

# **A CULTURAL APPROACH TO HIV/AIDS PREVENTION AND CARE**

UNESCO/UNAIDS RESEARCH PROJECT

## **MALAWI'S EXPERIENCE**

**COUNTRY REPORT**

*Authors:*  
*Emmanuel B.Z. Kondowe*  
*David Mulera*

STUDIES AND REPORTS, SPECIAL SERIES, ISSUE NO. 5

CULTURAL POLICIES FOR DEVELOPMENT UNIT

UNESCO 1999

## **Special Series on HIV/AIDS Prevention and Care: A Cultural Approach**

Since the mid-eighties, the fight against HIV/AIDS has gradually mobilized governments, international agencies and non-governmental organizations. However, it became evident that despite massive action to inform the public about the risks, behavioural changes were not occurring as expected. The infection continued to expand rapidly and serious questions began to emerge as to the efficiency of the efforts undertaken in combating the illness. Experience has demonstrated that the HIV/AIDS epidemic is a complex, multifaceted issue that requires close cooperation and therefore multidimensional strategies.

The establishment of the Joint United Nations Programme on HIV/AIDS (UNAIDS) in 1994 initiated a new approach to the prevention and care of this disease. The first requirement stressed was the need for increased coordination between institutions. An emphasis was also made on the need to work on both prevention and treatment while considering the significant social factors involved. As a result UNAIDS was involved in several studies focusing on developing new methodological strategies with which to tackle the issue.

Following a proposal made by UNESCO's Culture Sector to the UNAIDS Programme, on taking a cultural approach to HIV/AIDS prevention and treatment for sustainable development, a joint project "A Cultural Approach to HIV/AIDS: Prevention and Care" was launched in May 1998. The goals were to stimulate thinking and discussion and reconsider existing tools with a cultural approach.

Taking a cultural approach means considering a population's characteristics - including lifestyles and beliefs - as essential references to the creation of action plans. This is indispensable if behaviour patterns are to be changed on a long-term basis, a vital condition for slowing down or for stopping the expansion of the epidemic.

In the first phase, of the project (1998-1999) nine country assessments were carried out in three regions: Sub-Saharan Africa (Angola, Malawi, South Africa, Uganda, Zimbabwe), Asia and the Pacific (Thailand and bordering countries) and the Caribbean (Cuba, Dominican Republic, Jamaica). The findings of these studies were discussed in three subregional workshops held in Cuba, Zimbabwe and Thailand, between April and June 1999. All country assessments as well as the proceedings of the workshops are published within the present Special Series of Studies and Reports of the Cultural Policies for Development Unit.

The opinions expressed in this document  
are the responsibility of the authors and  
do not necessarily reflect the  
official position of UNESCO

## TABLE OF CONTENTS

<b>Acknowledgements.....</b>	<b>i</b>
<b>Executive Summary.....</b>	<b>iii</b>
<b>I. Introduction.....</b>	<b>1</b>
General Background	
Objectives	
Definition of Culture	
Studies	
Methodology	
<b>II Findings.....</b>	<b>9</b>
Institutions involved in HIV/AIDS	
Cultural issues taken into consideration	
Target population groups	
<b>III Discussion.....</b>	<b>13</b>
Society and culture	
Institutional response	
Research	
Recognition of the importance of culture	
Lack of proper networking	
Duplication of efforts	
Lack of flexibility	
Community Involvement	
Promoting and employing positive aspects of culture	
<b>VI. Conclusion.....</b>	<b>15</b>
 <b>List of Appendices</b>	
Appendix I Questionnaire.....	17
Appendix II Brief Descriptions of Institutions Visited.....	19

## *Acknowledgements*

*We would like to acknowledge with great appreciation the input from Dr. J.B. Kuthemba Mwale and Mr. F.R. Mkandawire for in the development of the questionnaire which was used in this study and making important observations on the draft report. We also wish to thank most sincerely all the people we talked to during the study for being very cooperative and informative. Mrs T. Nthara for typing part of the report and the driver Mr. A. Zikutherani for driving us safely throughout the trips we made.*

## **EXECUTIVE SUMMARY**

### **The Current Study**

Originally the current activity was intended to be both an in-depth case investigation and an institutional assessment of the cultural approaches to HIV/AIDS prevention and care in Malawi. It was observed, however, that a number of in-depth case investigations have been conducted (some are still in progress) in the area of culture and HIV/AIDS. It was also observed that what has not been done is to assess whether institutional action has incorporated the findings of these studies and acted on them in so far as prevention of HIV/AIDS and care of AIDS patients is concerned. The study therefore concentrated on the aspect of institutional assessment with the following objectives:

- i) to identify institutions working on HIV/AIDS prevention and care;
- ii) to look at what activities these institutions are doing;
- iii) to determine whether or not the activities take into account cultural issues related to HIV/AIDS prevention and care.

### **Other studies**

Over the past two years or so several studies have been conducted in Malawi in the area of culture and HIV/AIDS. The studies have tried to establish the relationship between certain cultural practices and the spread and/or prevention of HIV/AIDS in Malawi. They have also looked into care for AIDS patient; AIDS education in the classroom and socio-cultural knowledge, beliefs, attitudes and practices among primary, secondary and teacher education students.

Perhaps the most comprehensive of these studies is the one titled *Creating Community Conversation on HIV/AIDS* which was commissioned by the Strategic Planning Unit of the National AIDS Control Programme (NACP).

The NACP study looked at a number of issues not only cultural ones. It isolated culture as one of the major issues observing that Malawians continue to uphold cultural values, beliefs and practices which entail the risk of HIV infection.

The study observed that in the context of HIV/AIDS, culture probably constitutes the greatest challenge to intervention due to a complex network of beliefs, values and practices which tends to promote behaviours which predispose individuals, families and communities to HIV infection.

The study also observed that cultural views about sex are such that sex is seen as the greatest drive for marriage, it is considered very important and is more for procreation and personal gratification than for love. It is natural and, particularly for men, manhood without sex is incomplete. It also serves many vital rituals such as initiation rites, death rites and various magical rituals.

Other cultural aspects of concern identified by the study were: Initiation ceremonies which are intended to train boys and girls in acceptable behaviour but are also loaded with lessons on theory and practice of sex, the latter before marriage; nursing the sick a task which the study says is left primarily to women because they supportive social roles associated with serving the family; death rites whereby a woman who has been widowed is required to have sex as a cleansing ritual before and after the burial of her husband; property grabbing in which a widow's property is grabbed by the male relatives and she is left to fend for herself sometimes through 'commercial sex'; widow inheritance, a practice in which a widow is inherited by the brother of the deceased exposing either of them to HIV infection; polygamy a practice which allows men to marry more than one wife, no HIV testing is done and traditional medicines and witchcraft which sometimes prevent rational scientific understanding of HIV/AIDS because many communities believe that HIV/AIDS can result from magic and that it can be treated by herbal medicines. In some cases when a woman has problems especially in bearing children, a witch-doctor might have sex or recommend that she should have sex with somebody else as part of the healing process.

## **Data Collection**

A questionnaire was used in the collection of data. The administration of the questionnaire varied depending on whether the consultants were able to talk to the officer dealing with HIV/AIDS issues in an institution or not. Where the relevant officer was found the questionnaire was supplemented by questions from the consultants arising from responses given in the questionnaire.

Most institutions to whom the questionnaire was administered indicated that they are doing activities pertaining to HIV/AIDS. Development of IEC materials, counselling, training and to some extent provision of health support services are the activities undertaken by a good number of the institutions.

Other activities are research, distribution of contraceptives (especially condoms) and HIV/AIDS education.

Those organisations which indicated that they take cultural aspects into consideration mostly mentioned the same traditions, customs and practices. The cultural aspects which came up most frequently were widow inheritance, polygamy, witchcraft, circumcision, fisi (where if a husband is thought to be impotent, another man is 'requested' to come and take his wife to bed, death rites, nankungwi (traditional birth attendant).

Activities of the institutions are such that taken together they target practically all population groups. Apart from the general public, the population groups most specifically targeted by institutional action are in-school and out of school youths and sexually active age groups.

## **Observations and Conclusions**

Definitely one of the most encouraging aspects of the HIV/AIDS issue as observed from this survey is that there are many organisations involved in activities geared towards minimizing the spread of HIV/AIDS in Malawi.

The study has also revealed that a number of research studies have been undertaken and have proposed some strategies for combating the epidemic. However, it has been revealed from the study that most of the research findings are not used by organisations and institutions working in the HIV/AIDS area because of lack of accessibility to those studies when conducted by different organisations. About nine-tenths of the institutions surveyed indicated that they are not aware of any research which is being carried out.

Research studies have also revealed that while some cultural factors concerning HIV/AIDS vary depending on the group, a good number of them are similar.

Most of the institutions surveyed recognise that culture is an important aspect in the fight against HIV/AIDS. This recognition makes them also consider the cultural aspects when they are implementing their HIV/AIDS programmes.

There seems to be a singular lack of networking among institutions working in the area of HIV/AIDS. Most institutions are involved in the same kind of activities related to HIV/AIDS and culture inevitably targeting the same population groups. This could also explain why most of the activities undertaken by institutions to address cultural aspects are not based on research findings in this area as there is no link between research work and activities which institutions are involved in.

Some institutions have implementation requirements/procedures and policies which do not have the flexibility to take into account cultural issues, particularly the positive ones e.g. abstinence which they think would negatively affect their primary objectives. Examples of such institutions include those that are involved in selling contraceptives and condoms.

Most of the institutions involved the Communities in dealing with cultural aspects of HIV/AIDS. In such activities the community leaders have been seen to play a crucial role in influencing their subjects to accept messages on HIV/AIDS.

Some organisations working in the media have faced problems in their campaign against HIV/AIDS in rural areas because of limited access to newspapers and the radio and due to high illiteracy levels. They have utilised aspects of culture such as traditional dances and village cultural festivals to transmit messages on HIV/AIDS.



# **I INTRODUCTION**

## **1. General Background**

The first case of HIV/AIDS in Malawi was confirmed in 1985. Since then the HIV virus that causes AIDS, has spread rapidly throughout the country to such an extent that Malawi is rated among the highest in the incidence of HIV/AIDS in the world. Despite a number of interventions that were put in place to curb the epidemic AIDS remains a big challenge to Malawi's social and economic sectors. The fight against the AIDS epidemic in Malawi is complex because, rather than being localized in specific smaller target groups, the incidence of HIV/AIDS persists throughout the population of adults of reproductive age. This entails designing specific interventions for specific social groups which is not possible without taking into consideration the cultural dimension of the epidemic.

It has been established that the IEC (Information Education and Communication) interventions have managed to reach almost every part of Malawi. Over 90% of Malawi's population know how the HIV virus is spread and how you can avoid catching it. However, it has been observed that this knowledge has not been matched with attitude and behavioural change. Though some improvement has been recorded since 1992/93, the HIV infection rate is still very high. To bring a positive contribution to the fight against AIDS in Malawi any new intervention and support must, therefore, aim at bringing about behavioural change. If this is to be made possible those who plan and those who take decisions on HIV/AIDS intervention programmes must endeavour to understand what cultural obstacles they may encounter, what driving forces there are in the targeted society and how to strike the right chords in its cultural sub-conscious.

The current study was carried out with the aim of establishing whether institutions/organisations involved in the fight against AIDS take into consideration cultural issues in their programme/project planning and implementation. Studies have been conducted in the area of culture and HIV/AIDS. However it is not known whether institutional action has incorporated the findings of these studies. It is therefore hoped that institutions and organisations will take into account the findings and recommendations of this survey in their projects/programmes so that even with limited investment they are able to bring about behavioural change in their target populations.

After the first AIDS case was diagnosed in 1985, the Ministry of Health put in place the first short-term plan in 1987. Its main activity was HIV screening of blood prior to transfusion. The first Medium Term Plan (MTPI) was developed and implemented between 1989 and 1993. Its focus was widened to include information, education and communication (IEC) strategies. The focus of the second Medium Term Plan (MTPII), 1994 - 1998 was on the establishment of a multi-sectoral approach to the epidemic. Currently, the National AIDS Strategic Planning Unit is engaged in a National HIV Mobilization, Consensus Building and Strategy Plan development process for the 1999 – 2004.

The evaluations and reviews of the previous plans have indicated several areas of success, notably the high level of awareness of the epidemic. Since 1992/3, surveillance data indicates that the annual increase in the HIV prevalence rate has slowed down. There is, however, epidemiological evidence that the rate of new infections is still high, especially in women in the younger age groups of 15 to 24 years.

The evaluation studies revealed that the Medium Term Plans (MTPs) in their formulation did not involve the targets i.e. the urban and rural communities. The plans were developed by decision-makers from the public and private sectors, non-governmental organisations, professional bodies and donors at workshops organised by the Ministry of Health.

The national response to HIV/AIDS planned for the period 1999 to 2004 will be multisectoral involving Government ministries and departments, private sector, para-state organisations, media representatives, political parties and AIDS support groups.

The National AIDS Committee comprising the above mentioned institutions and organisations directs policy, advocates for political commitment and makes decisions on critical issues in addition to overseeing and monitoring implementation. There is a central secretariat, the National AIDS Control Programme Secretariat, which operates within the Ministry of Health and Population.

There is also a Cabinet Committee on HIV/AIDS which is chaired by the Vice President of the Republic of Malawi. The Membership of the Committee comprises the Vice President, the Minister of Finance, Minister of Health and Population, Minister of Education, Sports and Culture, Minister of Women, Youth and Community Services, Minister of Information, and the Director General of the National Economic Council. The Task of this committee is to advocate for the translation of relevant policies into legislation and to review existing policies and create new ones for the control and prevention of HIV/AIDS.

Some government Ministries quite involved in addressing HIV/AIDS issues. The Ministry of Education, Sports and Culture is involved in activities that include anti-AIDS school clubs, and formulation of curricula that takes into account AIDS reproductive health and, life skills. The Ministry of Women, Youth and Community Services implements and evaluates revised births and deaths register systems, co-ordinates activities such as orphan care and activities involving out-of-school youths and the adult literacy programme which includes HIV/AIDS education. The Ministry of Local Government sensitises the general public on various aspects of health including HIV/AIDS, water and sanitation. The Ministry of Labour incorporates Family Life Education into the Technical School curriculum and the Ministry of Health and Population implements programme concerning Reproductive Health and HIV/AIDS.

The President of the Republic of Malawi whenever he addresses the Nation he has included issues of reproductive health and the HIV/AIDS pandemic in his speeches. He has also taken part in activities specifically organised to draw attention to the HIV/AIDS situation in the country.

The UNESCO Clubs and Associated Schools Project (ASPNET) is also actively involved. Currently there are about 30 Secondary schools and two primary schools involved in the UNESCO Clubs/ASPNET. HIV/AIDS education is incorporated under the three themes of study i.e. world concerns, human rights and intercultural learning.

Non-governmental organisations (NGOs) play an important role in the fight against AIDS. Most NGOs are involved in out reach programmes, counselling, home-based care, human rights issues, income generating activities, mobilization of voluntary community support, training and education, networking and information dissemination. There are over 140 NGOs, both local and International registered with the Council for Non-Governmental Organisations in Malawi (CONGOMA). About 50 of these deal with Health and HIV/AIDS related issues.

The private sector has been mobilized to participate in the fight against AIDS through a number of interventions initiated by organisations. The focus is to assist private/parastate, companies and estates to develop in-house policies and strategy documents for implementing integrated services in the workplace.

## **2. Objectives of the Study**

The objectives of the study were to:

- i) identify institutions working in the area of HIV/AIDS prevention and care;
- ii) look at what activities these institutions are carrying out;
- iii) determine whether or not the activities consider cultural issues related to HIV/AIDS prevention and care.

## **3. Definition of culture**

Culture is an elusive concept which has been defined in many ways and is capable of being perceived in countless forms depending on the individual, social background, level of education, ideology, etc.

The World Conference on Cultural Policies (Mexico City, 1982) defined culture as the whole complex of destructive, spiritual, materials, intellectual and emotional features that characterize a society or a social group. Thus, it includes not only the arts and letters, but also modes of life, the fundamental rights of the human being, value systems, traditions and beliefs. Culture is dynamic. There are always exchanges and interchanges between cultures that make them evolve. There are certain aspects of culture, which change quickly such as technology and ways of dressing and eating. Changes in cultural values are however much slower to take effect.

For the purpose of this study culture will be defined as a people's way of life i.e. how people think, (their knowledge and know how) and beliefs. People's values, practices and conscience that guide and sustain a society over the long term.

#### **4. Studies**

Over the past four years or so, several comprehensive studies have been conducted in Malawi in the area of culture and HIV/AIDS. The studies have tried to establish the relationship between certain cultural practices and the spread and/or prevention of HIV/AIDS in Malawi including the care for AIDS patients.

Two such studies, "*A Survey of Socio-cultural knowledge, beliefs, attitudes and practices among primary, secondary and teacher education students in Malawi which might affect the dissemination and reception of population education and HIV/AIDS information*" by E. Kishindo (1998) and "*Understanding Socio-cultural Behaviour and Implication for Formulation and Execution of Population Policies and Programmes*" by C. Chilimampunga (1998), have established that there are more similarities than differences amongst Malawi's indigenous ethnic groups particularly amongst the school going youths. Common Malawian cultural and social practices are emerging amongst the youths in school which are observed to be heavily influenced by the foreign religion i.e. Christianity and Islam and less by traditional African religions. Nevertheless the study by Charles Chilimampunga suggests that the socio-cultural differences that still exist amongst different ethnic groups particularly amongst the older generations and out of school youths have great influence on how different ethnic groups may respond to various AIDS interventions.

The Strategic Planning Unit (SPU) of the National AIDS Control (NACP) carried out another study. The SPU study looked at various issues surrounding prevention and care in HIV/AIDS. It revealed that culture was one of the major issues of concern because Malawians continue to uphold cultural values, beliefs and practices which entail the risk of HIV infection. As mentioned earlier, the Unit is currently implementing a number of activities aimed at involving communities in consensus building and Strategy planning to get people to reflect deeply on the situation and identify key issues surrounding HIV/AIDS which should form the basis for developing the 1999 – 2004 Strategic plan.

All three studies isolated the following major socio-cultural factors or made reference to them (not necessarily in order of importance):

##### *A. Initiation*

Traditional initiation is the counselling of boys and girls by elders on acceptable code of behaviour. This marks the end of childhood and the beginning of adolescence or, in some cases, adulthood. The practice is common in most parts of Malawi except in the Northern Region where the patrilineal family system predominates. In some cases the initiates are encouraged to have sex upon graduation as a way of putting into practice the knowledge they have acquired.

### *B. Value of sex*

The studies show that cultural views about sex are such that sex is seen as the greatest drive for marriage. It is a very important social factor and is more for procreation and personal gratification than for love. It is considered natural and unavoidable, particularly for men such that manhood without sex is considered incomplete. It also serves many rituals such as initiation rites, death rites, (a widowed woman is made to have sex as a cleansing ritual before burial of the dead husband and after burial) and various magical rituals.

### *C. Traditional medicines and Witchcraft*

Many communities believe that HIV/AIDS can result from magic. Some communities distinguish AIDS from two traditional diseases, “tsempho” and “kanyera” which have similar symptoms to AIDS. “Tsempho” and “Kanyera” are what the communities believe to be diseases a person suffers because of the following:-

- “Tsempho”
  - violation of sexual restriction
  - having extra-marital sex
  - promiscuity
  - having sex with a woman who had a miscarriage
- “Kanyera”
  - Having sex with a menstruating woman
  - having sex with a woman who gave birth recently
  - having sex with a woman who has had a miscarriage
  - having sexual intercourse with a person with “Kanyera”

There is no clear distinction between certain symptoms of “Tsempho”, “Kanyera” AIDS (i.e. thin hair, weight loss, diarrhoea, ‘marasmic’ appearance) and they share an aspect of transmission, promiscuity. As a result, if members of the community are convinced that someone suffering from an AIDS related illness is actually suffering from “Tsempho” or “Kanyera”, they take them directly to a traditional healer for treatment. This, because they believe the latter to be curable with herbal medicines (Kornfield and Namate, 1997). Meanwhile the sufferer will be exposing others (e.g. spouses) to a high risk of infection.

### *D. Polygamy*

Polygamy is practiced in a number of communities in Malawi. It is a practice which is believed to curb infidelity because the man has more than one wife and so would see no reason to go out with other women. The problem in regard to HIV/AIDS is that neither the man nor the woman is tested for HIV putting both of them at risk and, in case of the man, risking transmission of HIV to the wife/wives he is already married to. Polygamy is mainly practiced in the Northern and Southern regions of Malawi. In Central Malawi the practice is not very common.

#### *E. Widow inheritance*

Under this custom a widow is inherited usually by the brother of the deceased thus exposing either of them to HIV infection should one or the other be infected. This practice is common in Northern Malawi where its traditional term is *kuhara*.

#### *F. Nursing the Sick*

In most Malawian families the role of nursing the sick is left primarily to women as they socialise in support roles associated with production and serving the family. Inevitably, if the person being nursed is an AIDS patient, the woman is more at risk because of nursing the patient than the man who rarely gets involved in practical nursing of the patient.

#### *G. Property grabbing*

Upon the death of a husband, his relatives usually grab property from the widow. Some of the property might happen to be the one through which the family was generating income. The woman is thus left to fend for herself sometimes through 'commercial sex'.

#### *H. Preference of sending boys to school*

Most parents feel that it is better to educate a boy than a girl because the educational returns for a girl go to her husband and his parents. Parents also see roles of their daughters as being independent from education. Such attitudes put girls at a higher risk of HIV/AIDS than their male counterparts due to the fact that they may not grasp issues as well as those who have been through school.

Many other studies conducted in Malawi on culture and HIV/AIDS prevention and care have come up with similar findings. Suffice it therefore to say that information on culture as it relates to HIV/AIDS in Malawi is not lacking.

### **5. Methodology**

First, a questionnaire was developed. This was the principal instrument used in the collection of data.

The administration of the questionnaire varied depending on whether the consultants were able to talk to the officer dealing with HIV/AIDS issues in an institution or not. Where the relevant officer was found the questionnaire was supplemented by questions from the consultants arising from responses given in the questionnaire. On the other hand where the relevant officer was not found the questionnaire was left for his/her action. In such cases, the consultants phoned the relevant person for any clarification or additional information, upon receipt of the questionnaire.

A total of 20 institutions were visited and out of these the relevant officers were found in 17 of them. (see Appendix II for a description of the institutions). The consultants visited all three administrative parts of the country namely Northern Malawi, Central Malawi

and Southern Malawi. The data collection exercise took a period of 10 days. For institutions which the National Commission constantly interacts with, in the area of HIV/AIDS, the consultants merely referred to information available in the files of the National Commission such institutions included the National Aids Control Programmes and UNAIDS among others.

Most of the institutions visited were the headquarters of these organisations. This meant that most if not all, questionnaires were administered in urban or peri-urban areas. This was ignored since the matter under investigation was a policy issue which is the prerogative of the headquarters of all organisations.

Even in cases where it was considered necessary to visit field offices, time and poor roads (particularly in rural areas) were constraints.

## **II. FINDINGS**

### **1. Institutions involved in HIV/AIDS**

Most institutions to which the questionnaire was administered indicated that they are doing activities pertaining to HIV/AIDS. The developments of IEC materials, counselling, training, and to some extent provision of health support services are the activities undertaken by a good number of the institutions (Table 1).

Other activities are research, distribution of contraceptives (especially condoms) and HIV/AIDS education.

### **2. Cultural Issues taken into consideration**

Of all the institutions, only two, namely Council for Non-Governmental Organisations in Malawi (CONGOMA) and Population Services International (PSI) specifically indicated that they have no deliberate policy of taking cultural issues into consideration (Table 2). They, however, gave different reasons for this state of affairs. CONGOMA said that such is the case because they are not implementers but a co-ordinating body which ensures networking among NGOs and also assists in capacity building.

PSI on the other hand said that theirs was a business organisation whose first priority was to make profit. They sell condoms to assist in HIV/AIDS prevention through safer sex. Their belief is that intervention should not depend on culture. They nevertheless pointed out that when they are preparing their advertising they integrate cultural issues.

All in all PSI said that their programmes are not specifically tailored to culture because they believe that there are other people mandated to do that. Those organisations that indicated that they take cultural aspects into consideration mostly mentioned the same traditions, customs and practices. The cultural aspects which came up most frequently were widow inheritance, polygamy, witchcraft, circumcision, *fisi* (where a husband is thought to be impotent, another man is “requested” to come and take his wife to bed), death rites, *nankungwi* ( female instructor ).

### **3. Target Population Groups**

Activities of the institutions are such that taken together, they target practically all population groups especially since most of them also target the general public. Apart from the general public, the population groups most specifically targeted by institutional action are in-school and out-of-school youths and sexually active age groups.



**TABLE 1**

<b>INSTITUTION</b>	<b>HIV/AIDS ACTIVITIES</b>
1. Banja La Mtsogolo	Development of IEC materials; Counselling; Distribution of contraceptives; Provision of health support services; Training
Livingstonia Synod AIDS Control Programme	Development of IEC materials; Counselling; Research; Training.
Council of NGOs in Malawi (CONGOMA).	Development of IEC material; Advocacy; capacity building and networking.
4. Regional Health Office(North)	Counselling; Provision of health support services; Training; Distribution of IEC materials; 1 HIV/AIDS education.
5. Centre for Social Research	Research
6. Regional Youth Office (North)	Counselling; Distribution of contraceptives; Training.
7. Population Services International (PSI)	Distribution (sale) of condoms
8. Salvation Army	Research
9. Chancellor College Demographic Unit	Development of IEC materials; Research.
10. GTZ Education project	Distribution of IEC materials in schools
11. National Family Welfare Council.	Development of IEC materials; Counselling; Distribution of contraceptives; Research; Provision of health support services; Training.
12. Action Aid	Counselling; Training; Provision of Health Support Services.
13. Save the Children (UK)	Health Support services
14. National Youth Council	Counselling, Information dissemination
15. UNICEF	Development of IEC materials
16. Media and AIDS Society of Malawi (MASO)	Information dissemination
17. Development Aid from People to People (DAPP)	Development of IEC materials; Counselling; Distribution of contraceptives; Research; Provision of Health Support Services; Training.
18. United Nations Population Fund	Development of IEC materials; Counselling; Distribution of contraceptives; Research; Provision of Health Support Services; Training.
19. Regional Health Office (south)	Counselling; Distribution of contraceptives (condoms); Provision of health support services; Training.

**TABLE 2**

<b>INSTITUTION</b>	<b>CULTURAL ISSUES TAKEN INTO CONSIDERATION</b>
1. Banja La Mtsogolo	Widow inheritance; Polygamy
2. Livingstonia Synod AIDS Control Programme	Polygamy; inheritance; menopause; shaving hair during funerals.
3. Council of NGOs in Malawi (CONGOMA).	Not applicable
4. Regional Health Office(North)	Wife(widow) inheritance; witchcraft; abstinence; gender inequality;
5. Centre for Social Research	Those with a direct impact on behaviour.
6. Regional Youth Office (North)	Traditional dances (used for dissemination of information); abstinence.
7. Population Services International (PSI)	Not applicable
8. Salvation Army	Circumcision; <i>fisi</i> (hyena); initiation ceremonies; not putting salt in relish, wife swapping among friends.
9. Chancellor College Demographic Unit	Widow inheritance; orphan care; <i>fisi</i> (hyena)
10. GTZ Education project	Distribution of IEC materials in schools
11. National Family Welfare Council.	Wife cleansing ceremonies; death rituals; widow inheritance; polygamy; witchdoctor; disclosure of HIV status
12. Action Aid	<i>Nankungwi's</i> ; wife (widow) inheritance; <i>fisi</i> ; <i>kusatsa fumbi</i> .
13. Save the Children (UK)	Not specifically identified
14. National Youth Council	Abstinence before marriage
15. UNICEF	Nothing clear cut on culture
16. Media and AIDS Society of Malawi (MASO)	Traditional dances and songs
17. Development Aid from People to People (DAPP)	Traditional and customs
18. United Nations Population Fund	Religious beliefs; Gender issues
19. Regional Health Office (south)	Cleansing; initiation rites; death rites; birth rights.

**TABLE 3**

<b>TARGET</b>	<b>ORGANISATION</b>
1. In-school Youth	Banja La Mtsogolo; Livingstonia Synod AIDS Control Programme; Council for NGOs in Malawi; Reional Health Office (N); Center for Social Research; Regional health Office; Salvatiion Army; Population Services International; Demographic Unit ( Chancellor college ); GTZ Education Project; National Family J Welfare Council; Save the Children (UK); National Youth Council:L UNICEF; Media and AIDS Society of Malawi; Regional Health Office (S); Development Aid from People to People (DAPP); UNFPA.
2. Out of School Youths	As above
3. General Public	As above
4. Orphans	Centre for Social Research
4. High risk groups ( barmaids; long distance truck drivers etc.)	Regional Health Office – South, North, and Centre
6. Rural and urban poor	Action Aid
7. Sexually Active age groups	As in 1 above

### **III. DISCUSSION**

#### **1. Society and Culture**

In every society there are cultural factors which interact directly or indirectly and sometimes (if not most times as seen in the studies) clash with interventions which might be put in place. It is evident that most of these cultural practices evolved to safeguard rather than to destroy society. Unfortunately, HIV/AIDS makes it necessary to abandon, adapt or review these cultural practices in the light of its mode of transmission the fact that there is no cure for the disease and the magnitude of infection.

#### **2. Institutional Response**

Definitely one of the most encouraging aspects of the HIV/AIDS issue as observed from this survey is that there are many organisations involved in activities geared towards minimizing the spread and effect of HIV/AIDS in Malawi. All the institutions identified by this study are in one way or another involved in the battle against HIV/AIDS.

#### **3. Research**

The study has also revealed that a number of studies have been undertaken and propose strategies for combating the epidemic. However, it has been revealed in the study that most of the research findings are not used by organisations and institutions working in the area of HIV/AIDS because of lack of accessibility to these studies when conducted by different organisations. About nine-tenths of the institutions surveyed indicated that they are not aware of any research which is being carried out. Lecturers at the Demographic Unit in Chancellor College of the University of Malawi actually said they do not have access to research from other institutions. Yet the Centre for Social Research which carries out quite a lot of research is part and parcel of the University of Malawi.

Research studies have also revealed that while some cultural factors concerning HIV/AIDS vary depending on the tribe or ethnic grouping, a good number of them are similar. Suffice to say that research which does not influence activities is wasted and unfortunately this seems to be the current state of affairs.

#### **4. Recognition of the importance of Culture**

Most of the institutions surveyed recognise that culture is an important aspect in the fight against HIV/AIDS. This recognition makes them also consider the cultural aspects when they are implementing their HIV/AIDS programmes.

#### **5. Lack of proper networking**

There seems to be a singular lack of networking among institutions working in the areas of HIV/AIDS. Most institutions are involved in the same kind of activities related to HIV/AIDS and culture, inevitably targeting the same population groups. This also explains why most of the activities undertaken by the institutions to address the cultural aspects are not based on research findings in this areas as no link is made between the research work and activities. The lack of networking could also be ascribed to the fact that most NGOs working in this area target the same donors. The Officer from the Coordinating body of NGOs in Malawi (CONGOMA) said as much when he noted that one of the NGO problems in Malawi is the withholding of information. For example most

of those who indicated that they had heard of some research said that they learnt about it through seminars, workshops, through reading newspapers or just heard of it on the radio. None of them said they had got it directly from the institution which did the research.

## **6. Duplication of efforts**

As mentioned in 9.5, due to lack of networking most institutions are involved in the same kind of activities related to HIV/AIDS and culture inevitably targeting the same population groups. While this could be advantageous if it is carried out in different parts of the country and because of the similarity of some cultural factors, it is worth noting that duplicating efforts sometimes leads to wastage of resources. The fight against HIV/AIDS can do without inefficient use of available resources. This is particularly so since the epidemic has hit developing countries hardest where poverty is rampant.

## **7. Lack of flexibility**

Some institutions have implementation requirements/procedures and policies which do not allow for flexibility to take into account cultural issues, particularly the positive ones, e.g. abstinence, which they think would negatively affect their prime objective. It was apparent from the discussions with Populations Services International (PSI) that they are suspicious when people go to them and start asking about cultural issues *vis a vis* HIV/AIDS. This is probably because in their view, if the gospel of abstinence is heeded by people, it would greatly reduce their condom sales. They did not think along the lines of cultural practices benefiting from condoms and thereby promoting/increasing their sales. Take the example of the practice where a widow is supposed to sleep with someone so as to cleanse herself of her dead husband's spirit. The risk of HIV/AIDS would definitely be reduced if the man were to put a condom.

## **8. Community Involvement**

One of the strategies used by many institutions in dealing with cultural aspects of HIV/AIDS is the total involvement of the community at a grassroots level. The Salvation Army HIV/AIDS Programme has task forces which include community leaders e.g. chiefs. This enables people to be brought together easily and facilitates acceptance of messages. Another NGO, Action Aid and the National Family Planning Council work with voluntary community based groups in addressing issues of HIV/AIDS and culture.

## **9. Promoting and employing positive aspects of culture**

The National Youth Council of Malawi has the huge task of promoting positive cultural practices like abstinence. They are also planning to find suitable substitutes for drug and alcohol abuse as these two have a lot to do with the spread of HIV/AIDS among the youth. The Council is of the view that fireside stories that have virtually disappeared are one cultural tradition that could be used to instil good character in the youth.

In its campaign against HIV/AIDS in rural areas, the Media and AIDS Society of Malawi (MASO) observed that there were big problems in rural areas due to very limited access to the radio and newspapers. They have consequently been using traditional dances and other forms of cultural expression to pass on their messages by encouraging the incorporation of these messages in dances or songs

#### **IV. CONCLUSION**

It is clear from this survey that a very appreciable number of organisations which are active in the area of HIV/AIDS consider cultural issues as important in the prevention and care of HIV/AIDS.

Tackling issues of HIV/AIDS pertaining to culture can hardly be expected to be plain sailing, a lot of tact is needed to convince the villager who is practicing what society has practiced for over a century.

Organisations which are working in the field of HIV/AIDS need to tackle issues pertaining to culture in a more systematic way than is currently the practice. There is need for a lot of cooperation and networking experiences and maximise the use of scarce resources

## APPENDIX I - Questionnaire

### I. General Information

1. Name of the organisation or institution  
.....
2. Contact person  
Title.....  
Address.....  
.....
3. Mission statement of the organisation  
.....  
.....  
.....

### II. Activities

1. What kind of HIV/AIDS activities are you involved in?
  - a. Development of IEC materials
  - b. Counselling
  - c. Distribution of contraceptives
  - d. Research
  - e. Provision of health support services
  - f. Training
  - g. Other, specify.....  
.....
2. List as many cultural issues as possible which you take into account when performing the above activities:  
.....  
.....  
.....  
.....  
.....
3. Of those cultural issues which ones do you focus on most, why?  
.....  
.....  
.....
4. Have you ever carried out activities where you have had to address cultural issues without planning for them? Yes No  
If yes what are these activities?.....  
.....  
.....

How have you managed to address the cultural aspects in such a situation?.....  
 .....  
 .....

5. How do assess and evaluate the impact of your activities?

.....  
 .....

6. What sectors of the population have been your targets for HIV/AIDS activities and why? .....

.....  
 .....  
 .....

### **III. Information sharing and networking**

1. Are you aware of any research relating to culture and HIV/AIDS?

Yes / No

List such research work.....

.....  
 .....  
 .....

Do you have such information at your disposal?.....

.....

2. How did you come to know about such research?

- a. direct communication from researchers
- b. in the normal course of reading(e.g. magazines, news papers etc.)
- c. through other channels of communication (e.g. Internet, radio)

please specify.....  
 .....

3. To what use have you put such information?.....

.....  
 .....  
 .....

### **III. Funding Sources**

How are you funded?.....

.....  
 .....



## **APPENDIX II - BRIEF DESCRIPTION OF INSTITUTIONS VISITED**

1. **BANJA LA MTSONGOLO**  
Banja La Mtsongolo literally, *Family of the future* is a non-governmental organisation which was established to provide sustainable, quality and affordable family planning and reproductive health services.
2. **CENTRE FOR SOCIAL RESEARCH**  
This institution is part of the University of Malawi which specialises in social research. Its aim is to conduct and promote excellence in academic and applied social science research in partnership with public and private sectors in Malawi.
3. **COUNCIL FOR NON GOVERNMENTAL ORGANISATIONS IN MALAWI**  
*CONGOMA* is an organisation established to promote social and economic development in Malawi by facilitating active collaboration among NGOs and strengthening their capacity in social welfare delivery and other social endeavours in all sectors.
4. **DEVELOPMENT AID FROM PEOPLE TO PEOPLE**  
This is one of the recently established international NGOs in Malawi. Its aim is to bring about solidarity among the people of the World to promote better living conditions for the under privileged and the most needy sectors of the population and the organisation also promotes social and economic development and provides emergency aid to people in situations as they arise.
5. **LIVINGSTONIASYNOD AIDS CONTROL PROGRAMME**  
This is a programme under the Livingstonia Synod of the church of Central African Presbyterian CCAP. This Synod is in the Northern Malawi. The aim of the programme is to create an HIV/AIDS free generation in the next 3 to 4 years.
6. **REGIONAL HEALTH OFFICES ( N ) AND ( S )**  
There are Regional Health Offices in each administrative division of Malawi, north, centre and south. These fall under the coordination of the Ministry of Health and Population consequently all their activities are guided by government policy. A policy whose aim is to reduce the socio-economic impact of HIV/AIDS on Malawian society through education, information and communication as well as the provision of care to infected and affected individuals and their families.
7. **REGIONAL YOUTH OFFICES**  
There is a Regional Youth Office in each of the three administrative divisions of Malawi, north, centre and south. These offices fall under the Ministry of Women, Youth and Community Services, they offer services with a view to developing the potential of the youth of Malawi and promoting their participation in personal and national development.

8. **SALVATION ARMY**  
The Salvation Army is a church organisation involved in the work related to HIV/AIDS. It has done research in traditions and customs that put people at risk of HIV/AIDS.
9. **NATIONAL YOUTH COUNCIL OF MALAWI**  
This is a Statutory Corporation, it started its operations in March, 1998. Its establishment followed the adoption of a National Youth Policy by Government in 1996. Its aims to coordinate youth activities in the country for the benefit of both the youth and the nation of Malawi.
10. **NATIONAL AIDS SECRETARIAT**  
The National Aids Control Programme is the Secretariat responsible for coordination all HIV/AIDS Activities in the country on behalf of the Government of Malawi. Recently, in order to better focus its efforts the Secretariat established a Strategic Planning Unit (SPU) which has been carrying out a multi-faceted research into issues of HIV/AIDS.
11. **NATIONAL FAMILY PLANNING COUNCIL**  
This is a Statutory Corporation responsible for advocacy, coordination and providing technical expertise in the area of family planning. Aspects that it covers include youth reproductive health, safe motherhood, STDs and HIV/AIDS prevention and also family health. It also conducts some research.
12. **SAVE THE CHILDREN (UK)**  
This is an International NGO, aimed at promoting and protecting children's rights through the provision of safe water, good sanitation, food security and access to education among others.
13. **WORLD HEALTH ORGANISATION**  
This is a world body (UN) with a mandate to ensure good health for peoples of the world. In Malawi it works primarily through the Ministry of Health providing assistance in all areas of health as requested by Government.
14. **MEDIA AND AIDS SOCIETY OF MALAWI**  
This is a media NGO working in the area of AIDS. It aims at educating people, through all types of media, so that there is awareness of the dangers of HIV/AIDS and how people can avoid contracting HIV.
15. **SAVE THE CHILDREN FUND (THANDIZANI ANA)**  
This is a local NGO working with children and youths. A number of its programmes in HIV/AIDS centre on promoting abstinence and teaching youths to keep themselves busy.

16. **POPULATION SERVICES INTERNATIONAL (PSI)**  
Population Services International (PSI) is an organisation which is there primarily to sell condoms as a preventive measure against the spread of HIV/AIDS. It works on the promise that people are already engaged in sex before marriage, extra-marital affairs etc. So it is only fair to assist them prove it to themselves.
17. **CHANCELLOR COLLEGE DEMOGRAPHIC UNIT**  
Chancellor College is a constituent college of the University of Malawi. Its Demographic Unit falls under the Department of Geography and Earth Sciences. Its staff carry out research in demographic issues apart from their normal work of lecturing.
18. **UNICEF**  
A UN Organisation working with women and children.
19. **GTZ**  
A German developmental assistance organisation working in many areas of development.

## REFERENCES

**Kishindo E.C., Jere D.R. Makuwira J.J., Michongwe G.M.P.,(1998)** *A Survey of Socio-Cultural Knowledge, Beliefs, and Practices of Primary, Secondary and Teacher Education Students in Malawi which might affect the Dissemination and Reception of Population Education and HIV/AIDS Information*, Malawi Institute of Education, Zomba.

**National AIDS Control Programme, Ministry of Health and Population(1998),** *Managing People with Sexually Transmitted Diseases in Malawi.*

**National AIDS Strategy Planning Unit(1998),** *Creating Community Conversations on HIV/AIDS: Q Report of Community Analyses and Research Findings*

**Support to AIDS and Family Health Project(1997),** *Evaluation of AIDS Education in the Classroom*

**Support to AIDS and Family Health Project(1997),** *Cultural practices Related to HIV/AIDS Risk Behaviour: Community Survey in Phalombe, Malawi.*

**UNESCO/UNFPA Country Study Programme(1998),** *Understanding Socio-Cultural Factors Affecting Demographic Behavior and Implications for the Formulation and Execution of Population Policies and Programmes*