependency is lawfully maintained. This attitude has created many problems when it comes to inheritance of property upon the death of a husband.<sup>10</sup> It becomes difficult for the woman to inherit property because she never owned it. Instead, she may be inherited by a relative of the deceased. Furthermore, such social institutions as the family, school, church, village, parliament, more often than not, underline the cultural gender roles by keeping men as leaders and women as subordinates.<sup>11</sup> We may recall instances where women who rise in leadership positions in their own institutions are often stereo-typed, rejected and named 'cruel iron ladies.' Often African men label gender activists as raving feminists who are being propelled by ideas from western women. They accuse them of imposing and importing problems that are non-existent in our African societies. But it is not only the men who respond defensively when issues of gender are highlighted. Some women also get absolutely angry when you get them to confront their gender powerlessness. Maybe they believe that they cannot change the situation. We have heard and seen it happen that whenever you give women a chance to choose a leader, they

prefer to choose a man rather than another woman. In the run up to the 2004 general elections, there were 155 aspiring women Members of Parliament. Because of the vulnerability of the women, the Gender Coordination Network in collaboration with the National Media Institute of Southern Africa (NAMISA) as an implementing agency decided to profile them all in both print and electronic media, regardless of their political affiliation or independent status. The objectives of the profiles were: (a) to have more female members of parliament and get closer to the 30% SADC Declaration on having more women participation in decision-making positions; (b) to give coverage to aspiring female members of parliament so that they are known to voters since the majority of them do not have sufficient resources to campaign on their own.

The activity involved a brief profile of each aspiring female Member of Parliament to sell herself to the electorate. Each candidate mentioned why she wanted to be voted into office and what she would do for the people once voted into office.<sup>12</sup> At the end of the day, the results of the general elections showed that our largely male-dominated society is not in a hurry to promote women to high positions of responsibility. In certain cases of women independent candidates, their political parties, instead of promoting them, strategically eliminated them in favour of men. A case in point here is that of a woman independent parliamentary aspirant for Phalombe North constituency who was shamefully castigated by three top women of the ruling party for challenging the leadership's decision not to field independent candidates. "How on earth can respected women sink so low as to castigate other women just because they want to please some male party zealot?" lamented a Gender talk columnist, who then went on: "Women have failed to prosper in life because of the 'pull-them-down' syndrome."<sup>13</sup> In retrospect, it is gratifying to note that Malawi in general has made great strides in gender awareness, if we are to go by the many lobby groups such as: Women's Voice, Women and Law in Southern Africa, Gender Electoral Support Network, Civil Liberties Committee, which continue to exert great influence on the people. In our task of reconstructing gender so as to create a new order in our society, the key strategy is the empowerment of women through civic education.

### **Gender: constructed and maintained by culture**

Gender studies underline culture as the central instrument in the social construction of women and men's attitudes and behaviour in relationships. It constructs gender and maintains it through various institutions and stages of life. Something as deep and pervasive as gender needs a host of social support



that converts the mind and the heart for its own maintenance and reduplication through ages.<sup>14</sup> It can only thrive through myth, cultural and religious beliefs that seemingly naturalise and sanctify what is certainly a social construct. It follows, therefore, that culture is a major framework of meaning which is not static but dynamic and can, therefore, change when need arises. But how can we transform our cultures and build gender justice within our communities? No culture is perfect or absolute. There are always weaknesses and inconsistencies that need to be revisited and readjusted to conform to present realities. Since we now realize that gender is the major driving force behind the HIV/AIDS pandemic, we have good enough reasons to seek to change gender construction for the creation of a better world. As a strategy of transformation, we should not hesitate to eliminate all those obsolete cultural practices – some of which have been mentioned already – which not only disempower women but also fuel the spread of HIV/AIDS. Let us look into our cultural resources for things that have always insisted on a better and more just relations contrary to gender disempowerment. More often than not, these traditions are away too few and overwhelmed by the pervasiveness of gendered relations which are guarded in most of our crucial social institutions as well as beliefs. However, we should promote these liberating traditions and make them more influential. Take, for instance, the great value we normally attach to *ulemu* (respect, honour) as essential for the maintenance of good relationships. This is the wisdom found in the proverb: *Ulemu n'kuthirana* (Respect is a give and take game). Children are taught to respect not only their elders but also anyone else, irrespective of gender. The “Violence against women” campaign is actually an enforcement of this precept which has been either ignored or abused in our societies.

At the global plane, we have a strong base of human rights advocacy that has given us the right to insist on the rights of all people, regardless of their being women, young or poor.<sup>15</sup> There is no room for discrimination on the grounds of gender, race, ethnicity, religion, sex, age and so on. A great asset for us in this country is that the issue of gender is being addressed and articulated by the Ministry of Gender, Youth and Community Services. A Gender Studies Unit is operating from Chancellor College in Zomba under the aegis of the University of Malawi. There is some civic education on gender awareness and sensitivity going on in the country, even among the rural masses, although there is still much to be desired in the way it is presently operating.

There is no doubt that the impact of this gender sensitisation is being felt across the board, especially through the “Violence against Women” campaign. The fora and instruments that try to cultivate human rights for all based on cultures, notably the Convention for the Elimination of all Forms of Discrimination Against Women (1979), must be supported at the grassroots. All these are instruments of cultural change. As we strive to cultivate a gender – sensitive culture that respects the rights of all, those socially positioned in influential social or political statuses such as Members of Parliament, District Assemblies, Church leaders, heads of institutions, chiefs, elders and others, if made gender sensitive, they can make a difference. There is need for a concerted effort to fight against the HIV/AIDS pandemic, using all the resources at our disposal. Our old wise saying: *Kumyamula nkhokwe yoola n'kuchuluka manja* (It takes many hands to lift/carry a rotten grain-store) should be a source of inspiration for us in this combat.

## Conclusion

While the bio-medical discourse on HIV/AIDS is generally accepted and widely propagated by the media, I feel that we should not ignore the discourse which reflects the local cultural framework or worldview of the Malawian people. In my opinion, it constitutes a viable background for understanding how people perceive the pandemic. Any changes related to sexual behaviour will be interpreted in relation to the existing concepts which get broadened in the process. A sample of traditional customs that are regarded as risking the spread of HIV infection has been discussed in the contexts where they are practised, driven by social exigencies. In the current HIV/AIDS awareness campaigns, it should be stressed that these cultural practices are no longer life-saving, even within the context of cultural life. Therefore, there is need to press for change in the people’s perception of life-saving mechanisms. Finally, the question on how culture and gender are related in the transmission of the AIDS virus has been answered by showing how HIV/AIDS uses gender inequalities as a strategy for attacking members of the community. The concept of power and powerlessness is central to gender relations. Gender-based inequalities have been shown to overlap with other social, cultural economic and political inequalities which affect both men and women.

The problem is that gender does not distribute power equally between men and women. Gender, as a social construct, disempowers women so that they do not feel as persons in the same way that men do. It has often been pointed out that culture is the central instrument in the social construction of women and men’s

attitudes and behaviour in relationships and maintains it through various institutions and stages of life. As culture is a major framework of meaning and is not static but dynamic, we can transform it to build gender justice within our society. It is imperative that we discard all those obsolete cultural practices which disempower women and enhance the spread of HIV/AIDS and promote those liberating traditions which bring dignity to all sectors of our society.

## Notes

1. There is need to intensify action to bring about significant behaviour change among Malawians. The political leadership often encourage the people to abstain from promiscuous sexual intercourse in many of their AIDS awareness campaigns. See "The HIV/AIDS Epidemic in Malawi: The situation and the response," UNAIDS, January 2001, p.4.
2. The research was conducted in Zomba, Blantyre and Lilongwe between 2001 and 2003 with the assistance of Chancellor College students and other researchers.
3. On *mdulo*, see J. DeGabriele (1999). For a comprehensive discussion, see also J.N.M. van Breugel (2001).
4. On the breach of the *mdulo* complex taboos in relation to HIV/AIDS transmission, see J.C. Chakanza, "HIV/AIDS and Culture in Malawi," *The Lamp*, 43, (2002) July – August, pp.28-29.
5. J.C. Chakanza, "Kunadza Mchape". *The Lamp*, 1, (1995) July – September, pp.18-20.
6. Some of the findings of this research appear in J.C. Chakanza (2004), see p.6.
7. I have discussed this issue in "Culture, Gender and HIV/AIDS: Soulmates?" in *The Lamp*, 43, (2003) September – October, pp.20-21.
8. "Gender, Sexuality and HIV/AIDS: The What, the Why and the How" Plenary Address, XIII International AIDS Conference, Durban, South Africa, 2000.
9. Mpine Qakisa, "The media representation of women and HIV/AIDS: How it affects preventative messages", *Missionalia*, 29, 2 (August 2001) p.306. The author observes that in South Africa, women are especially at high risk because of their biological make-up, and their lack of power to determine where and how sex takes place.
10. There is a growing awareness in Malawi about gender-based violence in matters of property inheritance when the husband dies. See Seodi White et al. (2002), published by the Women and Law in Southern Africa-Malawi

- National Office. The first publication was *In search of Justice: Women and the Administration of Justice in Malawi* (2000).
11. Women have taken to the streets to show the nation that they deserve better treatment as Malawian citizens. Church women started echoing voices of protest at the way they are treated in the Church way back in 1990 through first the Pan African Christian Women Alliance (PACWA), followed by Women in Theology and then the Decade in 1991.
  12. "Aspiring women Members of Parliament" in *Female Candidates Supplement to the Nation*, May 2004, pp. 1-9. Photographs of the aspirants appear with their profiles.
  13. Penelope Paliani-Kamanga's column: Gender Talk, "Don't be used by men to pull down fellow women." *Weekend Malawi News*, May 15 – 21, 2004, p.20.
  14. Isabel A. Phiri (1997), an interpretation by a Malawian woman in a matrilineal society, of how "woman" is constructed by patriarchy in the African church and culture. She argues that the majority of African societies and almost all African churches are structured on the basis of patriarchal patterns (p.12).
  15. The issue of human rights is well-articulated in chapter 5 of the World Council of Churches Study Document (1997).

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