Socialisation of Malawian women and the negotiation of safe sex

by

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Table of contents

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Abstract

In the past three decades, the HIV pandemic has struck sub-Saharan Africa and resulted in devastating consequences. Increasingly studies have shifted from applying a bio-medical approach to HIV to applying a social approach. This study focuses on applying a social approach. One of the major factors that contributes to the high HIV prevalence is women's inferior social status. Women are unable to challenge their partners in situations of sexual intimacy and as such they are often at risk of contracting HIV. In Malawi, patriarchyis the dominant ideology structuring gender roles. These gender roles reinforce social hierarchies where women's capacity to practice agency is significantly decreased.

The domestic responsibilities female scholars carry often leads to their drop-out from school. Their lack of formal education, as a result, decreases their ability to pursue income generating activities. Furthermore their inability to acquire income increases their dependence on their partners. It is in part this dependence that perpetuates women's vulnerability and ultimately increases their risk of contracting HIV.

This study focused on how women are socialised to perform certain gendered roles and how this socialisation ultimately affects their capacity to negotiate safe sex.Various institutions and organisations have driven intervention programmes in communities in Malawi in order to address the issue of HIV/AIDS. This study looks at how socialisation of young women living in a peri-urban community in Malawi has changed and how this change has influenced their capacity to negotiate safe sex.

The study found that although socialisation had changed and had some impact on increasing female scholars efficacy with regard to their education, they still remain constrained by their social status in a patriarchal context. Through the adapting of the curriculum, schools address issues of gender inequality and the changing roles of women. However, these institutions continue to remain male dominated. This poses an obstacle as they reinforce gender roles of subordinate women and in doing so diminish the impact of the new curriculum.

Gender roles continue to make it difficult for women to practice agency in particular with regard to negotiating safe sex. In instances where women have suggested

condom use, they have been subjected to domestic abuse or faced the withdrawal of financial support for a given period.

This study proposes a continuum of agency ranging from submissive to autonomous. It suggests that women are never entirely submissive or autonomous. They either practice agency by manipulating their boundaries or pushing their boundaries.

This study revealed that although there have been significant changes in the process of socialisation, women's ability to practice agency is considerably limited. Where it is exercised, it often results in separating from their spouses. However, in spite of all the difficulties, women do practice agency on various levels. It also revealed that scholars are developing agency with regards to education. However, social structures continue to reinforce patriarchy. This creates contradictory messages which the scholars are not always able to negotiate.

Key words:

Socialisation, negotiation of safe sex, Malawi, Motherhood, Applied Theatre, Gender based violence

Opsomming

In die afgelope drie dekades het die MIV pandemie sub-Sahara Afrika met verwoestende gevolge getref. Studies skuif toenemend van die toepassing van 'n bio-mediese benadering tot MIV na die toepassing van 'n sosiale benadering. Hierdie studie fokus op die toepassing van 'n sosiale benadering. Een van die hoof faktore wat bydra tot die hoë MIV voorkoms is vroue se ondergeskikte sosiale status. Vroue is nie in staat om hulle manlike geselle in situasies van seksuele intimiteit uit te daag nie en gevolglik dra hulle dikwels die risiko van MIV infeksie. In Malawi, is patriargie die dominante ideologie wat geslagsrolle struktureer. Hierdie geslagsrolle versterk sosiale hierargieë, waar vroue se kapasiteit om agentskap te beoefen aansienlik verminder word.

Die gevolglike huishoudelike verantwoordlikhede van meisies lei dikwels tot die uitval van die skoliere. Hul gebrek aan formele onderrig verminder hul vermoë om inkomste genererende aktiwiteite na te volg. Die onvermoë om inkomste te genereer verhoog hul afhanklikheid van hul manlike geselle. Dit is gedeeltelik hierdie afhanklikheid wat vroue se kwesbaarheid perpetueer en uiteindelik die risiko wat hulle dra vir MIV infeksie, verhoog.

Hierdie studie fokus op hoe vroue gesosialiseer word om sekere geslagsrolle uit te voer en hoe hierdie sosialisering uiteindelik hul kapasiteit om veilige geslagsomgang te onderhandel, beïnvloed. Verskeie instellings en organisasies bestuur intervensie-programme in gemeenskappe in Malawi om die saak van MIV/VIGS aan te spreek. Hierdie studie kyk na hoe sosialisering van jong vroue wat in 'n buitestedelike gemeenskap in Malawi woon, verander het, en hoe hierdie verandering hul kapasiteit om veilige geslagsomgang te onderhandel beïnvloed het.

Die studie het bevind dat alhoewel sosialisering verander het, en 'n impak op die verbetering van meisies se onderrig gehad het, hulle steeds ingeperk bly deur hul sosiale status in 'n patriargale konteks. Deur die aanpassing van die leerplan spreek skole genderongelykheid en die veranderende rolle van vroue aan. Hierdie instellings bly egter manlik-gedomineerd. Dit stel 'n struikelblok aangesien dit die

geslagsrol van ondergeskiktheid van vroue versterk en gevolglik die impak van die nuwe leerplan verminder.

Geslagsrolle duur voort om agentskap vir vroue moeilik te maak, in besonder met betrekking tot die onderhandeling vir veilige geslagsomgang. In situasies waar vroue kondoom-gebruik voorgestel het, is hul blootgestel aan huishoudelike mishandeling of het hul die ontrekking van finansiële ondersteuning vir 'n gegewe periode ervaar.

Die studie stel 'n kontinuum van agentskap voor wat strek van ondergeskik tot autonoom. Dit suggereer dat vroue nooit heeltemal ondergeskik is nie. Hulle beoefen agentskap deur grense te manipuleer of uit te daag.

Hierdie studie het bevind dat alhoewel daar beduidende veranderinge in die sosialiseringsproses is, vroue se vermoë om agentskap uit te oefen aansienlik ingeperk word. Waar dit uitgeoefen word lei dit dikwels tot skeiding van hul eggenote. Ten spyte van hierdie struikelblokke beoefen vroue agentskap op verskeie vlakke. Meisies ontwikkel ook agentskap met betrekking tot hulle onderrig. Sosiale strukture hou aan om patriargie te versterk. Dit skep teenstrydige boodskappe wat meisies nie altyd kan oorkom nie.

Sleutelterme:

Sosialisering, Onderhandeling van veilige geslagsomgang, Malawi, Toegepasde teater, Geslagsgebaseerde geweld

Acronyms

HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
GBV	Gender Based Violence
AT	Applied Theatre
STI	Sexually Transmitted Infections
GVH	Group Village Headman
TfD	Theatre for development
VCT	Voluntary Counselling and Testing
FGD	Focus Group Discussion
TBA	Traditional Birth Attendant
UNICEF	The United Nations Children's Fund
USAID	United States Agency for International Development
MHRC	Malawi Human Rights Commission
NGO	Non Government Organisation
WHO	World Health Organisation

1. Introduction

Sub-Saharan Africa has the highest HIV prevalence in the world. Malawi is one of the countries in this region with the highest Human Immunodificiency Virus/Acquired Immuno Deficiency Syndrome (HIV/AIDS) prevalence. HIV has been on the rise in Malawi since 1985. It is primarily spread through heterosexual sexual intercourse. HIV prevalence in the urban areas (17%) is higher than in the rural areas (11%). Although eighty percent of Malawi's population lives in rural areas, there is constant migration between the urban and the rural areas as employment opportunities are more readily available in the urban areas. This migration facilitates the spreading of HIV between the urban and rural areas (USAID, 2010).

Malawi is divided into three regions; the North, the Central and the South. These regions are further divided into twenty eight districts. The Southern region is the hardest hit by the HIV pandemic as it has the largest urban population. Twelve percent of Malawi's population is HIV positive with a majority of these cases in the Southern region. The bulk of infections occur in the age cohorts 15 – 49 with three quarters of these cases being females between the ages 15 – 29. However, above 30 years, men living with HIV outnumber women. The probable reason for the high infection amongst women between 15 – 29 could be the consequence of sexual relationships between older men and younger women (Kates & Leggoe, 2005).

With nearly sixty percent of Malawians living below the poverty line, Malawi ranks as one of the poorest countries in Africa. Issues surrounding poor health in Malawi can be largely attributed to poverty. Lack of income impacts on housing and leads to poor sanitary conditions and poor education. Very often people lack access to and knowledge about nutritious food and proper sanitary habits (such as washing hands after using the toilet) and as a result they are prone to diseases and infections. Even in instances where people are equipped with the knowledge to practice proper sanitation, the infrastructure and circumstances do not enable them to do so. This becomes a vicious cycle because as a result of poor health, people are unable to work and because they are unable to work, they are unable to acquire the income necessary to obtain nutritious food. Conticini (2004),

suggests that there is a clear link between the gross domestic product of a country and health, with the major health concerns in Malawi being high infant mortality (69 deaths per 1,000 live births), and morbidity high maternal mortality (807 deaths per 100,000 live births) and morbidity, high HIV prevalence and high mortality related to HIV/AIDS illness (UNICEF, 2006).

Health issues are often related to food security. Though Malawi is an agricultural economy, the government faces the challenge of providing food security, due to poor infrastructure in the agricultural sector. As such HIV has become more challenging to address because poor nutrition further compromises a weakened immune system (Concitini, 2004).

Though much emphasis is placed on the biomedical aspect of HIV in Malawi, social factors contribute greatly to this high incidence. Poverty has had a major impact in this regard. Poverty limits educational opportunities, particularly for girls. Parents often do not have sufficient funds to educate all their children. In most cases they opt to send boys to school because they regard it to be a better investment financially. Once a man is employed he can support for his parents financially who have claim to his income. Girls on the other hand are married off for a bride price. Opportunities for girls to complete secondary school are limited, let alone their prospect of tertiary education. Even in cases where funds are made available, girls often drop out of school to take on domestic responsibilities. This results in women's levels of literacy being significantly lower than men's. Hence in circumstances of economic hardship, women either turn to marriage or transactional sex in order to make ends meet. In order to attain some financial security, 11% of women living in Malawi are married by the age 15 (Kates & Leggoe, 2005).

In Malawi, women have very little decision-making power with regards to sexual intercourse. However, women continue to remain in social situations that limit their opportunities and as a result increase their vulnerability to HIV because of financial reliance on men (Kates & Leggoe, 2005). Social constraints such as early marriage, significantly decrease women's opportunities and increases the likelihood of their contracting HIV (Munthali & Zulu, 2007; Pieterzyk, 2005). When they reach adolescence, they are taught that they have no right to refuse their husbands' sex. It is extremely difficult for married women to negotiate the use of

condoms with their husbands because it raises questions of fidelity and possible accusations around fidelity for both parties. Moreover, it is quite likely in such instances that the husband may be offended and resort to domestic violence or even marital rape to enforce his marital right and sexual power. Women experience difficulty in exerting sexual agency and negotiating safe sex when they suspect their partners of infidelity. This ultimately increases their risk of infection and can contribute to poor reproductive health.

Malawi is a signatory to the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) but as is the case with many countries, legal and policing mechanisms are limited in their capacity to protect women and to uphold the rights of women. Behavioural patterns that contribute to gender inequality are often condoned and enforced.

1.1. Research question and sub questions

Within a context of approximately a quarter of a century within which the prevalence of HIV/AIDS has risen and wrought havoc in communities, this study focuses on how the epidemic and interventions to address it have influenced and shaped the socialisation of Malawian women, and in particular their ability to negotiate safe sex. This question will be broached from the perspective of young women themselves, by considering their experiences.

Given the pervasiveness of HIV/AIDS in Malawi the research question asked is:

> Has the socialisation of women living in Malawi, in the context of an
> HIV/AIDS pandemic, changed?

In attempting to answer this question, three key sub questions emerge:

> 1.) Taking into account interventions that have been made by government and organisations in an attempt to address the spread of the HIV/AIDS pandemic:
>
> > Does the socialisation of female scholars equip them with the capacity to negotiate safe sex?

2.) Considering the influence of institutions such as schools and religion in the adaptation of tradition and cultural practices:

Are there contradictory messages with regards to gender roles from different agents of socialisation?

3.) Given the social changes that have occurred:

To what extent do young women feel that they have agency with regard to decision making on their sexual and reproductive health?

1.2. Chapter outline

Chapter 2, *Gender, socialisation, identity and agency*, reviews literature on socialisation, gender roles, identity, motherhood and agency. It introduces debates around fixed gender identities and women's capacity to practices agency. It proposes methods in which to identify agency particularly through gender roles[1].

Chapter 3, *Methodology*, examines research design and discusses the methodological approach taken in conducting the study. It reflects on the challenges faced and on insider/outsider relationships with the community. It also discusses the measures taken to ensure that the participants participated willingly and were not subjected to any physical or emotional harm.

Chapter 4, *Gender roles, gender relations and the negotiation of safe sex* presents results and considers the participants responses. It highlights major themes and ideas drawn out by the participants and the researcher. It also presents some narratives of the women living in the community.

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[1] Selected key terms are defined in a glossary, please see Appendix 8.1.

Chapter 5, *Gender roles and the potential for agency* reflects on the findings and proposes a continuum of women's agency. It looks at performativity and how women practice agency. It also looks at motherhood in Misozi a aMai and opportunities for agency in this gender role.

Chapter 6, *Conclusion and implications* draws together the study and attempts to answer the main question. It provides recommendations for institutions and organisations, as well as suggests further research opportunities.

2. Gender socialisation, identity and agency

2.1. Introduction

Pieterzyk (2005) argues that social hierarchy and economic dependence play a major role in women's sexual and reproductive health. Malawi remains a patriarchal society where boys and girls are socialised into specific roles that reinforce gendered social hierarchies. From very young ages, girls drop out of school. Taking up domestic responsibilities once they reach menarche as this is the expectation particularly after they undergo initiation. Once initiated, girls struggle to create a balance between their domestic responsibilities and their school work. Very little value is placed on the education of girls. Their lack of education limits their job-opportunities and as such they are left with basic forms of acquiring income that may not be reliable, such as farming and selling the produce. Given the lack of opportunities to generate income, some women engage in transactional sex to secure income. This may increase their risk of contracting HIV. However, more often than not women resort to early marriage as a means of attaining financial security. In Malawi, gender roles place men in the role of the provider and women in the role of the caregiver. Considering the responsibilities that come with women's gender roles, they often have very little time to pursue income generating activities. As such they continue to rely on men for income and are unable to remove themselves from situations that are detrimental to their sexual and reproductive health (Munthali et al., 2004; UNICEF, 2006).

Nhlema et al. (2006) argue that in this patriarchal context women lack access to facilities in order to seek treatment as they must first seek permission from their husbands. Having to seek permission for medical attention undermines women's agency and results in several consequences such as lack of access to information. However information is available through other mediums such as media. Women's access to facilities where they can get tested are restricted because they must first seek permission from their husbands'. They are also unable to seek counselling. Additionally where health care facilities are far, further barriers are created as women must also ask for money for transportation. Given the circumstances described above women are not in charge of their own sexual and

reproductive health and this increases their vulnerability to HIV infection. The lack of access to information and treatment not only increases their vulnerability to HIV, it also increases infant and maternal mortality and morbidity. In their research Nhlema et al. (2006) found that women are unable to attend antenatal and postnatal clinics because of lack of transportation. This results in those in labour either reaching the hospital late or turning to Traditional Birth Attendants (TBAs).

TBAs are female members of the community with limited resources and training with regards to reproductive health. As a result the notion of TBAs is highly contested. TBAs provide a more accessible form of reproductive health care for women, taking into account lack of access to health care facilities particularly in the rural areas. TBA's are also capable of providing information on good health practices and sex and sexuality. Given the appropriate training TBAs are not only relevant but essential to rural communities (Kumar, 2007).

Pieterzyk (2005) suggests that trends in HIV infection should be understood in terms of social circumstances that hinder or enable an individual's access to information and treatment. Women's access to health facilities is limited when social factors decrease their economic opportunities. Socialisation plays a major role in shaping opportunities for women. Family, education and the media all potentially play an important role in motivating girls to remain in school. Women can be empowered through education and the opportunities it opens up.

2.2. Socialisation

Gould (2011) suggests that socialisation is a life long process that involves formal, non-formal and informal learning. Elkin (as quoted by White, 1977:2) defines socialisation as "…the process of learning to live in society." Socialisation is the process through which a child becomes a member of a given society. Through the process of socialisation, values and norms are internalised. This ensures that behavioural patterns are adhered to. Through this process, children learn the social roles and skills necessary for group membership. Socialisation occurs through interaction within society. Significant agencies of socialisation in society are family and kin, school and the media (Landis, 1992; Peil, 1977). Socialisation defines behavioural patterns that enable those in power to control individuals within a

community and society to a large extent. The process of socialisation occurs through observed behaviour and instruction.

Primary socialisation occurs during childhood. The family and kin play a key role in primary socialisation. It can be a normative reference group. A normative reference group influences an individual's values and beliefs. Socialisation is a continuous process, with secondary socialisation occurring from adolescence onwards. Within the context of education teachers and the school are also influential in shaping the beliefs of children (Landis, 1992; Peil, 1977).

There are two processes that occur during socialisation, the internalisation process and the institutionalisation process. Internalisation is when an individual learns the ways of society and they become an intrinsic aspect of their behaviour. Feeling guilt when transgressing an established norm is the consequence of internalisation that has occurred. Institutionalisation is the process through which certain behaviours become accepted as the norm and are accepted by a group's members. These behaviours become internalised by a group's members, however there is never complete compliance (Johnson, 1960).

People who individuals measures themselves against constitute a comparative reference group. Peers can be comparative reference groups (Peil & Oyeneye, 1998). Anticipatory socialisation occurs before an individual becomes a member of a group. They adopt characteristics of the group they aspire to join. This group they wish to join then becomes the normative and comparative reference groups the individual uses.

The success of socialisation can be determined by exploring the way in which an individual performs certain roles. In the context of this study, it can be looked at in terms of how an individual conforms to expected gender roles. It can also be looked at in terms of the internalisation of beliefs and values that pertain to those roles (White, 1977).

2.3. Gender role socialisation

In literature by Connell (2009) and Butler (2002), a conceptual distinction is drawn between sex and gender. When social scientists refer to sex they refer to the physiology of an individual. In other words, this reference indicates whether the individual is a male or a female. In contrast gender is never fixed according to social scientists. It is continuously performed and therefore does not always conform to social expectations of gender binaries. Connell (2009) argues that gender formation is socio-biological and therefore shaped by both society and the body's needs. The activities performed are not determined by gender difference. The physiological capacity to reproduce is used within societies as a means of creating gender differences that are considered natural. These differences are based on gender binaries, for example, women are regarded as gentle, men as aggressive. The notion of opposite sexes supports the everyday conception that there are definitive roles, characteristics and responsibilities allocated to men and women. Though Butler (2002) and Connell (2009) address gender from different perspectives, both suggest that gender roles are not definitive and that both men and women are capable of and do perform activities that are strictly allocated to the opposite sex (Bakare-Yusuf, 2003; Walker, 1995).

Gender roles are defined by society as the socially conditioned functions we are expected to perform as a result of our sex. These socially conditioned functions are established by those in power. From the moment a child is born, society allocates them with gender roles. Children become cognisant of gender stereotypes by the age of two or three (Coleman,1992; Morris & Steinburg, 2001; Kretchmar, 2011).

There are two theories that can be applied in order to understand how gender role socialisation works. Cognitive development theory suggests that children adhere to gender stereotypes from the age of eight after which they develop more abstract definitions of gender. This theory further suggests that once a constant gender role has been established, an attempt is made to display gender appropriate behaviour. Social learning theory, is the theory that will be applied to this study as it ties in with the notion of socialisation. Social learning theory stipulates that a child learns gender through a process of action and

response. The child's actions either illicit a positive or negative response. For example, if a girl is seen playing with a doll she is rewarded because she is performing her gender appropriately. Social learning theory also suggests that children learn appropriate sex roles from their parents. For example, a girl will look to her mother to learn what her sex role is while a boy would look to his father (Kretchmar, 2011).

There are several factors that contribute to gender role learning, such as learning through observation, learning through imitation and learning through reward and punishment. Parents and kin play a major role in defining what duties should be performed by children of different sexes. Often, children imitate adults of the same sex and it is through this imitation that they learn gender roles. During primary socialisation, children imitate their mothers or fathers in order to learn what society considers the appropriate sex role. More often than not, during socialisation, "…boys learn to lead and girls learn to be led." (White, 1977) Parents, kin, teachers and peers reaffirm these gender roles as appropriate, based on one's sex. Imitating the other sex usually results in punishment particularly where boys are concerned (Coleman, 1992, Landis, 1992; Newman, 2010).

Studies have shown that during middle adolescence children's peer support and parent support plays a major role in the development of an individual's self esteem. Peers have a significant influence on academic achievement, and reinforcing positive or negative behaviours. Adolescent's perception and behaviour patterns are influenced and shaped by individuals they admire (Morris & Steinburg, 2001).

To an extent, these meta narratives have been shaped by western influences. Connell (2009) concurs with Butler (2002), that the notion of opposite sexes is a western cultural notion that imposes heterosexuality onto the world. Gender binaries can be seen in the African context through institutions such as the church, international aid organisations, government and media.

2.4. Gender role socialisation in Malawi

Through the process of socialisation, Malawians mould children from very young ages to perform gender roles in a patriarchal context. Family, schools and the media shape the conceptions of gender roles that prevail in the society. Schools and the media have begun to feature prominently with regard to issues surrounding gender and HIV. Sexual reproductive health, gender and HIV/AIDS have been introduced into school curricula in the rural, peri-urban and urban areas of Malawi. Non Governmental Organisation (NGO) as well as government intervention projects have been set up to promote messages of prevention and awareness. Women are the primary targets of these programmes as they are at higher risk of contracting HIV as a result of their physiology and socio-economic circumstances (Pieterzyk, 2005; Tiessen, 2004). Within this context a key question emerges on whether messages promoted by the different agents of socialisation are consistent. To what extent do traditional patriarchal messages in kinship circles and messages from government, church leaders and schools overlap or differ? To what extent is tradition challenged as well as to what extent does tradition continue to prevail?

2.4.1. Socialisation through family and kin

Primary socialisation is carried out by parents and kin. It shapes children's perceptions of gender and agency. Through kin relationships and family, children learn hierarchy. Children learn appropriate behaviors from their parents and elders. From a very young age children are encouraged to perform gender appropriate roles and a gender identity is established (Landis, 1992; Newman, 2010; Peil, 1977). This early socialisation positions the child within the social hierarchy that society presents and also helps him/her to identify his/her opportunities (Sullivan & Thompson, 1984).

Stormorken et al. (2007) explain that in several countries, young girls are traditionally considered women and lead the lives of women; whist, legally and developmentally, still children. The Chewa in Malawi believe that when a girl is born, the mother should adorn her

waist with colourful beads in order to ensure fertility (Brown, 2004). This practice attests to the gendering of sexes and to the future roles they will play. Thus, even before the girl is able to differentiate between sexes, her parents clothe her with the social identity of motherhood. MacFadden (1990) suggests that physical appearance assists in consolidating gender.

Children's toys are also gendered in nature and are used to reinforce gender binaries. Girls' toys are often geared towards nurturing and care giving e.g. dolls and cooking sets. Boys' toys on the other hand are geared towards assertiveness e.g. action figures, trucks, balls. Often, clothes and colours are also used to help identify the sex of children. At a later stage in life, schools continue the pattern of reinforcing gender roles through the use of text books that illustrate gender binaries (Coleman, 1992; Landis, 1992; Newman, 2010).

From my personal experience as a child as well as observations during the field work, in Malawi commercial toys are not always readily available, children tend to rely on games and their imagination as a way of entertaining themselves. These games are also gendered. Boys play physical games such as soccer and wrestling whereas girls play domestic games such as cooking and playing house. Girls begin to learn motherwork through the games they play. Girls wear dresses that are never above their knees. They very rarely if ever wear trousers.

Malawian girls and boys are taught how to behave by their grandparents, aunts or elders as dictated by traditional beliefs. This ties in with notions of gender activism that suggest that the community raises children collectively (Magwaza, 2003). Gender roles are learned through instructions given and actions practiced. Boys are instructed on how to provide for their families and are taught skills such as construction. Girls, on the other hand, are instructed and advised on their duties in the domestic arena. Furthermore, girls are instructed on how to behave towards their husbands and how to dress. Their clothing must cover parts of the body from the knees up. These instructions promote gender polarities of active males and passive females. Girls are monitored and are expected to have only one boyfriend before marriage. Boys are encouraged to date as many girls as they want before selecting a wife (Anonymous, 2003; Brown, 2004; Chakanza, 2004; Coleman, 1992; MHRC, 2003; Munthali et al., 2004).

Siblings have an increased impact on socialisation during adolescence. Older siblings can provide positive role models which encourages their younger siblings to perform well academically and remain in school. This, if circumstances permit, has a great impact on siblings opportunities as adults. However, older siblings can also provide negative role models and contribute to perpetuating gender roles that encourage early marriage and dropping out of school (Morris & Steinburg, 2001).

In addition to facilitating the development of gender roles, socialisation also engages women and girls in gendered practices that may reify gender inequalities in Malawian society. For example, from a very young age, girls are instructed to engage in a practice known as *kukuna/kukoka* in which they tug on their labia minora in order to elongate them. Further instruction on womanhood, or wifehood and motherhood are given to the girls during the time this procedure is being taught. Elongating the labia, represents the role that women play in enhancing the sexual pleasure of men. In addition to enhancing male sexual pleasure, this practice is also said to guide a baby's head during birthing. Engaging in such practices leads to girls' identifying with the role of wife and mother from a young age and arguably also positions girls as sexual objects and birthing tools (Munthali & Zulu, 2007).

The World Health Organisation (WHO) identifies Female Genital Mutilation as including practices that deliberately alter the female genitalia for non-medical reasons (WHO, 2010). This term is heavily contested by feminist scholars globally. The debate around female genital mutilation is however beyond the scope of this study. Van de Poel-Knottnerus (2005) suggests that although elongating the labia is not necessarily a form of "Female Genital Mutilation", it is still symbolic of women's subordination.

Cultural practices such as the one described above are taught by older siblings and other family members. Jimmy-Gama (2009) suggests that boys in Malawi are socialised into dominant roles, whereas girls are socialised to be subservient and to cater to their husbands needs sexually, physically and emotionally. It is this process that hinders a girls' capacity to negotiate safe sex as girls are taught to not challenge their male counterparts who hold the view that they are the primary decision makers (Coleman ,1992; Jimmy-Gama 2009; Landis 1992; Munthali et al. 2004). There are other practices however, that can only be taught once

a girl has reached menarche. The teaching of these practices and traditional beliefs is reserved for initiation.

2.4.2. Initiation

Initiation is a form of informal education. Though it has waned in the urban areas, it is still widely practiced in the rural areas. The socialisation processes that adolescents in Malawi undergo during their development is greatly influenced by '...opinion leaders...', such as the chief, *anankungwi,* the trainer during the initiation ceremomy, and in Christian locales, priests, church leaders and nuns. It is considered taboo for children to discuss sexual matters with their parents and as such when they become adolescents they seek advice from grandparents, aunts and initiators (Munthali et al., 2004).

Initiation is key to the socialisation of adolescents amongst Malawians, particularly the socialisation of girls. The girls' initiation ceremony, *chinamwali* takes place during a girl's first menstrual cycle, which could occur as early as ten. Chinamwali is the initiation school through which girls get initiated into womanhood. Although the name of the practice is Chewa[2], most Malawians identify with the term chinamwali. Variations of chinamwali are practiced throughout the different ethnic groups in Malawi, however, several similarities can be found in the teachings and rituals performed. Teachings on gender and the socialisation experienced during these various initiation ceremonies are similar. The lessons taught during chinamwali teach girls how to behave like a good woman. In the Chewa culture initiation is a form of teaching whereby the girls are awarded the opportunity to practice what they are taught. Lessons are often taught through performance and songs (Zubeita 2006, Jimmy-Gama 2009, Brown 2004).

Menarche can occur at any time, as such girls are often taken out of school in order to attend the initiation ceremony. Zubeita (2006) identifies two forms of chinamwali. The first, *chinamwali chaching'ono* (the little initiation),occurrs during a girls first menstrual cycle. The second, *chinamwali chachikulu* (the big initiation)*,* takes place during a woman's first

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[2] On several occasions the Chewa are referred to for examples as the majority of the participants are Chewa and the larger Malawian community is predominantly Chewa.

pregnancy. In the case of chinamwali chaching'ono, the girl's training focuses on how to sexually satisfy their spouses and to be good women, whereas chinamwali chachikulu focuses on teaching a woman how to take care of a child. These are both forms of socialising girls into their socially prescribed gender roles of wife and mother.

Girls' socialisation occurrs far more abruptly than boys. These initiation schools take place at a secluded location referred to as the initiation camp (Brown, 2004; Jimmy-Gamma, 2009). It is during the graduation ceremony of chinamwali that *fisi*[3] has traditionally been performed. *Fisi* is a Chewa practice that has been performed in other ethnic groups in Malawi as well. *Fisi* is a ritual where a man chosen by the chief is sent to engage in unprotected sexual intercourse with all the initiates. However, *fisi* is a practice that is gradually dying because of government interventions in an attempt to eliminate cultural practices that perpetuate HIV (Brown, 2004; Jimmy-Gama, 2009; Luwanda 2004).

Although traditional initiation ceremonies are not as prominent, there are still a few communities in Malawi that continue to practice rituals that have a negative impact on adolescent sexual and reproductive health.

Kusasa fumbi[4] is a ritual that not only encourages promiscuity but contributes to the spread of HIV. After initiation, boys are encouraged to find a recently initiated girl in order to "dust off the sand". The boys are not encouraged to use protection, but they are encouraged to sleep with as many girls as they can. The ritual is practiced in most cultural groups in Malawi, and although there is variation, the basis is still the same according to Jimmy-Gamma, (2009:157):

> "When young people come out from the initiation rites, they are like mad dogs hunting for women whom they can have sex with….They are not even told to wear condoms. These are young people who have unprotected sex."

Though the description by Jimmy-Gamma (2009) can be contested in that it represents the African male as hyper-sexualised, it is important to note that cultural practices such as the

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[3] Fisi directly translated is hyena.
[4] Dusting off the sand.

one described above potentially continues to perpetuate HIV infection. This ritual is performed as a cleansing ceremony for both the boys and the girls.

The girls then return to society and are expected to perform the roles they are instructed on during initiation. Jimmy-Gamma (2009:28) indicates that,

"After menstruation commences a girl becomes an adult".

Girls often drop out of school after initiation because of embarassment or their inability to see the value of formal eduation. When girls reach a certain age it becomes obvious to the other students that they are taken out of school to attend initiation. As such when girls return they are embarrassed by what others think happened to them during initiation. For example, others may think that they had sexual intercourse. Jimmy-Gamma (2009) suggests that after initiation, girls fail to see the value in education, as being initiated suggests that they are ready to be married and start having children. In some cases they discontinue their schooling in search of a husband. As a result girls often find themselves lacking in opportunity and become reliant on their spouses (Brown, 2004; UNICEF, 2006,).

Girls might not perform well in school after initiation due to social constraints that require them to perform household chores. Once a girl is initiated, her responsibilities in the home increase. As such she has less time to focus on school work. Domestic responsibilities also often affects school attendance. All these factors including girls' initiation into the gendered roles of wife and mother contribute to school drop out (Tiessen, 2004).

There are however, benefits to initiation ceremonies as they are the primary institutions that educate on sex and sexuality. It is taboo for parents to address sex and sexuality with their adolescent children. Furthermore, formal education (schools) often neglect to teach girls and boys about their bodies and how to take care of themselves in terms of hygiene. These ceremonies promote messages beneficial to women's sexual and reproductive health. One of the messages taught during girls' initiation is to refrain from sex with uncircumcised men. Though this instruction is not given for biomedical reasons, it is highly beneficial to the girls considering recent findings on circumcision as a means of reducing vulnerability to HIV infection. Vincent (2008) discusses how circumcision can decrease the prevalence of HIV.

Given that the foreskin contains the majority of the cells that are receptive to Sexually Transmitted Infections (STIs), its removal could result in decreased STIs including HIV. The initiation ceremony also teaches girls about their bodies and how to take care of themselves during menstruation (Jimmy-Gamma, 2009).

Traditional initiation is often regarded as a cultural practice that not only perpetuates gender stereotypes but contributes to social conditions which decrease women's agency. Literature by Brown (2004), Jimmy-Gamma (2009) and policy by the Malawi Human Rights Commission suggests that it increases the occurrence of HIV infections amongst women. In an attempt to counter the effects of harmful cultural practices, church initiation has taken over from traditional initiation. Although some people still prefer their children to be initiated traditionally, a larger majority prefers to have them initiated in the church. Men often will not marry a woman who has not undergone initiation because she is still considered a child. As such women choose to undergo initiation in order to increase their chances of marriage, as other financial opportunities are often limited. Although the church plays an important role in decreasing harmful cultural practices and promotes messages of morality, it does not address sexuality and condom use. Traditional initiation serves as a platform on which girls can learn about sex and sexuality, however, ceremonies need to be adapted in order to decrease the risk of contracting HIV.

Family and kin play a significant role in the socialisation of young girls. As agencies of socialisation, they are the first and most dominant form of socialisation girls' experience. The school and the schooling environment as a means of socialisation, serves to reaffirm social norms that girls learn from family and kin.

2.4.3. Socialisation through schools

According to Althusser (1971), the institution of education works as an Ideological State Apparatus (ISA) which serves to socialise learners into adhering to the status quo or to assimilate learners into the metropolitan country. The school system also teaches children to recognise hierarchy. It is during this period that children learn the benefits of social status.

Schools often discourage the development of independent thought and children are encouraged to interpret what the teacher says as gospel truth (Peil, 1977).

Socialisation in schools can alter an individual's perception of gender. It either affirms or deviates from what children have learnt from their parents in the initial stages of socialisation, and can encourage a learner to reflect on gender stereotypes. In Pedagogy of the Opressed, Freire (1971) proposes such an emancipatory alternative. He suggests that oppression is at the basis of most people's lives and that in developing countries oppression is largely perpetuated by language through which all epistemologies and cultures are based. The role of education is to liberate the oppressed by providing them with tools to overcome their oppression, tools such as *concientisation*. Freire's intention is to increase agency for the disempowered so that people could counter ideological state apparatuses. Adapting the school curriculum can be seen as a means of increasing agency.

In 1994 Malawi adopted a policy of free education for both primary and secondary school, in an effort to increase the level of school attendance, particularly among people living in the rural areas. This policy was amended subsequently to only provide free education for primary school learners. Life skills and HIV/AIDS education have been incorporated into the curriculum.

Attempts have been made to incorporate gender, HIV/AIDS and human rights education into each subject. School curricula have been adapted to become gender sensitive, by attempts to deconstruct misconceptions around gender. For example, the illustration in text books of men as occupying powerful positions and the image of women performing gendered domestic roles have been replaced with women in powerful positions.

The concern is that even though education in Malawi has begun to integrate gender equality in the curriculum, learners are not equipped with the tools of critical thinking. Although the curriculum has been altered to promote gender equality, literature by Maluwa (2003), Mbilizi (2008) and Stromquist (2007) suggests that the learning environment and teachers do not neccessarily comply with what the curriculum dictates because of culturally prescribed ways of thinking. Gender stereotyping is still prominent in schools and occurs on multiple levels

particularly through the influence of textbook messages which have not yet been altered, peer interactions, the environment and more specifically teachers (Maluwa, 2003).

There are still very low attendance rates in secondary schools and a very high drop-out rate particularly among girls. Research reveals that this can be attributed to issues such as poverty, early pregnancies, early marriages, the distance to schools, lack of incentive to go to school and parents disregard for the value of education. In some communities, girls are also taken out of schools and married off, for a bride price in an effort to alleviate poverty (Luwanda, 2004; MHRC, 2003).

In her research, Mbilizi (2008) suggests that girls lack incentives to attend school because they feel inferior to boys. Her research explores the attitudes and responses of girls in both co-education and single education schools. She highlights the invisibility of girls in co-education schools and attributes this to teachers' inability to actively involve girls. Stromquist (2007) suggests that teachers influence a learner's socialisation immensely. Teachers' attitudes towards learners under their tutelage can reinforce gender stereotypes. For instance, teachers who expect less from girls generally enhance gender inequality between boys and girls.

The school environment is not always female friendly and as such enrollment, particularly girls' enrollment, is very low. For example, there is sometimes an absence of separate sanitation facilities for boys and girls. Due to such factors girls often do not enroll for school or they drop out of school (United Nations Children's Fund (UNICEF), 2006). Because of the limited female graduates from secondary school, there are also fewer female teachers in the Malawian school system resulting in girls' deprivation of much needed female role models (MHRC, 2003).

Sexual violence within the school context is also another factor that potentially contributes to girls withdrawing from school. Instructions to Malawian boys and actions practiced during childhood encourage aggression and results in violence. Girls may be passive to avoid being targeted. Girls that deviate from the expected behaviours may be victims of such violence. Girls who deviate from their gender roles are often subjected to punishment from both boys

and teachers in the form of violence or castigation. Students do not report sexual violence as sexual issues are a taboo topic in society. Some teachers even view the harassment of girls by boys as a natural part of adolescent behaviour (Stromquist, 2007). As is the case in many countries around the world, sexual harassment of girls is just one of the forms of gender based violence that women and girls experience within the Malawian community.

Teen mothers also often experience discrimination when they attempt to re-enroll or continue with their education. A report drawn up by United States Agency for International Development (USAID) Malawi (Mayzel et al., 2009) discusses teen pregnancies and how they affect education opportunities for young mothers. Teen mothers are stigmatized and are expected to drop out of school to care for their children. Those who choose to return to school face discrimination from their peers. An NGO, Save the Children, has established teen mother clubs (TMCs). These clubs are set up as a support system for teen mothers and aim to prevent stigmatization. They encourage girls to return to school and increase agency including negotiation of safe sex.

2.4.4. Socialisation through media and other agencies

There are various other socialisation agencies that play a role in girls development and more so women's resocialisation. Media and intervention programmes through applied theatre are just two approaches government and non-government organisations are using in order to address the social issues pertaining to HIV.

2.4.4.1. Media

Media plays an important role in reaffirming social identities and clarifying what society perceives to be the appropriate gender roles (Connell, 2002). In Malawi however, media is also used as a means through which government addresses pertinent issues.

The media reach is more visible in the urban areas than in the rural areas of Malawi. Media messages on HIV/AIDS are transmitted through various avenues such as television, newspapers, billboards and radio. The primary form of media intervention however, is radio

because it has the furthest reach. In the most remote areas, people still have access to radios through neighbours, friends, bars and on the rare occasion grocery stores (Panos, 2008).

There are several radio stations that address issues pertaining to HIV/AIDS. They promote messages of prevention, condom use, voluntary counselling and testing and behavior change. The radio stations address issues of prevention of mother to child transmission. They target people living with HIV/AIDS and promote healthy lifestyles. These radio stations also target the youth and various other populations. Catholic radio stations however, do not promote messages of condom use, they address issues of stigma and they use faith based messages to address HIV. These radio messages are developed in consultation with the community and various government and non-government organisations (Media Council of Malawi, 2004; Panos, 2008).

Messages are promoted through discussions with various community members, such as youth, priests and people living with HIV. The radio dramas that are aired at the same time each week are more popular amongst the women. Two of the most popular are *Tikuferanji* (why are we dying) and *Zimachitika* (things happen). Amongst other HIV messages, the plays discourage gender based violence, they discuss issues of human rights and other issues concerning the community. Radio dramas are a form of edutainment, which is a very popular means of disseminating messages in Malawi (Media Council of Malawi, 2004; Panos, 2008).

Edutainment uses entertaining means to disseminate pertinent educational messages. It falls under the broad umbrella of applied theatre. Apart from radio dramas, Malawi also uses tools such as Theatre for Development (TfD) as a means of transmitting educational messages to the public. Government and non-government organisations regard TfD as a valuable means of implementing intervention programmes that address issues of HIV/AIDS and gender (Kamlongera & Kalipeni, 1996).

2.4.4.2. Intervention Programmes

A large number of programmes have been mobilized in order to promote HIV/AIDS awareness and in so doing attempt to change the sexual behavior of individuals. Often, the argument is that media by itself is not effective because its reach does not extend to the remote areas and in cases where it does, it lacks the same effect as intervention programmes because these programmes often involve interaction with the communities. As such there is a keen interest in applied theatre as a medium for communicating messages of prevention. For example, 'Chosamva Chinamva Nkhwangwa Iri M'Mutu' meaning "If you are not advised, you learn when the axe is on your head" and the Muyanda Drama Group deal with issues such as unprotected sexual intercourse, HIV testing, cultural practices, and the use of condoms (Braun et. al, 2001). Intervention programmes not only influence the process of secondary socialisation, but they can also serve as agents of resocialisation. Resocialisation often occurs when adjustments or reconstruction of people's social-cultural beliefs is attempted.

Women are often socialised into a "culture of silence". According to Mlama and Burte (1991, 2008), in spaces where men are present, women tend to be silent. However in spaces where only women are present, they tend to be more vocal. As such during many of the intervention programmes that involve forum discussion and interaction between men and women, there is often limited participation from the women. Applied theatre is used to mitigate cultural sanctions and enables women freedom to participate through the use of popular theatre. In other instances, gender activists often meet with only women to discuss and foreground pertinent issues. The lack of male presence often puts the women at ease and results in better participation (Mlama, 1991; Tiessen, 2004).

Jimmy-Gama's (2009) study reveals that intervention programmes by development agencies such as UNICEF, USAID, UNDP can influence social change. He observed that in areas where intervention programmes were initiated, a decline in sexual and reproductive health

problems occurred. However, he also noted that there was ambivalence with regards to messages promoted by intervention programmes and traditional cultural messages.

Media and intervention projects in Malawi often portray messages that contradict what is learned from parents and teachers. Many of these intervention programmes however, are sponsored by international organisations who perhaps lack understanding of cultural traditions. For example, while the World Health Organisation (WHO) takes a rights-based approach and promotes access to sexual reproductive health education, traditional leaders regard access to sexual reproductive health education for youth who have not been initiated as immoral (Jimmy-Gama, 2009).

Luwanda (2004) argues that intervention programmes are key contributors to the rise of HIV/AIDS in Malawi contending that Malawians used cultural taboos surrounding sexual misdemeanors to control sexuality and increase fidelity. He claims that colonialism has contributed to the deterioration of these cultural practices. Intervention programmes may be controversial as Malawians believe that sex and sexuality are private issues that should not be discussed in a public setting. Sex and sexuality are often addressed during initiation. However, with the high HIV prevalence in the country, Malawians are becoming more aware of the necessity to foreground issues that contribute to HIV (Annonymous, 2003).

Change is visible in Malawi. Cultural practices are being adapted to curb the spread of the HIV pandemic. This suggests that intervention programmes have been successful countering harmful practices. Nonetheless, even where these practices are replaced with less harmful ones, for instance, using herbs to cleanse the girl vaginally instead of fisi, a practice which is symbolic of the breaking of her hymen and her entry into womanhood (Jimmy-Gama, 2009), the teaching and meaning behind the new action remain the same and culturally does not alter girls' ability to negotiate safe sex.

Through various intervention programmes targeted towards HIV education, the adaptation of the school curricula and religious teachings on marriage and sex, there has been a call for empowering women and girls, thereby increasing their ability to practice agency. However,

messages from parents and kin, traditional leaders and perhaps even the informal curriculum in the school contradict messages of sexual agency. For example, though a new curriculum has been incorporated into the school syllabus, it does not guarantee that teachers will promote equality in the classroom environment.

Although media and intervention programmes have been successful in some instances, the literature suggests that girls continue to be socialised into roles that perpetuate gender inequality. Society continues to influence girls' identity formation in such a way that they receive messages that are contradictory.

2.4.4.3. Religion

Religious institutions play a particularly important role in HIV/AIDS education and prevention. Malawi is a predominantly Christian society. Fifty percent of the population are Protestant, twenty percent are Catholic, fifteen percent are Muslim and the remainder practice traditional African religions. Religious institutions assist in community intervention because given their infrastructure, they are best placed to facilitate access remote communities. Government and NGO's frequently enlist religious institutions in promoting relevant messages such as HIV/AIDS awareness, nutrition related messages and healthy living (Rankin et al., 2008).

Religious institutions have also played a negative role in the disseminating of messages pertaining to safe sex. Although they discourage risky behavior, they also perpetuate the notion that condoms endorse sin. This message contradicts the government's messages on safe sex. Furthermore whilst churches promote abstinence before marriage and fidelity, faithfulness is traditionally considered a female virtue. As such many men do not believe the messages are relevant to them (Rankin et al., 2008). Though religious institutions play a role in encouraging a particular morality, they also reinforce gender roles and social identities that decrease women's agency.

2.5. Gender identity as a social identity

Social identity refers to characteristics that a group of people share. Some social identities, such as ethnicity and gender are ascribed to individuals at birth. Such social identities can determine status and one's position in the social hierarchy. The extent to which one ascribes to a social identity influences the way in which one interacts with others and the world at large. There are several physical factors that contribute to the social identity an individual recognizes within him/herself, factors such as race and sex. These all play a key role in defining the way in which an individual contributes to ideology or participates in the meta-narrative of that society (Butler, 2002; Deaux & Stewart, 2001; Walker, 1995).

Simone de Beauvoir (1949) asks the question, "What is a woman?" It is not definitive as women can identify with several social identities and can perform gender roles that cross the boundaries of sex (Butler, 2002; Deaux & Stewart, 2001; Walker, 1995). Butler (2002) argues against definitive concepts of gender. She argues that gender identities are not fixed as women can and do identify with male associated gender binary categories and vice-versa. Connell (2002) makes the same argument suggesting that it is society that perpetuates the gendering of identities through media and other agencies.

According to Butler (2002) gender identities are constructed through the repetition of certain acts. These acts are constructed historically and their repetition reinforces gender binaries. She suggests that performativity occurs through the subversion or change in sequence of repetition, of these acts. Subversion of the repetition of these acts is seen as performing one's gender 'wrong' and can result in punishment. In the African context, punishment often takes the form of gender based violence. In an attempt to understand and address gender based violence and African women's oppression, Bakare-Yusuf (2003) contends that western feminists in the past have tended to view African women as victims of their situations. She further argues that women are not victims but rather survivors of their circumstances. They are able to manipulate and push social boundaries in order to alleviate the burden of their situations. Through observing women's varied experiences it is possible to identify such moments. These moments reflect agency.

Bakare-Yusuf's (2003) exploration of women's lived experiences is concerned with the situated and the embodied theory of knowledge and experience. Culture and history have an immense impact on women's bodies. As such a focus on lived experiences is concerned with what cultural and historical experiences women's bodies have encountered and how these experiences have contributed to agency.

According to Bakare-Yusuf (2003) the body dictates how one interacts with the world. For instance if pregnant or sick, whether black or white – are all factors that contribute to the way in which one responds to the world. The body is constantly changing and so are one's responses to the world. She argues that the body, unlike the mind, responds spontaneously, hence the body becomes one's way of knowing. Furthermore, who a person is depends upon how they have lived and experienced their bodies. How and what they know through their bodies influences their actions in relation to the outside world. This is referred to as embodiment.

The acts performed are what Butler (2002) suggests define gender. She argues that gender does indeed exist within certain social, cultural and historical limitations. However, the body is not defined by society. It is not a passive recipient of social, cultural or historical impositions, but it is an active participant. Gender does not come prior to an action but rather the action is executed prior to gender being defined. It is constituted by acts which the body performs. These acts are coded but not necessarily categorized into gender binaries based on sex. It is, therefore, problematic to assume that sex and gender are synonymous concepts. Although the acting of one's gender is an individual performance, there are cultural and historical influences and acts performed by other people that restrict individuals from performing certain acts. In Malawi, for instance, during initiation, girls who are ill-mannered are sometimes subjected to severe punishment such as beatings in order to set them on the right path (Jimmy-Gamma, 2009). The body is born free of gender. However, discourse, social environments and history creates boundaries that inhibit the body from performing spontaneously.

African feminists such as Maerten (2003), Walker (1995) and Bakare-Yusuf, have challenged notions of the western meta-narrative, positioning it as inapplicable in a post-colonial context.

The meta-narrative suggests that women's experiences are universal, as such western feminism is applicable world-wide. Gender activists argue that colonialism has reshaped African women's identities and that western feminism in an attempt to provide international aid cannot be applied to the African context because they do not understand women's experiences. Western feminism focuses on the individual whereas African women's discourses focus on communal notions of motherhood (Walker, 1995; Mwale, 2002). Hence the forms of agency suggested by international aid organisations is mismatched with the agency that already exists. For example, international aid organisations would suggests women should encourage their husbands to use condoms. In the African context, this would be taboo as the woman has no authority on issues pertaining to sexual intercourse.

Women's experiences vary based on factors such as their environment, their social circumstances and their position within the community. As such African women's feminism needs to be analysed in terms of lived experiences. Bakare-Yusuf (2003) challenges African feminist scholars to look at how women's lived experiences shape patriarchy as opposed to looking at how patriarchy shapes women's lived experiences.

Walker (1995) contributes to this notion by suggesting that women's experiences need to be viewed in terms of their participation with regard to social ideologies such as patriarchy. In some instances women do not participate fully. She aruges that a woman's body is moulded by her experiences e.g. menstruation, pregnancy, childbirth. The body is a space where meaning can be created and women's understanding of the world at large is moulded by the way in which they experience their bodies. She argues that the individual is shaped by their actions and the choice they make to resist socially preconceived notions of gender.

2.6. Motherhood

Girls in Malawi are socialised into the role of mother. During their adolescent years, they are still expected to perform motherwork. This section takes a look at motherhood discourses and how they will be applied in this study.

Motherhood has no fixed definition but incorporates three factors: mothering work/motherwork, motherhood discourses and motherhood as a social identity. Motherwork refers to the domestic work mothers do e.g. providing physical and emotion care, child bearing and household responsibilities. O'Reilly (2004) suggests that motherhood is defined by patriarchal principles and can be the foundation of women's oppression. However, the term mothering when defined by mothers' themselves can be a form of empowerment. According to Walker (1995), Bakare-Yusuf (2003) and Maerten (2003), western discourses around gender activism are often not informed by the experiences of the women themselves. They often neglect addressing issues pertaining to the economic climate and its influence on many of these women. Such discourses around gender activism attempt to adorn western perspectives and solutions in an African context, which is very poorly understood. Women's survival in an increasingly capitalist society suggests there are indeed situations in which they are able to practice agency, particularly in situations that pertain to their roles as mothers (Mohanty, 1986, O'Reilly, 2005; Walker, 1995).

Patriarchy makes two assumptions about motherhood. The first is that motherhood is natural to all women. The second is that it assigns all women motherwork and gives them no choice with regards to the conditions in which they work. Women's mothering is controlled by the larger patriarchal society in which they live (Walker, 1995). Bakare-Yusuf (2003) defines patriarchy as an organisation of society in which men remain in dominant position and maintain control over women's actions and situations.

Walker (1995) proposes that central to motherhood discourses in South Africa are notions of the "good mother". She argues that missionaries and the influence of the church dictated certain discourses around motherhood. Christianity encouraged notions of the "good mother".[5] It defines a woman's role as that of mother and wife. These roles become synonymous. She takes on the role of caregiver and nurturer to not just her family, but to everyone around her. According to Mwale (2002), these notions are also reflected in the case of Malawi. Initiation through the church promotes the role of the "good mother" by encouraging girls to be passive, to look after children and look after the home. Walker goes

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[5] The "good mother" within Christianity is described in the Bible book of Proverbs, 31:10 – 31.

on to suggest that motherhood discourses are dynamic and continuous. Several factors influence the development and change of motherhood discourses. In the case of Malawi, motherhood disourses have potentially been influenced by change in the social climate with influences such as HIV and the economy playing a major role.

According to Walker (1995), patriarchy only allows women to act in a domestic capacity. In the case of Malawi, women's activities to a certain extent are restricted to the home, the farm and other areas that might be necessary for them to visit in order to perform motherwork, such as the watering pump. Bakare-Yusuf (2003) makes a similar argument that patriarchy attempts to position women in roles that serve men's social and economic needs. She argues that equating sexual difference with male domination is one of the factors that contributes to the increased view of women as victims. Sexual difference is not the foundation of patriarchy; however, patriarchy may rely on the use of sexual difference to claim its power. Connell (2009) also makes the same point, suggesting that gender difference is not the result of biological differences. Walker suggests that instead of looking at women as victims, research should focus on the complex ways in which they manipulate their socially prescribed roles of wife and mother and challenge the boundaries of patriarchy, by identifying with various other social identities. Women perform a multitude of roles besides that of wife and mother. It is the performance of these varied roles that deconstructs the notion of sexual difference as women often appropriate roles that are socially prescribed for men.

Gender roles are also constructed through the influence of ideology. Walker (1995) argues that a person's identity can be discovered through their ability to maintain a narrative. The way in which to discover a person's social identity is to observe the ways in which they participate in society and conform to the prevailing ideology. Women have more than one identity; however, recognition of these identities more often than not stems from their role of mother.

Mwale (2002) and Marucs (2002) suggest that most women revere their roles as wives and mothers and that it is through these roles that women experience liberation. Walker (1995), however, challenges this notion in her argument that motherhood and wifehood are

constructions of patriarchy. Bakare-Yusuf (2003) also counters Mwale and Marcus' argument contesting that patriarchy reduces women's identities to that of wife and mother. Therefore revering the role of mother, and making the assumption that all African women identify with it is problematic in that it appears that motherhood is the only role women can identify with. Walker argues that women should recognise the several other roles they take on apart from that of wife and mother.

Walker (1995) argues that women are capable of reflecting on situations and making decisions and that they are not simply mechanical performers of ideology. Therefore, as opposed to simply presuming that motherhood colludes with patriarchy, one needs to observe mother's actions and their motivations for performing these actions. It is their motivation that defines whether their actions stem from their roles as wife and mother or some other identity. For example, Walker suggests that colonialism displaced perceptions of the value placed on fertility by African mothers. Colonialism aligned motherhood with wifehood. However, due to migrant labour and various other factors, often black mothers became single mothers and the two identities are no longer synonymous as women are forced to take on the role of provider. Jimmy-Gamma (2009) suggests that this too is evident in the case of Malawi. Often men living in the rural and peri-urban areas travel to neighboring towns and in some cases even neighboring countries in search of work. They do not always remit finances to their families, thus leaving women in situations where they must find a way of providing for their families. In Malawi, construction jobs such as paving roads and filling portholes are reserved for men. However, some women have begun performing these jobs in order to provide for their families. In such instances women are able to critically evaluate their situations and exercise agency in order to provide for their families.

2.7. Agency

According to Butler (2002), there is a distinct difference between performance and performativity. A performance of gender would be purely expressive, because it reflects gender as influenced by history and society. Gender performativity can be defined as the actions one performs that not only subvert social gender norms, but assist in defining the

continuous journey of discovering one's gender identity in a fluid and dynamic manner. Hence a performance of gender expresses the prevailing social expectations of gender in a specific context. In contrast, performativity allows an individual to explore gender beyond their social context. Butler argues that there is no true gender as the body never stops rehearsing and performing.

Gender activists' challenge to African women is to discover their own identities through the actions of their bodies (Bakare-Yusuf, 2003). This suggests performativity and subversion of definitive gender roles. Gender activists encourage the deconstruction of gender roles.

Walker (1995) argues that it is through understanding how a woman constructs her social identity that agency can be observed. Agency is defined as an individual's capacity to critically understand a situation, make decisions and act upon them. She argues that women are capable of reflecting on situations and making decisions, and that women are not simply mechanical performers of ideology. Therefore one needs to observe women's actions and understand their reasons for performing these actions.

For example, as a result of migrant labour women often take over men's responsibilities such as building toilets, kitchens and even reinforcing houses because men are not always available to undertake these responsibilities when the need arises. As such gender roles become blurred with women performing many of the responsibilities that are considered typically male (Mwale, 2002). Their performance of these suggests agency.

A study conducted by Ampofo (2000) in Ghana revealed that the socialisation processes adolescents undergo impacts on the level of agency girls are able to express when dealing with issues concerning their sexual and reproductive health. She paints a negative picture, arguing that learning agency during adolescence is required to increase girls' capacity to negotiate safe sex and improve their control over sexual and reproductive health matters. In observing girls living in the rural areas of Malawi, Tiessen (2005) and Luwanda (2004) draw similar conclusions. Ampofo's (2000: 210) suggestion that it is important to assess "…how deeply gendered male and female identities and roles are." This provides a base on which to

explore how gender role socialisation can increase women and girls' agency with regards to their sexual and reproductive health.

2.8. Gender based violence and the negotiation of safe sex

NGOs often neglect to explore the experiences of individual women and often propose solutions that are culturally inappropriate. They assume that women are capable of suggesting condom use and as result often place them in situations where they may be abused. In countries heavily impacted by the HIV epidemic like Malawi, one would assume that individuals are taking the measures necessary to protect themselves. However, given that women are restricted to certain roles it becomes a challenge for them to exercise agency with regard to their sexual and reproductive health. In Malawi, the main focus of girls' socialisation is on their roles as wives and mothers. Deviating from performing these roles can result in punishment in the form of beating and castigation (Munthali & Zulu, 2007).

Schatz (2005) argues that observing women at grassroots level, enables one to identify the extent and nature of their agency. They are capable of handling their own sexuality without interventions from government or NGOs. This includes the developing skills of negotiation within their own context.

Schatz (2005) contends that campaigns or programmes presented to Malawians to promote abstinence, condom use and fidelity have proven to be ineffective particularly for married women. First, the notion of abstinence is simply not practical because both the men and women in Malawi value the ability to procreate. Second, the idea of condom use is considered impractical. According to Gausset (2001) acquiring condoms in rural African communities is problematic and very rarely remains confidential. Wives and teenagers, therefore, hesitate to obtain condoms. Condom use has many negative associations such as questionable fidelity, promiscuity and lack of trust. Schatz (2005) suggests that when a woman does not request condom use it is not an indication of her lack of empowerment but

rather a reflection of her understanding of the marital context. Schatz' research revealed that women above all else fear their husbands' infidelity will result in their contracting HIV.

Women living in rural areas do indeed practice agency and have developed several strategies to negotiate their husbands' fidelity. The first strategy is their attempt at negotiation by talking to their husbands about their behaviour. The second strategy is by seeking the advice of others such as friends, relatives and marriage counselors to exert certain pressures on their husbands. The third strategy is confronting the husband's girlfriends and the final strategy is separation or the threat of separation[6] (Schatz, 2005).

There are several social restrictions that prevent women from negotiating safe sex. Women are taught through cultural practice that they must, "endure hardship and persevere in marriages" (Woods & Alleman, 2008: 178). They are also taught to always regard their husbands as the head of the house and to never refuse their husbands' sexual intercourse. As one woman succinctly put it,

> "You only do it as a family norm that you shall never refuse your husband sex." (Woods & Alleman, 2008: 178).

If a woman refuses sex she is subjected to punishment in several ways ranging from physical abuse to the removal of financial support (MHRC, 2003; Woods & Alleman, 2008)

Women are able to practice agency with regards to their sexual and reproductive health according to Schatz (2005). However, it is not in *all* the situations that these strategies are practiced. In some cases, women's ability to negotiate with their husbands is limited. Research by Benjamin et al. (2004) reveals that in other contexts, women who attempt to negotiate safe sex often become victims of Gender Based Violence (GBV). In some circumstances "…women may put themselves at risk of domestic abuse by suggesting that their partner use condoms" (Benjamin & Murchison, 2004: 17).

Benjamin defines gender based violence as abuse directed at an individual because of his or her inability to conform to responsibilities based on his or her gender role within society. It is a form of punishment that serves to maintain the standing ideology. Predominantly, women

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[6] In the rural Malawian context marriages are informal, as such the concept of divorce is not applicable.

and girls are the victims of GBV. Gender based violence reinforces hierarchy and inevitably gender inequalities. GBV is ignored in many societies thereby ultimately condoning it (Benjamin & Murchison, 2004).

According to the United Nations Population Fund (UNPF) there are several forms of GBV. It occurs both in the public and private domain. Gender based violence in a male dominated context can present itself in the form of domestic violence. Domestic violence is defined as the physical, verbal, emotional, psychological and sexual battering of a woman by her partner or spouse. These patterns are particularly aggravated when the abuser is someone the victim knows (UNPF, 2001).

GBV can cause health problems if not addressed. This can influence the effectiveness of sexual and reproductive health programmes conducted by health care providers and managers. Some of the reproductive, behavioural and social health care consequences of domestic violence are: poor nutrition, exacerbation of chronic illness, brain trauma, organ failure, unprotected sex, pelvic inflammatory disease, gynecological problems, low birth weight, miscarriages, adverse pregnancy outcomes and maternal death (Benjamin & Murchison, 2004).

Even in cases where they are provided with inconspicuous products – such as female condoms, oral contraceptives or injectables, women fear using them in case their husbands find out, which may lead to accusations of infidelity or result in domestic violence. This is evident in the research conducted by Woods & Alleman (2008) on microbicides in both Malawi and Zimbabwe. The very act, however, of using these contraceptives, which many African women do, is an indication of African women's agency as in so doing, many of them potentially defy their husband's wishes, cognisant of their need to limit the number of pregnancies they have particularly if they are living with HIV.

Microbicides are substances developed to reduce HIV transmission. These substances enable women to have some control over their reproductive health. They provide an inconspicuous method of reducing the risk of HIV infection in women. However, during the

testing of microbicides, several factors influenced their use: one of the main factors being women's fear of how their partners would react (Woods & Alleman, 2008).

2.9. Conclusion

Socialisation plays a pivotal role in a girl's ability to exercise agency. Women in Malawi are often socialised into the roles of wife and mother. These roles place certain constraints on them that prevent them from practicing agency with regard to their sexual and reproductive health. However, social practices are changing and women and girls are becoming more aware of their rights. This knowledge increases their ability to practice agency even though it may be in subtle ways. Observing women's experiences and how they embody themselves, one can identify moments of agency. It is these moments that strip women of the label of victim.

Patriarchy still dominates the private domain. As such in situations where women would like to negotiate for safe sex, they may be subjected to domestic violence. There are subtle nuances in women's experiences where agency can be observed; however, situations of intimacy remain strictly male dominated.

3. Methodology

3.1. Introduction

Within the Malawian society there is a strong sense of tradition. Gender roles are culturally imposed by the Yao, the Lomwe, the Mang'anja and the Chewa people. Appropriate behaviours are learned by observing cultural traditions and practices. Gender roles which place women in subservient positions contribute to the escalation of HIV in Malawi. Many prevention programmes aim to elevate the status of women (Munthali & Zulu, 2007, Brown, 2004).

The reason I chose to conduct a qualitative study as opposed to quantitative one was to describe the specific context and observe behavioural patterns around the negotiation of safe sex in greater depth. As the research focused on the reported changes in behavioural patterns amongst women, it was important to conduct field work research that drew significantly on observation and interviews.

This study focused on the influences of socialisation on women living in Malawi taking into account how this affected their ability to negotiate safe sex. To ascertain changes in socialisation, focus group discussions, group discussions and individual interviews were conducted. Observations were made as well. Discourses of gender activism and motherhood were considered in order to reflect on the socialisation process and how it impacted women's capacity to negotiate safe sex.

3.2. Site and sample selection

I selected Misozi a aMai[7] as a research site for pragmatic reasons. The research site is situated in the Southern region of Malawi where the prevalence of HIV/AIDS is the highest. I am familiar with the language spoken in the area and this facilitated communication. The community was accessible requiring a 2 hour commute by minibus from the urban area where

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[7] Misozi a aMai means Tears of My Mother, it is a pseudonym for the area in which I will be conducting my research.

I was based. Being peri-urban enabled me to observe both urban and rural influences within the community.

The sample consisted of 18 women, between the ages of 18 and 30, living in the area of Misozi a aMai (see appendix 8.2.). Given the high prevalence of HIV among women between the ages of 15 to 29 years (Kates & Leggoe 2009), women between the ages of 18 and 30 constituted the target group for the study. This target group was selected because it approximated the age cohort of women with the highest incidence of HIV infection, 15 to 29 years. This category is a key target of HIV intervention programmes and therefore secondary socialisation as well. Women below the age of 18 were not considered for participation given the sensitivity of the study, conservatism within the community and because they were not able to provide consent themselves.

The research proposal called for the selection of young women between the ages of 18 and 22 who had recently completed secondary school to constitute the younger group of women interviewed in this study. It was, however, a challenge identifying such women within the community because so few women within that age range had recently completed school. Furthermore, the completion of school provided such women with the potential of increased opportunities meaning that they had in many instances migrated to pursue opportunities in the labour market or to pursue further education. Within the Southern region of Malawi only 6% of women had completed their Malawi Secondary Certificate of Education (MSCE) (National Statistic Office of Malawi: 2008). Given this situation, it became apparent that the proposed selection criteria needed modification. Form 4 is the final year of school and the women selected to constitute the younger group participating in the study, were those set to complete their Malawi Secondary Certificate of Education (MSCE) certificate by November 2011. Eight women meeting the revised criteria, of the study, for the younger group of women, were selected.

The proposal called for the selection of women who were older and had dropped out of school for various reasons. The age target was broadened to include women at the age of 30. The older women had potentially not been exposed to the new curriculum at school which was

important in determining if the change in curriculum influenced sexual agency. Ten women who met the criteria for older women were selected.

The age range in the selection criteria enabled me to explore the contrast in the socialisation experiences of these two groups of women. Although the legal age for marriage in Malawi is 16 there are discussions currently underway to increase it to 18. The choice of my target population enabled me to reflect on how the community, family (kin), education, peers and the media, have influenced the socialisation of the women who participated in this study with regard to sexual and reproductive health. It also enabled me to reflect on their narratives and lived experiences.

The age range for the first group of participants, between 18 and 22, enabled me to interact with scholars who potentially would graduate from high school. These scholars were able to discuss their reasons for remaining in school and the processes of socialisation they have undergone. They also suggested various reasons for scholars dropping out of school. The scholars interviewed had been exposed to the new curriculum which included HIV/AIDS and gender education. This provided me with the opportunity to observe how the curriculum and practices at school influenced their sense of agency. They were able to discuss the challenges that they faced within the school environment.

The older women constituting the second group of participants (between ages 22 and 30), were representative of most women living in the peri-urban areas of Malawi who drop out of school. Their livelihoods centered around farming. A few performed odd jobs in order to gain some form of income. Most of the women performed gendered domestic chores such as looking after children, cooking and cleaning, relying on their partners for financial support.

The older women were able to discuss issues pertaining to negotiating safe sex. As most of them were married they were also able to discuss situations of sexual intimacy with their partners. Many of the women interviewed dropped out after form 1 and were not exposed to the new curriculum. All women have had some engagement with HIV/AIDS awareness campaigns through media or intervention programmes they had witnessed in the area. I

explored how these programmes influenced their capacity to negotiate safe sex. I also explored whether these programmes served as agents of resocialisation for the older women.

Participants who were still in school were referred to as 'girls' by the older women as they had not yet borne children. Therefore regardless of initiation, school-going girls were not considered women. However, one participant in the school going 18 – 22 age group had previously dropped out of school, married and had three children before returning to school. Her peers were not aware of this. For the purpose of this study, in order to differentiate between the two groups, women who were attending school at the time are referred to as scholars and women out of school are referred to as older women.

3.3. Research design and process

Burton (2000) suggests that having characteristics that are similar to those of the participants assists with ease of access. He also suggests that participants will potentially be more forthcoming with information. Being a young Malawian woman, facilitated access to the women of Misozi a aMai on one level. The ability to communicate without the aid of an interpreter facilitated interaction. Being a young woman made it easier to raise key issues on sensitive topics. However, I was not completely an insider because I had not schooled or lived in Malawi. The level of my educational attainment and my middle class background positioned me as an outsider on another level. Having a different perspective, experience and some distance held a number of advantages for looking at the various problems people faced in their daily lives from a different vantage point.

I enlisted a Malawian woman with experience in field work as a moderator to assist me during the research phase of the study. She provided guidance in terms of customs that were necessary for me to perform prior to entering the field. For example, she guided me in terms of how to address the chief and how to conduct myself in his presence. The moderator was able to take note of interactions during the focus group discussions that I may have missed. The notes she took during the focus group discussions and interviews were discussed in debriefing sessions held afterwards and contributed to my own notes and transcripts.

These notes reflected on both participants' and the researcher's responses. I transcribed the recordings myself, but had family members corroborate the translations. The translations given to my family members were already annonymised to ensure participants' confidentiality were not compromised. I also made inquiries with several other family members on the translation of certain proverbs and metaphors used by the women. Morse et al. (2002) suggest that verification of data is crucial to the credibility of research.

In familiarising myself with the community and negotiating access I spent some time at a clinic in the community where children were being examined for malnutrition, stunting and adoema. I also attended a class presented to women on breastfeeding and complementary feeding. I visited a child headed household. I visited students at school, chatted with both the boys and the girls. I sat with older women of the community and observed daily activities. Besides obtaining a sense of their living conditions and daily activities through participation and observation, engaging women during this process of familiarisation made subsequent focus group discussions and interviews comfortable since the women had already met me. This made them less reserved. They participated and shared their experiences more readily than they would have, had I been a complete stranger. The interviews and focus group discussions were conducted in Chichewa. The focus groups ran for approximately an hour to an hour and thirty minutes.

As I had previous training in applied theatre, I used some of the techniques to engage the women more dynamically. Applied theatre (AT) is an umbrella term used to refer to forms of participatory theatre that encourage community development and social change. Participatory theatre refers to the use of theatre as a direct medium of communication with the audience, the use of theatre to communicate prevalent issues of concern within a community and the interaction between audiences and facilitators during or after a performance (Govan et al., 2007; Prentki, 2007).

Devised theatre is an AT practice that greatly highlights notions of citizenship and participation. Devised theatre is a collaborative playmaking process which encourages the shift between the individual and the community and the mapping out of individuals within that community. It helps individuals identify themselves and their role within that community.

Devised theatre is the process through which communities participate in the creation of a presentation that reflects their narratives.   It is through the process of imagining community narratives and the process of reimagining and evaluating these narratives that participants gain insight into their individual and community identities.   Devised theatre encourages participants to reflect on their own lives by sharing in the experiences of others through embodiment of narratives (Govan et al., 2007).

In bringing AT into focus group discussions, I selected two women who assisted in the creation of a devised theatre piece during a workshop that was performed prior to the focus group discussions (see appendix 8.3.).   These older women were selected to participate in the role play because they were willing to perform.   Older women were selected as opposed to younger women given their experiences particularly with issues pertaining to the negotiation of safe sex. I chose to use women from within the community because they were in the best position to create a theatrical piece that spoke to the women not only in terms of content but also in terms of embodiment. I followed a participatory process in developing the performance with the women, drawing on their own experiences and observations.

The workshop process on the role play was structured in such a way that the women were encouraged to discuss issues pertaining to the negotiation of safe sex. Govan et al. (2007) suggest that autobiographical narratives enable more authentic story telling as they are more real than imagined. The women were encouraged to relate personal stories with much of the material in the role play drawing on their lived experiences. They were also able draw on the experiences of other women through shared narratives they exchanged on a day to day basis. I assisted them in creating a role play[8] that spoke not only to my research question, but to their community.   The advantage of using devised theatre is that as the women engaged in the themes highlighted they were able to not only address the issues, but advise whether these issues were applicable to their community. Furthermore, audiences were able to relate more effectively and identify with the characters.   During this process the women created an improvised script with very little outside contribution.   They rehearsed the play once before performing it to the other participants.

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[8] Role play available in Appendix 8.4.

The moderator helped with translation and transcription. I began the focus group discussion with an ice-breaker in order to decrease inhibitions. The women were asked to speak out their names and thereafter say a sentence that describes them. For example, "my name is Mary and I'm talkative". Often the women's descriptions of themselves caused the other women to laugh contributing to a convivial environment. According to Mkandawire-Valhmu et al., (2007), laughter enables participants to relax and be more at ease. This facilitates them to be more forthcoming when disclosing personal experiences. After the ice-breaker, I asked the two women to perform their devised theatre play. I initiated discussion by posing the question "Have you ever witnessed or experienced this situation in your lives?" A forum was created and the women were allowed to engage one another as well as myself in discussion. I had hoped to occasionally give women an opportunity to role play within the structure of the devised theatre play. However, due to time constraints it was not possible. The women often arrived late for the focus group discussions as they had various domestic responsibilities to attend to. As such I felt it was important to allocate more time to discussion than to participation in the role play.

Mkandawire-Valhmu and Stevens (2009) posit that focus group discussions not only assist in obtaining data, but also serve as a platform on which women can provide support for each other as well as reinforce a communal sense of agency. The role play envisaged focus group discussion which served the purpose of allowing engagement between participants. This was followed by individual interviews with some participants to pursue issues raised but not explained in the focus group discussion.

The purpose of the focus group discussions was to gain an understanding of how women perceive/construct their socialisation and how this process has influenced their understanding of sexual and reproductive health and the way in which they negotiate safe sex. The role play encouraged the women to be more forthcoming with information as they engaged more with each other than with me. The purpose of the individual interviews was to allow me to broach more intimate topics such as domestic violence. I used an interpretive approach, encouraging conversation within interviews. As I conducted the interviews a few days after the focus groups, I used the performance as a point of reference to encourage discussion

(Czarinawska, 2004; Flick, 2006). I used a tape recorder where consent was given for both focus group discussions and individual interviews.

Three focus group discussions were conducted (see appendix 8.3.). The first focus group discussion consisted of 10 women, inclusive of the 2 role players. Prior to the performance of the role play I explained to the women the purpose of the discussion. They were then asked to tick on a piece of paper to reflect their consent. Thereafter the ice-breaker described above was performed. The role play was used as a prompt for discussion. The older women, although tentative at first were able to identify with the characters and the issues presented to them.

The second focus group discussion engaged 8 scholars. Again informed consent was obtained from the scholars and the same ice breaker was performed. Initially, given the literature, my assumption was that the scholars would be able to relate to the role play as a result of traditional initiation. However, none of the scholars had undergone traditional initiation and only one of them admitted to having boyfriend. All claimed that they had never engaged in sexual intercourse. Although they did not reflect their experiences, they were able to identify issues pertaining to HIV, gender relations, gender inequality and socialisation.

The final focus group discussion consisted of 10 women. This focus group combined scholars and the older women who had participated in the previous two focus group discussions. Four scholars were selected from the second focus group to participate based on their contribution to that focus group discussion. All older women who participated in the first focus group discussion were invited to the final combined focus group discussion. Six older women attended this focus group discussion. Having had both groups watch the role play previously enabled ease of discussion. The different age groups allowed the women to engage in discussions that reflected changes present in terms of perceptions of sex and sexuality, socialisation and agency.

A liaison person was identified to assist in approaching women identified by the Group Village Headman (GVH) to participate in the interviews. One of the women scheduled to participate in the first focus group discussion could not attend and was invited on the following day to

listen to the role play on the tape recorder. An interview was conducted thereafter. She expressed preference to have the liaison person present, during the interview. Once the discussion was underway, the liaison person participated fully in the discussion, thus making what was initially supposed to be an individual interview a paired interview (see appendix 8.3.). It was advantageous because the interviewee felt more secure and confident having the liaison person present.   Furthermore, the liaison person's narrative contributed significantly to the study. However, the interviewee's responses may have been influenced by the liaison person's presence and as such the data collected would have been different had the situation been otherwise.

Three face-to-face interviews were conducted with women selected from the focus group discussions (see appendix 8.3.). The women were selected from the focus group because of their levels of participation, issues they raised and their weariness of discussing personal stories in a public setting because of the fear of stigmatisation.

The first interview was with Sally. She was selected because during the workshop, she had reflected her situation briefly and in the focus group discussion with the other women did not relate her story. I realized an interview would enable her to discuss what she was unable to share in the group. The second interview was with Florence. She was present in the second focus group discussion with the scholars. She approached me after the interview and shared that she could not tell her story in front of the other girls because she feared stigmatization and castigation. She had separated from her husband and returned to school because she felt it was the only way she could ensure self-reliance. She mentioned that she could relate to all the issues addressed in the play and asked if she could sit down with us and tell us her story. The final interview was with Machiso. She was part of the first focus group discussion with the older women. During the interview she mentioned having been initiated traditionally. She also mentioned that she was unable to negotiate safe sex because her husband beat her, sometimes with machetes. She was unable to share her story completely because the other women often cut her off when she attempted to comment or tried to raise another issue. This became more apparent to me when I re-listened to the focus group discussion. She was selected because I felt her story was crucial to the research.

3.4. Interview schedule

Broad themes were initially identified for the focus group discussion with the role play being the primary prompt anchoring the discussion (see appendix 8.5.). After the women had constructed the role play these themes were revisited where necessary to ensure that all the necessary issues had been addressed. In the workshop of the role play the women themselves raised several issues that I had not anticipated such as infidelity, bartering with sex for food, sterilisation and female condoms. Revisiting themes after the women had created the role play enabled me to address the issues presented in the performance more directly and accurately depending on how they represented certain issues. As such, the role play provided a clear direction for the focus group discussions.

An interview schedule for the face-to-face interviews was designed prior to entering the field (see appendix 8.6.). Questions were formulated based on the influence of agencies of socialisation, gender roles, gender based violence and its role in the negotiation of safe sex. These questions were grouped into different sections based on issues that would be addressed. The questions began with a general background question and gradually led to more intimate topics enabling participants to share their stories.

The interview schedule was adapted based on the issues raised during the focus group discussions. It was easier to draw on what had been discussed during the focus group discussions to direct the conversation. In all the individual interviews, the women reflected on issues brought up in the focus groups without much prompting. I referred back to the interview schedule in order to ensure that all the topics had been covered.

3.5. Ethical issues and considerations

All the women participated in this study voluntarily. Women were offered refreshments in order to create a relaxed atmosphere. After the interviews the women were given 100 Malawi

kwacha[9] to cover transportation expenses they may have incurred in getting to the venue. It is important to note that this was done to cover any cost they may have incurred in order to participate.

3.5.1. Permissions

Prior to leaving for Malawi, my research was reviewed by the Research Proposal and Ethics Committee of the Faculty of Humanities at University of Pretoria (see appendix 8.7.). It was also reviewed and approved by the Commission of Science and Technology in Lilongwe. They supported my application to conduct research in Misozi a aMai. I acquired permission from the District Authority (see appendix 8.8. for proof of permission) and the Group Village Headman (GVH) of the community.

The GVH assisted me in approaching the 18 participants with whom I engaged. I explained what I was going to do and the criteria for selecting participants. He explained to the potential participants what the research entailed and how I would go about engaging them. Written consent was challenging to obtain as some of the participants may not have been comfortable committing themselves on paper. This would have violated the trust relationship between me as researcher and the participants. Furthermore some of the people would have felt undermined as they were not literate (Gordon, 2000).

I used an ice-breaker to obtain proof of informed consent. I explained to the women what I planned to do, explaining my objectives and how I planned to achieve them. I then asked them to give me a "thumbs-up" sign if they were willing to participate. They then made a tick on a piece of paper to show that they were giving the thumbs up (agreeing) to participate in my research. Besides issues of literacy, the use of the ice-breaker to provide consent fitted in with the more participatory design of the research. It was also less threatening for the participants as they did not put their names on paper, which assisted in maintaining their anonymity. Interviewees had given consent during the focus group discussion. For the

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[9] MK100=ZAR4.40 (02/2011)

individual interviews, I reconfirmed that interviewees were prepared to speak to me individually. In the paired interview, I acquired informed consent from both participants.

3.5.2. Confidentiality

The moderator and myself both signed documents of ethical intent, which stated that we would at all times protect the rights of the participants (see appendix 8.9.). I explained to the women that I would be using a tape recorder to capture the discussions and that the recordings would remain in my possession only and thereafter archived at the University. If they had any concerns with the use of the tape recorder, they were welcome to raise them. I also made it clear at the beginning of each of the focus group discussions and interview that any information that the participants wished to remain confidential would not be published and that they could choose to withdraw at any given time without penalty. I ensured that they understood that the data I would collect and write up would not be damaging to them in any way. I informed the women that I would not be using their names, but rather pseudonyms in order to maintain confidentiality. The name of the area was also changed in order to ensure that the women could not be located. The women were also asked to keep what was discussed in the focus group discussion confidential and to respect each others privacy.

3.5.3. Measures to avoid risk and harm

This research posed no known direct physical harm to the women participating. However, one of the women alerted me to the danger that if her husband found out that she was participating in this study, he would physically abuse her. The women were reminded that the GHV dealt with issues of conflict in the community. Officially he is the mediator on issues pertaining to domestic violence and abuse. The GVH had given permission for the study to be conducted and he was in support of it.

The issues discussed were sensitive and as such I conducted a debriefing session during which I provided the women with information regarding where they could get counselling. The

moderator, lived relatively close to the community, and offered to act as a point of reference where from whom they could ask for advice regarding seeking counselling.

3.6. Data analysis

Taylor-Powell and Renner (2003) suggest that it is important prior to entering the field to identify themes that assist in creating a sense of direction with regard to what kind of questions you would like to ask and how to go about asking them. In the case of my research I used the broad themes of socialisation, social identity and agency drawing on aspects of motherhood, performativity, embodiment and gender activism identified in my literature review as a point of departure.

The data generated were analysed by considering notions of gender activism and motherhood.   Through observing how participants interacted during the role play and observing how they constructed their narratives during the focus group discussions, I identified moments where the women conformed to societal sanctions and moments where they deviated from them.   Based on my literature review, I was interested in identifying whether traditional gender identities were still dominant and to what extent women conform to them. I also took into consideration the extent to which women subvert their bodies in order to challenge socially prescribed gender identities. During both focus group discussion and interviews, the women were encouraged to discuss their lived experiences. This allowed me to observe and explore whether other identities besides those of mother and wife could be identified.

As mentioned previously, Ampofo (2000) suggests exploring social situations in order to establish how deeply gendered female and male roles are. In doing so levels of agency can be identified.   The extent to which women conform to gender roles is apparent in the narratives of the participants.   Furthermore, this was highlighted by the extent to which women practiced agency with regard to reproductive health issues and the negotiation of safe sex.

I also explored the challenges women faced with regard to negotiating safe sex and how their narratives contribute to the latter using Ampofo's (2000) notions of socialisation and sexual and reproductive health.

Morse et al. (2002) suggest that it is important the participants selected have knowledge on issues concerning the research. Since this study focused on these women's experiences and perceptions, it dealt with issues they could engage with. Recruiting women from a peri-urban area provided a middle ground where data from women who have experiences of urban and rural areas could be collected. The participants were able to discuss both issues pertaining to safe sex and socialisation.

During my stay in Malawi, I made journal entries each day in which I noted my observations both in and out of the field. Whilst in the field I took notes during the discussion of the role play. Doing so enabled me to identify themes that I subsequently addressed in the focus group discussions and the interviews. I also made note of the various changes made to my research and reasons for the changes. Doing so allowed me to reflect on the decisions I made and how they influenced my role as researcher in and out of the field (Morse et al. 2002).

3.6.1.Construction of themes

Three broad themes were identified (see appendix 8.10.). The first theme identified is socialisation. The second theme is social identity. It is through socialisation that the women become aware of their gender roles which they either conform to or deviated from. The last broad theme is agency. Deviating from restrictive social identities that impinge upon sexual and reproductive health, women demonstrate agency.

Socialisation refers to factors that influence girls as they grow up and later results in how they as women perform their lives and make decisions. The main agents of socialisation identified in Misozi a aMai were family and kin, formal education, media and other intervention programmes.

Formal education was a theme raised by both the women and the girls. Given the time spent in the community I was able to observe interactions in the school environment. I was able to interact with the school boys, girls and teachers. The teachers provided information on curriculae and their observations of interaction between the boys and the girls. They also provided insight on the high drop out rate of girls.

Given that I was in Malawi for 3 months, I was exposed to different channels of HIV and gender messages through media. However, Misozi a aMai's access to media is limited to radio programmes. Several radio dramas pertaining to HIV/AIDS are broadcast throughout the day.

I was privy to one intervention project by UNICEF on breastfeeding and complementary feeding. Although the theme of the project is not necessarily directly relevant to the study, I was able to observe how women understood interventions from people who are not from within their community. Furthermore it provided a social environment where interaction amongst women could be observed.

Social identity refers to characteristics that people identify with based on certain commonalities. Motherhood is one such identity, however, patriarchy suggests that this role and that of wifehood are the only roles women can identify with. In this study women's varied social identities were observed, through analysing their narratives and lived experiences. Their adherence to social ideologies of patriarchy was observed and through this observation their capacity to practice agency was considered.

Through observation and discussions with the women I was able to observe the various gender roles played by both men and women. Through observing attendance at the infant clinics it was evident that women take responsibility over the children and their health. There were a few men in attendance suggesting that strict gender roles were beginning to blur. Through observing such situations, it was possible to determine that socially constructed gender identities defined by gender binaries were not as constrained as they had been in the past.

Agency is the ability to make critical and informed decisions. Women identify with more than just one identity and it is through examining these identities that one can observe agency. Women's experiences were analysed in terms of their capacity to make decisions that will benefit them in the long run. Their experiences were also looked at in terms of their capacity to challenge patriarchy and gender roles. In challenging traditionally presented roles agency was demonstrated.

3.7. Reflexivity

As researcher, I am aware that my self-narratives proliferate into my understanding and interpretation of the data. Finlay & Gough (2003) suggest the use of introspection to avoid biased reports and analyses. The processes of looking at one's self and attempting to understand one's biases and prejudices with regards to issues addressed in the research is referred to as introspection. One needs to examine one's own personal experiences in order to gain insight. This helps in forming more generalised interpretations and understandings of the data collected during research. Although challenging in some ways, having stayed in Malawi for over 3 months prior to my conducting research enabled me to decrease personal prejudices and bias pertaining to the issues I was focusing on. It also facilitated rapport. Given my background and education, it was at times difficult to understand why women did not challenge their situations. However, Narayan (1997) suggests it is important to understand the circumstances in which women experience these situations before attributing violence against women to culture.

Using the guidelines from Mkandawire-Vahlmu et al. (2009) I revealed to the women my personal and professional background particularly with regards to the research. They suggest an egalitarian approach to research, particularly when research involves women who are located on the very margins of society. It is also important for me to be aware of my role in the construction of knowledge. Czarinawska (2004) suggests that it is important to understand the context in which the interviewee is speaking, as well as one's own position as the interviewer and how it might influence the individual's responses. There are also often

issues of power concerning the interview situation. It is important that the interviewer appropriates an egalitarian approach to the interview situation.

There were several benefits to my being both an insider and outsider. As an insider, I did not present a report of my experiences in a "new" community, but rather attempted to reflect the experiences of the women and their perceptions of the issues addressed. I found that communicating was easy. However, the moderator and I were still perceived as outsiders. I did find though, that the way in which I posed certain questions was not understood. For example, when I asked one of the women if marital rape was common she said no. The moderator , being more congnisant of social perceptions around these issues rephrased the question and asked if women were forced into having sex with their husbands.

As an insider, it was not as challenging to understand certain traditional expectations. This allowed ease of access into the community. I made sure that each time I went to the village I wore a cloth around my waist. It was a way of showing the women that I too understand and respect cultural expectations. When greeting an elderly person or a person in a position of authority I curtsied to show respect. Furthermore, my knowledge on cultural practices ensured that I handled myself in an appropriate manner when in the presence of adults or people in positions of authority. However, in integrating myself into the community, I found that I began to perform certain prescribed gender roles. This was necessary to maintain my position as an insider and avoid them taking offence. It is only on reflection later that I realized the performance of gender in this regard. For example, I too would often be docile in the presence of men.

3.8. Accuracy

In order to ensure accuracy, the conversations were recorded. The process of taking notes, journal entries and speaking to other people enhanced the plausibility of the interpretation I made. The transcripts were first typed in Chichewa then translated into English to ensure accuracy of what the women said. Family was enlisted to corroborate translations and proverbs.

3.9. Methodological constraints and limitations

Just prior to my field research, I discovered that the area in which I initially planned to conduct research was predominantly of Lomwe ethnicity. In consultation with the District Commission, I sought a more appropriate site in which I could find Chewa people.   The district commissioner referred me to a specific Traditional Authority who then referred me to a Group Village Headman. However, even though the people in this area spoke Chichewa, they had other affiliations and I modified my study from focusing primarily on Chewa women to include the Manga'anja and the Lomwe as well.

During the course of my research I struggled to identify women who had completed school. As such I enlisted school going girls who were of age and could consent to participate in the research.

Time was limited in some cases as we were respectful of the women's time taking into account that they had other responsibilities such as tending to their farms, cooking for their children and, seeing to their husbands needs. Initially, I had intended for the research to be participatory in nature by giving the women an opportunity to engage in the role play. I however found that time constraints did not allow for more than one ice breaker and as such participation was constrained in order to allocate more time for discussion. Furthermore the discussions did not open up opportunities for the women to role play. The length of the role play was kept short because I was sensitive to women's needs to return to their daily routines. The scholars too needed to return home to complete homework and/or domestic responsibilities they may have in the home.

3.10. Conclusion

This chapter mapped out the methodological choices and process of this research.   It substantiated my reasons for the location in which I chose to conduct research. I noted the measures I took to ensure that my research met all the ethical considerations of the University of Pretoria and the Commission of Science and Technology of Malawi.   It provides an

overview of my participants along with outlines of the focus group discussions, the individual interviews and interview schedules. The chapter further dealt with the use of applied theatre and how it directed discussions. I discussed how I developed the themes and the applied theories in conducting my analysis.

I explained the measures I took in order to minimize prejudice and bias during the research process as well as how I conducted interviews in an egalitarian manner. In analysing data I engaged in reflexively with my own positioning in relation to that of the participants.

4. Gender roles, gender relations and the negotiation of safe sex

4.1. Introduction

The discussion presented in this chapter is drawn from journal entries in which observations were noted, the role play workshop process, focus group discussions, paired discussions and individual interviews. A brief profile of each participant in the study is provided in appendix 8.11. The chapter begins by highlighting themes that arose during the role play. It reflects on how the role play was presented and the different responses it elicited. The chapter highlights how gender roles are learned through socialisation, how it is reinforced and in the context of HIV prevalence how women's capacity to negotiate safe sex is influenced.

For many years HIV/AIDS had been addressed as a medical problem and as such intervention programmes in Africa were primarily focused on behavioural change and promoting the use of condoms. However, in the past two decades, HIV/AIDS has been regarded as an issue that needs to be contextualized within socio-cultural and economic spaces and researchers have acknowledged that in order to reduce HIV infection rates, there is a need for close examination of the spaces that people at risk occupy. The spaces that women, in particular, occupy, on the margins of society, contribute immensely to the prevalence of HIV/AIDS (Gausset 2001; Mac Fadden 1995; Pieterzyk, 2005). This chapter looks at the social-cultural position and economic status of women living in a peri-urban area of Malawi and examines how the spaces that they occupy continue to render them subordinate, and therefore perpetuate the prevalence of HIV.

4.2. The role play

The scenario of the role play was presented to the two women who were selected to present the role play. The researcher suggested that two characters, a husband and a wife could portray how safe sex is negotiated or not negotiated in the marital home. A lengthy discussion ensued regarding the issues the role play would raise, particularly the negotiation of safe sex and how men refuse to use condoms. The two women confirmed that the

accurate scenario would be that safe sex was not negotiated as very few men agree to condom use.

The role play resonated with the women. The scholars however, did not seem to identify with it. It was used as a prompt for discussion. The older women were able to relate to and identify with the characters in the role play. The role play encouraged participants to reflect on their own lives, additionally, they offered solutions to some of the issues presented. As a result the women not only reflected on their experiences, but in doing so began to suggest solutions to the issues addressed.

The role play had two scenes. The first scene established the characters and their relationship. The second scene highlighted issues of negotiating safe sex. The beginning of the role play established the kind of relationship the two characters shared. It reflected the husband's dominance in the home and the wife's responsibilities. The first scene presented the dynamics of relationships in a marital home. The husband comes home to find that his dinner is ready, however there is no salt in the relish. An argument ensues and it is clear that there is a lot of miscommunication between the two. The husband tells the wife that he saw her with another man and that it was the man who was preventing her from fulfilling her responsibilities. He accuses her of having an extramarital relationship with this man. They continue to argue over the food and her presumed infidelity which seems in the husband's mind to be linked. At the end of the scene he announces that he's going out and he expects to find food when he gets home.

In scene two the husband arrives and has completely lost interest in food. He is more interested in coaxing his wife to engage in sexual intercourse. She challenges him by insisting she will only sleep with him if he agrees to use a condom. They argue about the condom for several minutes, eventually when he gets his hands on the condom he tears it up. The role play ends at this point. The play was intended to be open ended because it does not provide a clear picture of what happens next. However, several incidents in the play, for example the husband tearing the condom, suggest that it may end in violence. The audience are left to decide for themselves whether the wife will succumb to the husband's demands or whether she will stand her ground and accept whatever punishment comes with her refusal.

When asked which characters they wanted to play Sally immediately chose the husband's role. Sally possibly saw this as an opportunity to express the frustration she had been feeling in her relationship. Her portrayal of a man and his relationship with his partner, demonstrated how women perceive men. Sally portrayed the male role as overly aggressive with the man often trying to dominate his wife through confrontation, accusation and threat. She portrayed the male role as domineering and very critical of his wife, often accusing her of not performing her duties such as cooking and cleaning. Her interpretation of the role suggests that men use money as a means to manipulate women and reinforce their control. For example, when the husband tries to convince his wife to have sexual intercourse in the role play, he offers her money.

Sally's representation of the man reflected her own experiences with her husband. During her interview she mentioned that if she let her husband get hold of the condom, he would tear it, which is how she represented the man in the role play. As such, the authenticity of her performance places emphasis on the sharing of intimacies with the audience (Govan et al., 2007). Many of the women could identify with the role play they witnessed. Although silent participants, they were able to identify with the characters. The role play assisted in creating a sense of shared experience among the women. Eleven out of the eighteen participants expressed that the role play reflected their personal experiences. The women were able to identify with one another because they had shared experiences.

Mary played the role of the wife her representation suggested that women are capable of challenging their husbands, yet her timid physical gestures indicated otherwise. For example often when he moved towards her she reclined. There were instances during the play in which she was alone in the space and had the opportunity to address the audience. When her role play husband was present, Mary acted confined in the space, seeming almost trapped. However, when he was not, she seemed less confined. Mary's embodiment of the woman's role suggests a sense of subordination in her husband's presence. This along with a statement the husband made, "I should just beat you…", suggested the possibility of violence in their relationship.

The role play highlighted traditional gender roles and how men and women interact with each other. It demonstrated that men provide for women financially and women perform domestic chores such as cooking and cleaning. Such financial support from their husbands was presented as a form of compensation for the chores and sexual acts that women perform. The role play demonstrated that men were in charge of financial resources and that they determined how these resources were allocated. The role play also suggested that men used money to coax women into for instance engaging in unprotected sex. In these scenarios money becomes a tool for enabling men to maintain gender hierarchy.

The older women identified with the representations in the role play. This was evident in responses to certain statements or actions. For example, when the husband accused the wife of having an extramarital affair and suggested it was the reason for her not performing her duties as a wife; they voiced their opinions by agreeing to have experienced such situations. During the discussions women confirmed that when challenging their husbands and deviating from their gendered roles, they would often be accused of infidelity. For example, Esther mentioned that when she suggested condom use to her husband he respond by accusing her of infidelity. Such threats attempt to put women in their place and again maintain the gender order.

"He thought that I was sleeping with another man and it was this other man who had taught me about condoms."(Translated, see endnote[i] in appendix 8.12.)

Four women concurred with her. They expressed that they too had been accused of infidelity when they suggested condom use to their husbands. This constitutes almost half of the older women interviewed. The refusal and counter charge by the men is not surprising. What is surprising is that more women seemed to be prepared to raise these issues in their relationships, which would have been unheard of thirty years ago.

The first question asked during the focus group discussion was whether they had been in a similar situation and a large number of the women initially responded by saying no. In spite of women giving feedback during the role play, they were hesitant to discuss their personal stories during the discussion. It was only after Mary related her story that the group were more at ease and were able to relate their own stories. Mary expressed how, once she

realized that she had contracted HIV, she insisted on her husband using protection to avoid reinfection. He, however, refused and as a result of her persistence he left her.

The next theme introduced following shared stories on attempts to negotiate safe sex related to why men refused to use condoms. They responded, as this question did not require them to relate their personal situation. As questions shifted from personal to general, women could reflect on relationships between men and women without directly referring to their personal situations. Asking questions in the general allowed them to be more at ease, once they had opened up they often illustrated the general with personal anecdotes. The responses that the women gave suggested that all of them had been in situation where they suggested condom use and had received negative responses. The women felt the need to suggest condom use because, often their husbands were away from home in search of a means of acquiring income, as such many of the women suspected their partners of infidelity.

In reflecting on their situation, women began to suggest solutions. In devised theatre, participants are encouraged to create their own ideas of social change. Although this aspect of devised theatre was not applied during the role play, because of the reflexive nature of devised theatre, women were inspired to offer solutions to the common challenges they faced as women such as formal education opportunities for older women, the promotion of female condoms and the targeting of men in intervention programmes. The women believed that education would provide them with opportunities that would inevitably increase their independence.

Several themes raised during the discussion with the women drew on the role play: gender roles, women's attempt to challenge traditional gender roles, condom use, men's responses to women challenging gender roles, gender based violence and women's agency. All issues were themes that arose in the discussion through the prompting of the role play.

The same role play was also performed for the scholars, however, gauging from their general lack of response both during and after the performance, it was clear that they did not entirely identify with the scenario. In comparison to the older women, there wasn't a sense of shared experience amongst the girls as they did not collectively identify with the situation. Some

perhaps did, but were afraid to openly discuss the issues, others did not identify at all with the scenarios. The performers noticed the scholar's lack of response and as a result their performance was mechanical and rushed. Given sexual taboos, the women performing the role play may have felt uncomfortable raising issues of sexual intercourse and sexuality with the scholars. Perhaps it was awkward sharing issues of intimacy because they considered the scholars girls.

The scholar's lack of response to issues pertaining to sexual intercourse and situations of intimacy however, could have been due to the fear that they would be stigmatized if they admitted to having been in a similar situation. They felt the need to protect their reputations as being chaste. They were policing themselves by performing according to gender prescriptions in society. Furthermore, the role play performers who were older women remained present during the discussion. This perhaps contributed to their inability to talk openly as they feared being chastised by the older women. The scholars fear of stigmatization and chastising stems from the community frowning upon interaction between girls and boys. Girls who are seen to be interacting with boys are often stigmatized and marginalized. This notion was brought up in several of the discussions and individual interviews with both the older women and the scholars.

The focus group discussion with the girls was conducted in one of the classrooms at the school. This location could have also contributed to their inability to be forthcoming in the discussion as they associated the school environment with formal educational activities and as such, were not open to discussing taboo topics related to sexual intercourse and sexuality in such a space.

Taking into consideration the scholars lack of response, the first question asked was if they had boyfriends. Only Mavuto admitted to having a boyfriend. The scholars, mentioned that they were aware of, but could not relate to the issues that the role play had raised particularly when it came to issues pertaining to negotiating safe sex. They expressed that no one had taught them how to respond in such situations and would be at a loss if ever they were to be in such a position. Themes that arose during the discussion with the scholars were gender roles, socialisation, dropping out of school and marginalization of girls.

Florence approached me after the focus group discussion and shared that she was previously married and had experienced a similar situation. She was afraid to speak out during the focus group discussion because she feared the response of the other scholars. She feared that others would marginalize her if they knew that she had been married before and had three children.

It is important to note that the scholars offered solutions for some of the issues addressed. They felt it was important to establish youth organisations that addressed the needs of the youth. They suggested that peer groups where older scholars encouraged the younger girls to remain in school would address some of the key issues. Finally, they felt it was important to establish a mother-daughter group which could educate girls on matters of sexuality, particularly matters pertaining to the negotiation of safe sex. It was these solutions that inspired the structure of the combined focus group discussion, during which the women were encouraged to advise the scholars how they would go about negotiating safe sex.

The role play served as a platform on which issues could be raised. One of the most pertinent issues highlighted was that of men's dominance both in the public and private domains. The scholars conveyed that in the classroom environment, the boys tended to be more dominant. The women felt that in the private domain, it was the men who had power over decision-making. Men's dominance can be attributed to the gender roles that both girls and boys are socialised to perform.

4.3. Gender roles

Boys and girls in Misozi a aMai are socialised into traditional gender roles. After considering that gender roles are socially prescribed to men and women, it is easier to establish how agencies of socialisation assist in perpetuating or challenging these gender roles.

The gender roles that boys and girls are socialised into in Misozi a aMai traditionally reserved the public sphere for men and confirmed their dominance. Men take a more primary role in decision making, money matters and sexual relations. Women on the other hand are responsible for domestic duties. These duties marginalise them significantly as they hinder

their ability to pursue formal employment opportunities or restricts their access to informal income generating activities. The gender roles that women are socialised to perform also limit their ability to negotiate safe sex.

4.3.1. Male dominance

The domestic arena was clearly demarcated as a female responsibility. Such activities are not recognized, there is no remuneration for them, and as such they are exploitive. From my observations it was evident that often unemployed men did not take any responsibility for household chores. Often the men would be drinking whilst the women were farming, fetching water, cleaning, looking after their children or selling produce in the streets. It was not uncommon to find men drinking from as early as 10 o'clock in the morning. In observing the men of Misozi a aMai in the public sphere it was evident that alcohol consumption is very high amongst the men. Munthali & Zulu (2007) argue that drinking is a social performance that reinforces men's masculinity. Machiso, one of the participants brewed and sold alcohol at her home. It was there that we conducted the first focus group discussion with the older women. This was also where we conducted an individual interview with her. Her customers were all male.

I used public transportation to travel to the area in which the research was conducted. This enabled me to observe the way in which people communicated and interacted with each other and the discourses that were prominent. The men, for example, were often very vocal and were very active in acting in ways which reinforced their masculinity and dominance. When they were intoxicated with alcohol this was more evident. One incident recorded in my daily journal reflects such a performance,

> *The men in the bus were very entertaining; the smell of beer consumed the little air in the minibus. One of the men was boasting about how when two women fought over him, he decided to leave them both and take another woman. It seemed to amuse the men quite a bit. They became very vocal and supportive of each other. In contrast, the women remained silent and did not participate.*

This incidence demonstrates that even in a public environment such as a minibus with women present, men objectify women. The performance of their masculinity in this setting reinforces their role in the social hierarchy. Whilst the men participate in such banter, the women remain silent, reflecting their social position by not challenging men publicly. Furthermore, this boasting and bragging of being what in Chewa tradition is referred to as the male goat, *tonde,* reinforces their masculinity and their position in the social hierarchy. In Malawi the norm is to buy one male goat, referred to as *tonde* and several female goats; it is this one male goat that is used to increase the herd. Tonde is very aggressive and is the leader of the herd. Their tonde-like performance suggests that women are seen as interchangeable objects. The performance of tonde reflects prevailing social expectations of gender with regards to men's social and sexual status. Women's social and sexual status on the other hand reflects the subservient roles that society prescribes them.

4.3.2. Dependent women

Women's lack of education due to an environment that has not historically been supportive in advancing their education has significantly decreased their employment opportunities. As such many women find themselves in marginalized roles. Less women than men complete school, therefore men have better employment opportunities. This patriarchal dividend is further entrenched by the expectation that women tend to the farming and other domestic chores contributing to household subsistence. Hence they often do not have time to search for other work. Men on the other hand are able to travel to town in search of odd jobs. Although there are limited opportunities for formal work in Malawi, men are able to find informal employment in areas such as construction. Women cannot pursue these opportunities because such work is seen as masculine and reserved for men. Whilst men seem to have more opportunities to secure work in the public sphere, women tend to be locked into domestic work in the private sphere.

Nine of the older women attributed their limited educational attainment to insufficient funds to cover their school fees. They felt marriage was the only means through which they could make ends meet. Sally for example dropped out of school in form 3 because her parents

could no longer pay for her fees. Two years later she married her husband. There was a certain level of pressure exerted on her to marry by her parents. She mentioned that she was afraid to leave him because as a married woman, she no longer received support from her parents and relied on her husband for financial support. Most of the women had dropped out of school before form 3.

The older women suggested that even in cases where funds were available to pay fees, girls dropped out, because they believed that their material needs would be met through marriage. The women countered that they had seen scholars envious of their married friends who were able to afford clothes and other consumer goods. This envy that they felt led girls to drop out of school. Claire for example mentioned that whilst she was at school one of her friends became pregnant. Seeing how her friend was treated initially by her partner and feeling left out, she also became pregnant two months later.

Motherhood in this instance was enviable, suggesting that women find some sense of satisfaction in this role. Mungwini (2008) suggests that through the role of motherhood, women find some sense of belonging, a sense of a social identity.

Although motherhood gives women a sense of purpose and satisfaction, the accompanying responsibilities places demands on their time. The identity of motherhood comes with certain constraints. For example Esther is unable to look for work because she does not have anyone to look after her child. This constraint prevents her from earning an income and increases her dependence on her husband for financial support. Since she is not able to support herself financially she adheres to her husband's wishes fearing that he will deny her money for food should she oppose him. She will not refuse his demands for unprotected sexual intercourse given her financial dependence on him and her fear of being abandoned.

In other instances girls who become pregnant drop out of school and do not return because of the fear of being stigmatized. In Florence's case she returned to school after giving birth to three children. Her husband left her and she felt that in order to provide for her children she needed to complete her secondary school education. Nevertheless, she is still afraid to disclose her role as a mother to others for fear of being stigmatized. She mentioned that she

fears that the other scholars will look at her and question what a mature woman with three children is still doing in school. Furthermore she fears that the scholars will not want to be associated with her because she is in a sense a "mature" woman and they are still girls.

Women often are unable to leave an abusive relationship as they fear abandonment and with limited schooling and employment prospects, fear financial insecurity. In the rural and peri-urban contexts opportunities for women remain constrained by socially constructed opportunity structures which favour men. All women expressed the desire to work in order to gain financial independence, but were impacted by their socially prescribed roles which hindered their ability to do so.

Only two of the older women had employment as domestic workers. However, even when employment is secure, they face risks. Mkandawire-Valhmu (2006) suggests that domestic workers often fear advances from their male employers. In some instances these advances can become violent resulting in rape.

Esther sought informal employment in the form of odd jobs, e.g. paving the roads. She was able to do so because her husband had passed on. Her husband's passing enabled her to make certain decisions without seeking permission. Other women engaged in informal activities in order to earn some form of sustained income. For example, Machiso brewed and sold alcohol. Others sold produce from their farms on the road sides. Celine mentioned that her husband would not allow her to work because he feared that she would be unfaithful. Taking Esther and Celine's experiences into account, it appeared that men jealously guarded access to employment given the power it vested in them. Regular income would decrease the dependence of their partners and imply a loss of influence.

Government has recognised the lack of opportunities for women to generate income and as a result has developed a pilot micro-lending scheme exclusively for them. The micro-lending scheme in Misozi a aMai involved 18 women who were given loans on a monthly basis. They were expected to repay the loans bi-monthly. An official from the District Commission was sent into the village to educate these women on financial planning and provide them with

2,000 Malawi Kwacha each.[10] These women face challenges with this system, such as an inability to pay back loans, the limited time in which to pay back the loans, the limited amount of funds available and coercion from their partners to hand over the money they have borrowed. Although there were some challenges in the running of the scheme, the women who participated in the micro-lending scheme took full advantage of the opportunity. More women were keen to participate but could not due to the limited funds available.

From conversations with the men whilst waiting for mini-bus transport back to town, their displeasure with the micro-lending scheme was apparent. They argued that women were not capable of handling the money appropriately. Furthermore they felt discriminated against by being excluded. These perceptions of the micro-lending scheme reflected socially prescribed gender roles as well as the key role controlling money played in maintaining hierarchies. Men's responses to the micro-lending schemes for women suggested that they were not aware of gender inequalities or perhaps chose to disregard them.

4.4. Agencies of socialisation in Misozi a aMai

Family and kin, education (formal and informal), religion, media and other intervention programmes are agencies of socialisation in Misozi a aMai. In some instances agencies assist in reinforcing subordinate roles for women and in other instances increase women's agency.

4.4.1. Family and kin

Discussions regarding how parents influence gender socialisation were often prompted by the interviewer. Their role in socialisation was perceived as highly influential by the participants. The topic of siblings on the other hand was often brought up by the participants themselves, in particular the influence of female siblings. Family and kin constitute normative reference groups that play an important role in reinforcing socially prescribed gender roles.

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[10] MK2000 = ZAR 87 (02/2011)

4.4.1.1. Parents

Parents play a particularly influential role in girls' early development as interactions between mother and father represent social interactions in the outside world, which the girl is encouraged to observe and imitate. Machiso and Florence regarded their parent's relationships a model for how their girls should behave and how they should interact with boys. Both mentioned that they learned from their parents what their duties and responsibilities would be once they were married.

Several themes emerged from analysis of the data as influences in socialisation of the women. The first being parents attitudes to education and second their sexuality and how this impacted on the women's ability to negotiate safe sex.

4.4.1.1.1. Parents on Education

In the past parents saw little value in educating girls who were viewed as less "smart" than boys. However, gendered roles that required girls to perform domestic chores hindered their ability to succeed academically because they often had no time to do their homework or would sometimes have to skip school in order to complete certain household chores. Education was seen as more beneficial for boys than for girls. For example, Esther's parents would often tell her that school work was not real work. As such if she neglected to do her chores, her parents would not prepare lunch for her in order to discipline her. Esther's parents felt it was more important for her to focus on domestic responsibilities than on school. Her brother on the other hand was free to do as he pleased. In most situations parents encouraged their daughters to get married as opposed to completing school, perhaps to lessen the burden in the context of poverty. The scholars mentioned that in some cases parents continue to disregard the value of girls' education. Girl's domestic responsibilities were linked to their inability to perform well in school by participants. It is also given as one of the reasons why girls drop out of school.

A significant difference emerged in the experiences of the scholars and the women. The women mentioned that their parents' saw no value in girls' education. As such more emphasis was placed on them performing domestic duties as opposed to doing well in school. This served to train them in the roles they would play in the future as wives and mothers. The scholars however, found that it was becoming increasingly easier to negotiate with their parents regarding chores. In negotiating their chores, scholars were able to find more time to focus on their work. This suggests the start of change in the dynamics between parents and their daughters.

4.4.1.1.2. Parents on sexual intercourse and sexuality

In the past it was considered taboo for parents to address issues of sexual intercourse and sexuality with their adolescent teens. As such parents had limited experience in engaging their children in sex education and discouraged interaction between the two sexes. The former practice was used as a means to prevent intercourse amongst adolescents. A girl who interacted with boys was considered "loose". However, culturally, a boy was encouraged and in fact commended for having more than one girlfriend. This reinforced socially constructed gender identities.

However, in light of the HIV pandemic publicising of issues pertaining to sexual intercourse and sexuality, the older women were of the opinion that parents felt forced to be open with their children on these matters. They referred to this as "China has arrived"[11] meaning that even little children were aware about sex and condoms from video shows, radios and intervention programmes they had happened to have eavesdroped on.

Esther reflected on how her own child once came to her and asked her about sex. Her daughter told her that she had heard about sex from her friends when they were playing. Esther, embarrassed responded by telling her child that they were lying and that she should never mention it again. Esther's comments contradict the notion that parents were becoming

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[11] When the women say that China has arrived, they refer to the pervasiveness of the message being broadcast everywhere. In Malawi, most products including clothes, building materials, household appliances, cutlery are imported from China. The women are thus implying here that in China, anything is possible. It is even possible for a child to know about sex in China. They are also implying that sex is everywhere.

more open with their children. It appears that many parents continued to struggle to communicate with their children about issues pertaining to sex, regardless of the fact that such issues no longer remained in the private domain. Florence also mentioned that her parents could not speak to her about sex because she felt that they might be embarrassed to do so. Traditionally when a girl reaches menarche a close relative or *anankungwi*[12], is called in to advise the girl about how to care for herself and how to handle herself during menstruation. The girl will not only be schooled about issues pertaining to hygiene but also about issues related to sexual intercourse and relations with men in general.

Most of the women were still conservative with regards to educating the young on sexual intercourse and sexuality. They felt that public discourse around sexual matters was one of the reasons girls were becoming more promiscuous. However there are certain tensions between the women and the scholars because the scholars felt that they needed to be more informed about sexual matters in order to increase their sexual agency.

Given the examples mentioned above, although the lines between public and private discourse are beginning to blur, parents continue to rely on relatives, traditional authorities or schools to address issues of sexual intercourse and sexuality with their adolescent teens. Parents are wary of discussing sexual matters with their teenagers because they do not know how to approach the topic. In Esther's case, her embarrassment with regards to the child's query as shown in her mannerisms and in the way she spoke with her head bent was clear. Telling her daughter to not ever talk about "it" again showed that she was unable or unwilling to address the questions her daughter raised. Perhaps she did not know how to go about responding to her daughter's intimate questions which made her uncomfortable. They only admitted to knowing very little about sexual intercourse and sexuality as their parents did not discuss these issues with them. Their knowledge of sexual intercourse might be broader, however, they did not disclose this information as the environment may not have been conducive for them to do so. Given the girls' response, the role that parents play in teaching their children about sexual matters has not changed. They are not as yet discussing issues pertaining to sexual intercourse and sexuality with their children.

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[12] Anankungwi is the main teacher who provides the girls with instructions during the initiation. She is also the person who initiates ceremonial rituals.

4.4.1.2. Sisters

Older sisters can play a major role in reinforcing gender roles that are socially prescribed. They can be positive role models and play a significant role in increasing girls agency. Three of the scholars mentioned that their choices to pursue education were greatly influenced by their older sister's actions. Some saw how their sisters' completion of school increased their success in obtaining employment and income. Others saw how their sibling's inability to complete school had negatively affected their lives and marital circumstances.

4.4.1.2.1. Sisters on education

Agnes said that she was motivated to remain in school because her older sister completed school and was a soldier. She witnessed her sister's success occupationally and materially and as a result wanted to follow the same path. Finishing school would enable her to train further to become a nurse. Being trained professionally would secure a better life for her where employment opportunities would be increased and she would not be dependent on her partner for financial security.

Nancy who used to live with her sister, saw how her husband mistreated her. Her sister might have been able to remove herself from the abusive situation had she completed school. Instead she was dependent on her husband for food and shelter. He often did not come home for two to three days at a time and even when he was home, he rarely gave her sister money for food for herself and their children.

"We lived a difficult life, we slept hungry, it was difficult."[ii] For translation see appendix 8.12.

Nancy was motivated to remain in school. She saw education as a key to opportunities to earn income and avoid the dependency on a male partner and abuse her sister experienced. She contended that she wanted to be self reliant so that should she ever find herself in such a situation, she would be able to remove herself from it and provide for herself financially.

Nancy's sister was fortunate to be able to return to school. At the time of the study her sister had a good job and was self-reliant. Nancy mentioned that her sister was still married and

that her husband no longer mistreated her. Nancy's observation was that once her sister completed school, she gained more autonomy in her marriage and that this autonomy contributed significantly to the lessening of the abuse that she experienced in marriage. As such, Nancy had a strong desire to complete school as a way of avoiding the difficulties her sister had faced in her marriage.

Many participants learned from the experiences of other women and used these experiences to inform their own decisions which they believed would be beneficial to them in long run. This awareness reflects concientisation. Giroux (2002) suggests critical thinking is the capacity to observe common social situations and question the positive and negative consequences of a given situation. By engaging in critical thinking individuals are capable of making informed decisions about their own situations. For example, Nancy was able to learn from her sister's situation and observed the consequences of insufficient education and early marriage. These experiences motivated Nancy to remain in school. She was able to link dropping out of school to dependence, abuse and limited choices and in contrast education to greater opportunities and the freedom to make choices.

The different experiences of the two groups of women suggest that younger women are beginning to reflect on how their actions impact on gender relations from an increasingly earlier age. Carol also suggested that because women are able to recognise the value of girls' education, they are beginning to encourage their own daughters to remain in school.

4.4.1.2.2. Sisters on sexual intercourse and sexuality

Two of the older women and one scholar mentioned that their siblings had played an important role with regards to teaching them about sexual intercourse and sexual and reproductive health.

According to Florence her siblings had taught her about *zokoka* and gave her instructions on how to please her husband. They explained that an elongated labia during intercourse added to a man's sexual arousal and that a woman without it, will not be able to fully satisfy her

partner. Often women attribute the lack of elongated labia to the failure of some marriages. Siblings in some instances reinforced gender roles as well.

Sally disclosed that her sister was HIV positive. As a result she had refused to engage in unprotected sex with her husband, having witnessed the suffering that her sister had to endure. Sally further indicated that her sister was supportive of her insistence that her husband be tested. She also encouraged her to use condoms until his status was known. Her sister welcomed her into her home when she was forced to flee from her husband who had become aggressive and attempted to rape her.

In light of the HIV pandemic scholars were becoming increasingly aware of how certain decisions affect the successes of their sisters. This in turn helps them make critical decisions with regards to their own future. Such a concientisation shapes their future trajectories. In general, very little information is available to girls on sexual matters and sexuality from family and kin. Given the decline of traditional initiation schools, girls are beginning to rely on the church and school to teach them about sexual matters and reproductive health. Therefore where family and kin fail, other agencies such as peers shape their knowledge.

4.4.1.3. Concluding remarks

The type of interaction that is condoned between women and men continues on further into adulthood. In the role play, the husband was very critical of his wife interacting with another man. Being seen with a man other than your husband results in accusations of infidelity. From observation, it was evident that the women chose to avoid associating with men to protect them against charges of infidelity. All the same, teachings that they learnt during their youth remained with them even in adulthood.

Both the women and the scholars pointed out that not all the girls of this community conform to socially prescribed gender identities. Agnes, Carol and Sally expressed that they did not conform to these gender identities. Sally mentioned that she in fact had been interacting with boys from a very young age and her parents simply had to accept it. Sally said she preferred

to interact with boys because girls were always gossiping about each other. In doing so Sally developed the ability to communicate with the opposite sex, furthermore she adopted characteristics that are considered typically masculine; as such she was able to challenge her husband's authority. Although Sally's husband was still violent with her when she refused to have sexual intercourse with him, she was able to fight back. She continued to do so regardless of his threats to divorce her. She refused to have sex with him if he did not use a condom. When her husband was violent, she fought back.

4.4.2. Peers

Peers played an important role in reinforcing socially prescribed gender roles. The reinforcing of these roles suggested that they had internalised them and were living their lives in accordance to them. For example, according to the scholars, the girls at Misozi a aMai policed each other by stigmatising the girls who socialised with boys. Girls who interacted with boys were subjected to gossip. The other girls teased them and accused them of being loose. This stigmatisation is a form of punishment that the girl must endure for transgressing the expectations attached to her gender identity (Butler, 2002; Stormquist, 2007). These powerful sanctions resulted in girls isolating themselves and refraining from fraternising with boys. This type of interaction perpetuated girls' fear of men as they based their knowledge of men on situations they had witnessed, experienced or heard of. For example, scholars had the perception that "all men are aggressive". This is evident in Melissa's comment,

"Maybe for example with this disease that has come these days, you see that your husband is not being faithful, for you to sit him down and say, "you're not being faithful" or "you have a girlfriend" and what not, you just remain in fear. "What if he hits me. No I won't tell him." And just like that you get the disease."[iiii] For translation see appendix 8.12.

Carol and Agnes both mentioned that they preferred to interact with boys because they were smarter and they could learn a lot from them. Furthermore, they mentioned that girls were often not the best companions because they gossiped about each other. They mentioned that the cost of their transgression was stigmatisation and gossip.

4.4.3. Initiation

Initiation in Misozi a aMai played a significant role in gender role socialisation. Two forms of initiation occurred in the community. The first is *chinamwali cha kunja*, which refers to initiation by a traditional authority. The second, which has become more common is initiation through the church.

The women confirmed that traditional initiation was no longer common in their area. Only one woman had experienced traditional initiation. Machiso was initiated into womanhood through the Manga'nja[13] tradition. It was during her initiation that she was advised on sexual intercourse and sexuality. She mentioned that people were not aware of HIV at that stage and as a result sex education mostly focused on hygiene, motherhood and wifehood. Agatha and Nambewe concurred with her account, reflecting that although they had been initiated through the church, they were not taught about HIV because the disease was not yet known. They did, however, mention that during initiation girls were taught discipline central to which was respect for their parents and husbands. If there was amongst the initiates a girl known for misbehavior, for example, talking back to her parents or playing when she should be performing chores, the entire group of initiates would be punished in various ways for her behaviour. For example, they would be forced to dig the ground with their chins. They also mentioned that girls were taught how to please their husbands during traditional initiations.

According to Nambewe during her adolescence girls were taught that in order to keep a husband they must never deny him sexual intercourse. Nambewe recognized that these instructions were no longer relevant especially in light of the HIV pandemic. She mentioned that her own sister was recently initiated and the instructions given suggested that adaptation was occurring to ensure that women were protected. For example, girls were taught about HIV and how to pick a good partner. They were also taught to stay away from uncircumcised men.[14]

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[13] The Mangan'ja are an ethnic group in Malawi.
[14] Nambewe mentioned that men who are uncircumcised are not only considered children, but are also considered dirty. In light of recent findings around circumcision, this knowledge can be considered beneficial to

Initiation rituals such as fisi and the practice of *kusasa fumbi*[15] were no longer performed in Misozi a aMai. During the time of the study women suggested that *fisi* is only performed in situations where a man is impotent and invites a friend or relative to sleep with his wife in order for her to conceive. This is, however, done secretly. As in most societies around the world, impotence is highly stigmatized and in this case could result in ridicule from peers. Although none of the women mentioned having experienced *kusasa fumbi*, they gave examples through stories they had heard of such rituals being practiced in other areas. Sally shared that,

> "The Nyau[16] men are very promiscuous and sleep with the girls. They take girls from different huts and say that we have found initiates so that they can have sex with them. Those things are still happening amongst the Chewa. They are not changing." [iv] For translation see appendix 8.12.

Nambewe mentioned that even though she was initiated in the church, men still chased after her once they discovered that she was initiated. They wanted the opportunity to dust the sand off her. In this practice a man engages in intercourse with a girl in order to cleanse her. None of the scholars or the older women mentioned having experienced *kusasa fumbi*, perhaps out of coyness or in the case of the scholars denying sexual relations. There were several other cultural practices that the women mentioned and although these practices were not evident within their community, they mentioned that they had heard stories where such practices were performed. Nambewe describes one such practice below,

> "Like from my home village when the boys from jando[17] are coming out, the girls also come out and they go and bathe together... That means that the instruction given at the water is similar. But also this is exactly what teaches children promiscuity. Because a boy and a girl can not go and bathe together at the water. "[v] For translation see appendix 8.12.

The older women acknowledged the value of initiation. Initiation was regarded as particularly important amongst Malawians because it was the time during which children were taught the values and beliefs guiding adults in the community. However, the women were also aware of the dangers surrounding traditional initiation particularly with regards to the rituals practiced, for example they mentioned how *kusasa fumbi* promoted promiscuity amongst adolescents.

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the girls. Men who are circumcised are less prone to contracting STI's as the cells that are receptable to such infections are predominantly found on the foreskin (Vincent, 2008).

[15]Kusasa fumbi means dusting off the sand, refer back to chapter 2 section on initiation.

[16] The Nyau are a male secret society.

[17] Jando is the name given to the boys' initiation ceremony.

They were also aware of how rituals could result in adolescents contracting HIV. Although *kusasa fumbi* is a dying practice in this community, many of the older women suspect that it has been replaced by the arrival of "China". The women feel that there is greater permissiveness and less control of adolescent behaviour, particularly with regard to sexual intercourse and sexuality. Women were very suspicious of the scholars promiscuity often accusing them of lying when they claimed not to have engaged in sexual intercourse. There was a clear narrative of accusation by the older women and denial from the scholars. However, the women do have reason to be suspicious considering the escalation of adolescent pregnancies in the area. Therefore with the arrival of "China" many parents opted to send their children to the church to get initiated because it encourages abstinence.

4.4.4. The church

Most of the scholars revealed that they had been initiated in either in the Catholic Church or the Seventh Day Adventist church. They mentioned that during this ceremony they were taught abstinence. Mavuto was initiated in the church. She mentioned that the church had taught her abstinence. She also explained how she was practicing this in her life. Before starting a relationship with her boyfriend, she told him openly that she would not have sexual intercourse with him until they were married.

According to Florence the church taught girls how to choose a good husband. They were taught to look at the boy's family and his background. These were taken as indicators on how he will behave. The girls mentioned that the church instructed them on issues pertaining to HIV. They explained how the disease is contracted and that the only means to avoid contracting HIV is abstinence.

The scholars mentioned that the church encouraged them to remain in school and report any problems, such as lack of fees. In Florence's case one of the priests assisted her in obtaining a bursary from social welfare. They helped her approach the organisation, which in turn assessed her situation and awarded her a bursary.

From the experiences shared it is apparent that traditional initiation practices in this community have changed in response to the HIV epidemic. Though traditional initiation is still reported to be common in other communities, initiation in Misozi a aMai continues to be adapted to address social issues that are pertinent to the community. The churches play an important role in resocialising their congregation. For example, Mary mentioned that the Catholic Church in the area frequently dealt with questions related to HIV, thereby raising awareness on the issue. The church also has a time dedicated to helping people living with HIV. The congregation is encouraged to not stigmatise people living with HIV. They not only pray for them, but they provide them with bags of corn for sustenance.

The church and initiation provide informal education to both adolescence and adults. Schools provide formal education and are major agencies of socialisation in this community.

4.4.5. School

There is only one secondary school in Misozi a aMai. Permission was granted by the principal for me to sit in on the classes. I engaged in informal conversations with the teachers, the principal and some of the other students. One of the teachers mentioned that he found teaching in this environment to be challenging because there were only six teachers, as such many of them found themselves having to learn new subjects in order to teach the learners. It is important to note that all the teachers were male. This substantially influences not only the response of the girls, but also gender relations in the classroom environment.

The teachers mentioned that HIV and gender education had been incorporated into the subject life skills. The curriculum focused on teaching learners about HIV/AIDS, organisations that support people living with HIV, testing and prevention. Gender education focuses on educating learners about equality particularly the desirability of equality in job opportunities for both sexes. The teachers mentioned that text books gave examples that were relevant to the situations of the learners and as such it was easier to engage the learners in certain subjects.

It is important to note that although there is a significant improvement in girls' attendance at school, the number of girls in the classroom remains significantly lower than that of boys. In Misozi a aMai, there were 10 girls and 25 boys. As a result of the number of boys in the classroom setting and the perception that boys are smarter, girls become very intimidated and timid.

4.4.5.1 Gender dynamics in the classroom

Amongst the older women and the scholars, there is a general perception that boys are smarter than girls, particularly in subjects such as mathematics and sciences, which is a commonly held view globally (Stromquist, 2007). This could be as a result of long standing gender inequalities and gender roles.

Schools provide formal settings where boys and girls become aware of and grow into their gender identities. Boys tend to be more aggressive and reinforce their places as men in the social hierarchy. It is in these environments that boys and girls consolidate their roles within society (Stromquist, 2007).

The girls expressed that they were unable to answer questions because of the fear of being teased by the boys.

> "What I can say is that we are still very constrained because what happens is that when the teacher asks you a question and you answer it wrong the boys laugh at you." Florence II 3[vi] For translation see appendix 8.12.

By teasing the girls when they answer questions, the boys were policing the girls and reinforcing the notion that girls should be passive. The teacher who presented the class often gave equal opportunity for both boys and girls to answer questions. However, he did so possibility for my benefit, in order to present a positive image. When the scholars were asked if the teachers play an active role in encouraging the girls to participate, Florence expressed that the teacher's did not play an active role. This suggests that even though the curricula has been adapted to be more "gender friendly", the teachers were not incorporating this in the classroom environment.

All the women mentioned that HIV and gender education were not taught during their time at school. They believed that the change in curriculum would be beneficial to girls in raising their awareness from a younger age.

4.4.5.2 Teachers

Having sat down with the teachers I found that they were not sensitive to inconsistencies in the way in which they approached their students. For example, they mentioned that they had students who were at the school previously and were currently in college or working, who came to speak to the form 4 students. They believed that these students served as role models and motivation for the other students. When I asked them how many of the students were girls, they said none of them were. From my observation of their responses, it didn't seem as though they saw the value in female role models. This is typically an example of what Stromquist (2007) refers to as "gender blindness". However, it also reflects the limited opportunities girls have to interact with positive female role models and maybe even subsequent limited opportunities.

Gender blindness is the inability of the teacher to recognise when they were being biased towards a student because of their sex. From their perception they believe that they were treating students equally. However, perhaps due to traditional beliefs of gender, they were unable to recognize gender inequalities within the classroom setting. Another reason for their inability to acknowledge that gender inequality still occurred in the classroom setting could have been their need to present their teaching as egalitarian and gender sensitive. It is human nature to want to put one's best foot forward, particularly in a situation where one feels that one's practices are being examined (Czarinawska, 2004).

Although I explained to the teachers that I was a student conducting research for my masters, mentioning that I was awarded permission by the District Commissioners Office might have made them think they were being evaluated. This motivated them to demonstrate their gender awareness. For example, the teachers mentioned that youth groups were very prominent and active in this area. They did so in order to show that efforts are being made to

provide support for their students. However, this contradicted with what the scholars had told me. They said that there were very few youth groups and they felt a general lack of support from their peers, teachers and general community.

According to the chief's brother, one of the students at the school was in fact married to one of the teachers. This brought to light the question of whether the teachers were not in fact reinforcing patriarchal norms as opposed to challenging them. Stromiquist (2007) suggests that teachers grew up in a time where patriarchy was at its peak, as such even though they teach the students according to the set curriculum, they fail to recognize the benefits of a gender friendly environment and as such continue to perpetuate patriarchy in the classroom setting.

Gender roles in the classroom environment remained infused in patriarchal practice. Teachers reinforced gender stereotypes through their inability to genuinely grasp gender inequality. Furthermore there were no female teachers at the school, as a result girls had no female role models. Sex education was mainly focused on HIV education. It only addressed the bio-medical risks of sexual intercourse. Social factors that contributed to the increase in HIV infections were not addressed. Positive gender messages remained invisible in the classroom setting. As such, the school environment did not promote sexual agency. Instead it artificially addressed issues pertaining to HIV prevention and education.

4.4.5.3. Media and other intervention programmes

The church, family and kin played varying roles in the dissemination of HIV prevention messages. Media and other intervention programmes also contributed to the dissemination of HIV/AIDS awareness messages. Media in Misozi a aMai was present in the form of a wireless radio, however, not all households had access to it. As the area was somewhat isolated, the government targeted this community through the use of Theatre for Development (TfD) groups that presented plays that address issues such as HIV/AIDS.

The women mentioned that there were indeed several intervention programmes visible within their community. These came in the form of TfD performances, forum group discussions,

radio talk shows and radio plays. They often mentioned programmes pertaining to HIV/AIDS awareness and testing. They related well to the role play because most intervention programmes were presented to them in a theatrical manner. They reflected great knowledge on HIV/AIDS in the discussions and the interviews. For example, Machiso and Mary who disclosed that they were HIV positive mentioned the necessity of condom-use in order to prevent re-infection. The women also mentioned that the awareness programmes are very beneficial to women because it provided a platform on which relevant issues could be addressed. Machiso disclosed her seropositive status during her individual interview and as such it remained confidential. Mary disclosed her seropositive status during the focus group discussion. Mary openly attends support group meetings in the community and actively participates in HIV awareness advocacy. The community was already aware of Mary's status.

However, the women did express concern with regards to the implementing of these programmes. For example, there were several radio dramas that use edutainment to address issues of HIV. Some of the women expressed their concern about the times at which these dramas were aired. They concluded that these dramas were aired at times when children were awake and parents were not always present to monitor what their children were listening to. As a result, children became aware of sexuality at a much younger age.

Carol mentioned that organisations that come into the community to present intervention programmes do so without considering tradition. Malawi is a very conservative country and traditionally children learn about sexuality when they come of age. She felt that organisations have displaced this system by introducing issues of sexual intercourse and sexuality to children who have not come of age. The women believed that although these organisations and radio dramas have good intentions, they are destructive of the moral fiber that is structured around tradition.

The scholars expressed that there weren't any intervention programmes that they had witnessed. Although the curriculum did indeed incorporate HIV and gender issues, there was a lot lacking in terms of media and other intervention programmes, which is perhaps why girls still dropped out of school to get married or as Clara mentioned to get pregnant. It seemed

that the attention of government and non-government organisations alike was on targeting older women through media and intervention programmes that addressed issues of awareness, prevention and living positively. These organisations neglected to provide intervention programmes that promote educating girls and remaining in school.

As mentioned above, the scholars suggested the creation of a group that would create a platform on which they could receive guidance on relevant issues. The third focus group discussion provided an opportunity for this interaction to take place. The women told the scholars that getting married brought a lot of difficulty because often they would be suspicious of their husband's fidelity and were not able to negotiate safe sex easily. The women encouraged the girls to remain in school instead of rushing to get married. They expressed how the challenges of marriage outweighed the benefits.

The lack of youth groups and media and intervention programmes targeted towards the youth decreased scholar's access to information that could be invaluable to their well-being. Girls continue to drop out of school and support from media and other intervention programmes is necessary in order to decrease the number of girls leaving school. Although the older women saw the value in intervention programmes and HIV/AIDS advocacy, they still held the traditional values of keeping sexual matters in the private arena, particularly because they feared the corruption of those who had not yet come of age. The girls on the other hand felt that there was not enough intervention targeted towards adolescents. This suggests that incremental changes are visible amongst the minority, but for most tradition is still dominant.

4.5. Dropping out of school

Dropping out of school emerged as a critical theme during analysis. Scholars dropping out of school significantly decreased their opportunities in the long run, leaving them with limited means of obtaining income. There were two reasons given for why girls drop out of school; domestic chores and envy.

4.5.1. Domestic chores

Domestic responsibilities often hinder a scholars' ability to perform well in school. Florence shared,

"Maybe I can say that we girls are just too preoccupied. Like on my side, I'm the only one at home. And for me to get home its really far. When I leave here whether I walk or I take a bike...like now if I leave now I'll probably get there at around past six to seven because its very far. So I see that its a problem for me to go and get my books to read. I'm tired by the time that I've walked from here to home. Its a long distance, its very far. I see it as a problem." – Florence
vii For translation see appendix 8.12.

They have less time to focus on homework and studying. Often girls consider leaving school because their domestic chores are considered more important. The women in Misozi a aMai however were in disagreement on the issue of domestic chores and how it affects girl's performance at school.

The older women and scholars argued gender roles continue to be strictly adhered to. Girls performed domestic chores such as cleaning and cooking, whereas boys were allowed more free time, which they often used to read books and do homework and other school assignments or school-related activities enabling them to perform better. Girls continued to be socialised into roles of motherhood through the domestic duties they were expected to perform. Carol gave an example: some water had spilt on the floor from the juice that was given to the women as refreshment. She mentioned how a girl simply would not leave it there as she knew that it is her responsibility to fetch a mop and clean it up. A boy, on the other hand, could walk past spilled water without concern. Parents continue to promote unequal gender roles in the home. As such girls tend to take on more responsibilities than boys.

Esther reconfirmed this explaining that if a boy was seen to be performing girls' chores, he would be laughed at and ridiculed. Both Esther and Carol argued that girls could not use household chores as a reason for not performing well at school. They posited that if a girl were focused and wanted to succeed in life she would make time to study regardless of how time consuming her chores were. They also argued that it was a woman's responsibility to perform certain chores.

Melissa and Agnes suggested that it was the girls' responsibility to speak to their parents and explain that they needed more time for their books. Agnes mentioned that her parents encouraged her to study and did not force her to perform chores around the home. She also

mentioned that during the holidays her brother performed chores that could be typically considered women's work.

Carol and Esther felt that traditionally women were expected to perform certain chores and as such it was their responsibility to do so. They considered a girl unable to perform her duties as lazy. As a result of overloaded responsibilities, girls drop out of school. Carol contends,

> "...once a girl reaches the right age she has a lot of responsibilities. That is the time that our parents see as the right time to bring all the things you've learned together so that you can become a real woman"[viii] For translation see appendix 8.12.

Even though there were very few girls in the secondary school at Misozi a aMai, Florence mentioned that this was a significant improvement. When Florence first dropped out of school, she noted that there had only been one girl in the form 4 class. At the time of the study there were ten girls in form 4. This suggests that parents were beginning to recognise the value in educating their daughters and the need to make an effort to do so in spite of the many challenges. In Agnes' family for example, her parents encouraged her to remain in school. They were accommodating, minimizing the number of chores she had to do and getting others in the family to perform these chores so that she could spend more time studying.

4.5.2. Envy of peers (Kusilila)

The girls mentioned that they do envy their peers who have partners to buy them clothes and other material things. Esther felt that,

"The problem these days with girls is that they are envious. That's why they end up being pregnant or contracting HIV. Their friends have something that they want and their parents cannot afford to buy it for them. They ask where their friend got it from, "Ih, I got is from so and so". So then the girl finds herself looking for a boyfriend or a man who can give her money so she can also buy that thing."[ix] For translation see appendix 8.12.

This envy sometimes led to girls dropping out of school to get married or to find boyfriends who could give them money. Florence mentioned that when she dropped out of school, she had done so because she was envious of her friends and the married life they seemed to enjoy. Initially she idealized the notion of being married; but after experiencing married life she noted that there were many challenges to married life.

The form 4 scholars mentioned that they too were sometimes envious of their married friends. This envy (for lack of a better term), sometimes led to girls engaging in transactional sex in an

effort to help meet their basic needs. Melissa mentioned how some of her friends encouraged her to have sex with an older man rather than continue to struggle to find relish or soap. Nancy mentioned that she did not participate in such activities because she knows that everything comes in its own time. However, scholars also heard of and saw the challenges that their friends experienced when they entered marriage or engaged in transactional sex. The scholars mentioned that often their peers would encourage them to remain in school because married life was not what it appeared to be. Melissa stated that,

> "...those who got married and left school, they also tell you, "Friend, marriage is not good, you struggle with this and that..." [x] For translation see appendix 8.12.

The scholars also mentioned that they had friends who had completed school and motivated them to remain in school because they could see the benefits of completing school,

> "Those who finished school and are somewhere now, they also tell you, "Finish school, when you finish school you'll do this and that...". So you also get encouraged and admire them." [xi] For translation see appendix 8.12.

Both the women and the girls felt that envy played an important role in girls rushing into marriage or even engaging in transactional sex. They felt that envy was leading scholars to become promiscuous and engage in activities that would increase their health risks and dependence on men.

4.6. The negotiation of safe sex and dealing with gender based violence

Many researchers have suggested that the promotion of ABC is not effective in the rural communities. None of the women considered abstinence an option. Abstinence was only taught to the women as an option prior to marriage as such women do not feel they have the right to refuse their husbands sexual intercourse. The notion of being faithful requires the commitment of both parties to do so. Therefore, although the women might be faithful, the same is not necessarily true of their partners. Women often avoid suggesting condom use because they fear their partners' (whom they suspect of infidelity) reactions. Some of the women mentioned that they in turn get accused of infidelity if they suggest condom use. Furthermore even if condoms were readily available to the women, which they are not, the men refuse vehemently to use them.

The role play suggested that the women struggle to negotiate safe sex. Women beginning attempting to negotiate for safe sex once they have knowledge of HIV and suspect themselves at risk. In doing so they are attempting to prevent infection or in some cases re-infection. The women felt that their husbands or partners did not take HIV as seriously as they do. For example, Agatha mentioned that her husband would often ask why they should use condoms when they never used to before. In some instances they would say that if their partners fear was HIV and they had already contracted it, it was not necessary to start using condoms. It was evident that the women participated more in HIV/AIDS awareness programmes and as such were potentially more knowledgeable. The women expressed that this was because many of the men refused to participate in intervention projects in their area.

Over half of the women mentioned that they feared that their husbands infidelity would result in their ill health. Seven out of ten women mentioned that, their husbands would travel to the towns and in some cases even other countries to seek employment and income. The women believed that because their husbands were sleeping away from home it meant that they were sleeping with other women. Nambewe mentioned this in her paired interview and justified their reasoning by stating that,

> "...men over exaggerate, they say that, "Oh I can't go one month without sleeping with a girl because my back gets heavy. I need to go and empty it out with a woman." - Nambewe [xii] For translation see appendix 8.12.

Agatha agreed with her. The general perception was that men could not control their sexual urges, which is why they were unfaithful. For fear of contracting sexually transmitted infections the women have in the past and in some cases still negotiate for safe sex. Only 3 of the participants persisted in their struggle to negotiate safe sex. None at the stage of the research were entirely successful in negotiating safe sex.

However, as presented in the role play and in the discussions men give various excuses for why they cannot use condoms. Seven out of ten of the women mentioned that their partners refused to use condoms because they claimed it gave them sores or it could give them cancer. In Mary's case she took her husband to the doctor and he was advised to use a different brand of condoms, however, he continued to refuse. When women persisted to

insist on condom use, the men began accusing them of infidelity. Another reason men refused to use condoms was the universal excuse that,

> "You can not eat a sweet in its wrapper". [xiii] For translation see appendix 8.12.

This was mentioned in 2 group discussions and the paired interview. The women considered safe sex as the use of a condom. It was evident that some of the older women did in fact feel that they could not negotiate safe sex. There were three main reasons why women were afraid to negotiate for safe sex. The first is violence in the form of marital rape or domestic abuse.

4.6.1. Violence and abuse (*Nkhanza)*

Violence referred to any physical harm the women were caused by their partners. Half the women alluded to being physically abused by their partners. Machiso and Sally on the other hand were very explicit about how their husbands would either subject them to marital rape or physically fight with them in order to show their dominance.

Machiso mentioned that her husband was extremely violent. He often forced her to have unprotected sex no matter how much she protested. He beat her with machetes in order to show his dominance and to assert his control over her.

> "He forces me when I don't want to. Sometimes if I completely refuse, he beats me. I only allow it because of fear. I'm scared." Machiso[xiv] For translation see appendix 8.12.

When asked if marital rape is common, Machiso said no. She did not recognise that what her husband subjected her to as marital rape. The moderator rephrased the question and asked if it was common for husbands to force their wives to have sex even when they didn't want to, to which she replied yes. This suggested that although women were aware that their husbands are abusive, they did not recognise their legal rights. Tacitly within the community, given the strong norms around gender roles, support for patriarchy and male dominance condone such actions by men. Even abuse which results in marital rape is seen as a corrective measure which makes the raising of these issues difficult. Although the group

village headman is supposed to mediate in cases of domestic violence, taboos around discussing sexual matters to others make it extremely difficult to bring such cases to him.

Sally mentioned that she was suspicious of her husband's fidelity because she had found him in bed with other women. Consequently, she would often get into physical fights with her husband because he refused to use a condom. He would tear off her underwear to try and gain access. She said that she had been successful in fighting him off. Sally insisted that he should get tested before she would agree to engage in unprotected sex with him. She did however mention that when she refused to have unprotected sex with him, he would often not leave her money for relish.

Celine, Claire and Esther all alluded to having been physically abused, but they never discussed this in detail. They mentioned that a man has a lot of strength and though you try to fight, a man is much stronger than you. Celine contended that,

> "They can even rape you, force you when you don't want to. They force you until you have no energy left. You fail to even push that person away. A woman's strength is very little. A man's strength is a lot."[xv] For translation see appendix 8.12.

As a result of the fear of being abused or raped the women were forced to submit to their husbands demands and engage in unprotected sex.

4.6.2. Threat of divorce

The second is the threat of the threat of divorce. The role play reflected that when a woman insisted on using condoms, their husbands threatened them with divorce. Six out of ten of the women mentioned that their husbands threatened to leave them if they insisted on using condoms or refused to engage in unprotected sexual intercourse and three of them followed through with their threats. Esther said that she preferred to succumb to her husband and have sex without a condom because she feared that he would leave her. She mentioned that,

> "If you don't want us to sleep together then I will divorce you." So because you see that he will leave you because of condoms, you just say, "come my husband."[xvi] For translation see appendix 8.12.

Mary's husband left her and married another woman because she insisted on using condoms. He had often accused her of not wanting to be married because she refused to have unprotected sex with him. Agatha and Nambewe both reflected that their marriages ended partly due to their refusal to engage in unprotected sex.

Women fear being separated from their husbands because as mentioned above marriage provides some sense financial stability, however precarious it may be. For example, after Agatha's separated from her husband, she had to look for work in order to support herself and her child. Due to their lack of opportunities many women are afraid that if their husband's leave them they will not be able to take care of themselves and their children. Food security is a major concern in many rural areas of Malawi. Though many of these women farm, it is a precarious form of food security because they rely immensely on rain. They are only guaranteed food during the harvest time which occurs two months of the year (Conticini, 2004). Therefore women rely on multiple livelihoods to access cash such as marriage, selling of goods, informal employment.

4.6.3. Sex as a tool for bartering for food and other necessities

The third reason that women's capacity to negotiate safe sex is diminished is because negotiating condom use has become a tool for bartering for food. In Sally's interpretation of the male role during the role play, she reflected her own experience of negotiating safe sex. In the role play, the husband attempted to coax his wife into having unprotected sex with him by offering her money. Marriages have become spaces for transactional sex. Claire, Esther and Sally mentioned that in instances where they succeeded in encouraging their partners to use protection, they would not leave them money for relish the following day. Esther explained that,

> "They don't leave you money for relish that day. He'll tell you that the person who taught you about condoms should leave you money for relish."[xvii] For translation see appendix 8.12.

In all these instances it is evident that the women were being punished for deviating from their gender role of submissive wife. Women were supposed to be passive and were not permitted to refuse their husband's sex. So even in cases where female condoms were available,

women feared using them because them was not within their power to take charge of the sexual domain. Sally felt that,

> "...a man is very strong. They say that they are the man of the house. "I am the one who is supposed to do everything" because he is a man. So even if female condoms were being handed out, a man is very strong, if he touches you down there and finds that there is a condom, he can remove it and throw it away."[xviii] For translation see appendix 8.12.

Men used the three abovementioned mechanisms as a form of punishing or threatening the women in order to gain control. These are all forms of gender based violence which were carried out in order to discipline the women for not conforming to the stipulations of their gender role of wife. In all these stories, women's roles as wives decreased their capacity for sexual agency. However, the fact that these women challenged and in some cases continued to challenge their husbands on issues pertaining to safe sex suggested that they had some capacity to practice agency.

It is important to note that in some instances cultural practices in fact benefit women. Many of the women mentioned that it was possible to approach the chief in instances where your husband is abusive. None of the women mentioned having approached the chief. Two out of ten of the women however, mentioned that when one gets married, one is allocated *ankhoswe[18],* which loosely translates to marriage counselors whom they could turn to in case of trouble in their marriages.

In some instances marriage counselors were not sympathetic as they strongly believe in adhering to traditional gender roles. Sally mentioned that she had approached her marriage counselor concerning her husband's infidelity and his refusal to use condoms. In response the marriage counselor castigated her and asked her if she did not want to have children.

Machiso on the other hand was fortunate in that her marriage counsellors were very sympathetic to her situation. The marriage counselors that had been allocated to her and her husband were her husband's parents. They advised her to use traditional medicine which would encourage him to return to his parent's home (about 40km from where they stay). Once there his parents had promised to speak to him and encourage him to be less abusive

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[18] Marriage counselors, often either parents of the bride or groom.

and supportive of his wife. In some instances the influence of marriage counselors was beneficial to women.

4.7. Conclusion

The lack of women's employment opportunities has always been of great concern to gender activists and although initiatives were being taken to provide greater opportunities for women, one must question how well these initiatives were being monitored. The attitudes of both the men and the women suggest that social change was slow in the rural areas. Men seemed to be resistant to change. Although incentives were being given to women to encourage them to increase their opportunities, gender relations between men and women continued to thwart these incentives. The root of these gender relations stemmed from socialisation.

Limited access to education decreases women's opportunities to acquire financial income. One cannot deny that girls were becoming more aware of the necessity to be educated. Although experiences differed from each individual, it was clear that parents were indeed becoming more supportive of girls' education. Siblings were increasingly becoming role models as were peers.

In observing the community, facilitating the role play and listening to women's discussions around certain issues, the socially constructed nature of gender roles and how they were reinforced by social structures that limit opportunities for women became apparent. Although income opportunities were changing they remained bound by social structures that served to perpetuate the status quo. For example, formal structures such as schools served to reinforce social hierarchies learnt in the home. Families also served as primary agents of socialisation teaching boys and girls appropriate gender roles.

Whilst a change in curricula had set the wheels in motion in terms of mainstreaming gender equality, teachers were not equipped with the tools necessary to create an environment that was gender friendly. Girls were still in the minority in the classroom setting and as such were easily intimidated by the boys. The policing of the girls reinforced girl's passivity in the classroom environment. Furthermore the lack of educational support from organisations in

the form of youth groups that encourage girls to remain in school was slowing down the process of change.

The socialisation process that these girls were experiencing had been in some cases successful in promoting equal gender responsibilities in the home amongst boys and girls. Two of the girls mentioned that domestic chores are divided equally amongst boys and girls in their homes. However, various agents of socialisation such as the church and the school environment continued to encourage girls to conform to the social identities of passive women. For example, the church's teaching continued to preserve the male order and neglected to teach girls their rights in the marital home. Instead it promoted passivity from girls. The roles that some of the girls played in the school environment and in the society at large revealed that although socialisation process are shifting, the change has not been significant enough to alter women's status in the social hierarchy.

Due to socialisation processes that reinforce socially prescribed gender hierarchies, women often did not have the capacity to negotiate safe sex and even in cases where they did, the punishment they faced as a result of suggesting condom use often discouraged them to persist.

5. Gender roles and the potential for agency

5.1. Introduction

This chapter explores how agency can be observed in the women's varied experiences in spite the fixed ideas of gender roles within the community. Though many of the women still perform the traditionally prescribed roles of wife and mother, they do make decisions and exercise choices. The capacity for agency varies based on women's ability to manipulate or challenge social boundaries.

Sex is the basis on which gender roles are prescribed. The types of gender roles are the result of historical and cultural processes. Gender roles are linked to sex through social structures. As the women retold their experiences, it became clear that women do not always adhere to their socially prescribed gender identities. For example, traditionally it is unacceptable for a woman to refuse to have sexual intercourse with her husband. However, several of the participants challenged this tradition and broke the socially prescribed boundaries of women's roles by refusing to engage in unprotected sexual intercourse with their partners. Traditionally men are in control when it comes to issues pertaining to sexual relations. Women are expected to be passive and to submit to their partner's desires. The women of this community however, took an active role, by suggesting condom use and in doing so appropriated a traditionally male dominated arena in order to decrease their health risks.

Women were able to perform actions that are typically associated with men. Some women were even able to adopt roles that are traditionally associated with men such as the role of the provider, in doing so they deviated from their gendered social identities. It is through this deviation that agency can be observed (Arnfred, 2002; Bakare-Yusuf, 2003; Butler, 2002, Mwale, 2002).

5.2. A continuum of agency

A continuum of agency can be conceptualized ranging from submissiveness to autonomy. Women find themselves somewhere along this continuum depending on their degree of independence. Their position on such a continuum is determined by their perceptions of gender relations and their interaction with social boundaries within the community. Women participating in this study were neither categorized as submissive nor autonomous. The levels at which these women practiced agency were that of boundary manipulators and boundary pushers.

Submissive (passive) women   Boundary manipulators   Boundary Pushers   Autonomous women

Women who are boundary manipulators negotiate gender roles in ways to improve their immediate and future circumstances. Boundary pushers breach conventional gender roles within the community and society. The particular circumstances they find themselves in lead women to either 'manipulate' or 'challenge' gender roles. Fear of punishment and harsh situations constrain women's agency with regards to how they perform gender roles. However, the more urgent their current situation becomes, the greater the likelihood that they would be forced into acting, either by manipulating or pushing boundaries.

Boundary manipulators shy away from complete defiance of prescribed gender roles. They are constrained by the fear of losing financial support from their partners. These women do not challenge their male counterparts directly. Hence, they avoid taking on male roles for a prolonged period of time. They prefer to subtly manipulate the boundaries society has placed around them.

Esther's actions represent boundary manipulation. In certain instances she incited her husband to hit her because she knew that he would try to make amends by giving her whatever she requested the following day. The money she received enabled her to buy necessities as well as material items for her child and herself. Esther knew that she could manipulate her husband by using his guilt for beating her, when she challenged his authority.

Esther feared that if she made attempts to gain autonomy in the relationship her husband would leave her. She considered her beatings less threatening than the withdrawal of financial support.

Esther manipulated her boundaries by acting in ways which at times deviated from her allocated gender role. For example, she would ask her husband to use a condom knowing that he would retaliate by beating her. By occasionally challenging her husband, she took on a role which is considered typically male. However, she only did so in certain instances and not on a regular basis. Her incitement led to her husband lashing out in order to regain control and put her in her place. Him punishing her runs counter to a husband's role to protect the family and as such his actions result in him feeling guilty and offering compensation to appease his guilt.

Carol falls between a boundary manipulator and a boundary pusher as she suggested that as mothers, their potential to change gender relations in their community was profound. She could not see the possibility for bringing about change for herself, however she was able to recognise how women can bring about change in their children. She mentioned that women should learn to blur the lines of gender roles. Mothers should not create delineations between chores allocated to boys and chores allocated to girls. Through allocating the same chores to boys and girls, regardless of their sex, change can occur. Her thinking suggests that she is pushing towards autonomy for the next generation. However, her general opinion is that for the older women, it is too late to change. Although Carol reflects ideas of manipulating and pushing boundaries for the future generation, she herself remains loyal to her gender role. She believes that once women reach a certain age they do have certain responsibilities and that they should perform certain chores. As such she is not entirely a boundary pusher. Given the two women's varied levels of agency, it is evident that gender can be manipulated in a number of ways.

The women who find themselves leaning towards autonomy on the continuum are referred to as boundary pushers. Boundary pushers breach expectations of gender binaries. They openly deviate from their gender roles and are often consistent with their performance of these roles. These women were able to challenge social situations that rendered them

submissive. They are not afraid of breaking through the boundaries set by society. They perform actions contrary to their prescribed gender role and they are able to take on roles traditionally prescribed to men.

Nambewe and Agatha are both boundary pushers. They both separated from their husbands because their husbands refused to use condoms. Having been suspicious of their husband's fidelity, they took their sexual and reproductive health into their own hands and made an active decision to separate from their husbands. As they previously relied on their husbands for financial support, they were forced to seek out income generating employment. Circumstances forced both women to take on the role of provider traditionally taken up by men. They had to find jobs as domestic workers in order to provide for themselves and their children. In Malawi, traditionally it is the men who provide and are responsible for cash income. Machiso explaining the role of provider traditionally associated with men contends:

> "Men if they are out should think of what is missing in the home. They should do this and that so that the people at home can eat. That's it. That's man's role."[xix] For translation see appendix 8.12.

In taking responsibility for their sexual and reproductive health and as a consequence of being forced to become the provider both women challenged socially prescribed roles. In the first instance, they resisted their male counterpart's monopoly on controlling the sexual domain and as a result had to take on the role of provider traditionally occupied by men.

Machiso is another boundary pusher. After finding out that she was HIV positive, she got sterilized in order to avoid getting pregnant again. In doing so, she not only took charge of her sexual and reproductive health, she took away her husband's control over her with regards to procreation. Sally became a boundary pusher by challenging her husband's decision making with regards to sexual intimacy with her. All these women made conscious decisions that challenged social boundaries of women's roles in order to change their circumstances for the better. Those women who show a greater degree of independence push more towards autonomy. They challenge men more often and as a result experience threats more often.

The scholars' placement on the continuum is based on their current orientation which suggests their potential to become boundary manipulators or boundary pushers in the future.

The scholars were aware of HIV and issues pertaining to HIV such as the inability to negotiate safe sex. However, they did mention that they did not know how one would go about negotiating safe sex. They expressed a keen interest in learning how to approach their husbands with certain issues in the future.

At the time of the research, only Agnes, Melissa and Nancy reflected opinions which suggested the likelihood of challenging the status quo. In observing classroom interaction, their active participation and willingness to answer questions and willingness to associate with the boys and communicate with them was evident.

In Agnes and Melissa's cases their parents' ability to recognise the benefit of dividing chores equally amongst their sons and daughters probably contributed to their confidence. They exude confidence in a social setting where men and boys are present.

Nancy sees education as enabling her to be self reliant in order to avoid dependency and abuse. After witnessing her sister's situation, she was able to identify education as a means to independence. Her sister facing neglect at home seized an opportunity to improve her own education and with the consequent greater degree of independence this awarded her, was able to fend for herself. As a boundary pusher Nancy's sister became not only self reliant but a role model that Nancy could look up to. In doing so she will potentially be in a situation where her husband cannot use money to control her.

An awareness of current gender dynamics and other possibilities play a key role in agency. The girls' ability to reflect enables them to take control in certain instances. Their ability to take control is what suggests their future role as boundary pushers or boundary manipulators.

There were more boundary pushers amongst the women than the scholars. This was possibly because the scholars had not yet faced the challenges the women had. The scholars tended more towards being boundary manipulators on the continuum. This was possibly because the women in contrast to the scholars were confronted with situations in which they had to take a stand. Their circumstances forced them to push social boundaries. Most of the scholars had not yet started families and as such were not forced into circumstances where they had to practice increased agency.

5.3. Women and gender roles traditionally prescribed to men

The extent to which one conforms to social ideologies is reflective of one's identity (Cloeman 1992; Walker 1995). In some instances women expressed ideas that reinforce social hierarchies in which the women were at the bottom. For example, the unequal distribution of chores amongst boys and girls was supported by Esther and Celine. They felt that women have certain responsibilities that only they can perform. However, more than half of the women felt that chores should be divided equally.

Almost half of the women suggested their place was in the home, which is the role they were socialised to play. They saw their main responsibilities being to look after the children and home, to ensure that all their husband's needs are met and to tend to the farms. The men's responsibilities on the other hand were to provide for their children, occasionally build toilets and bathrooms and to seek out income where they could. These gender roles were socially prescribed and if not adhered to resulted in varying forms of punishment. Esther mentioned that if a boy was found performing chores that were typically allocated to women, he would be ridiculed and mocked by his friends and the community at large and as a result discontinue performing those chores. This reflects on how the community policed each other in order to maintain standing ideology.

The notion of a man performing domestic chores is still so unusual (for many) that in situations where it does happen, the people of the community believe that his partner has given him medicine. Machiso mentioned how in the beginning of her marriage, when she was sick, her husband would help her with the children, clean the house, cook and attend to other household responsibilities. People in the community who witnessed this accused her of having bewitched him by giving him medicine.

The women presented ideas and identities that deviate from social norm. Seven of the women interviewed were in a position where they had to play the role of provider as well as caregiver for their children. Regardless of their marital status, these women still provide for their children and their families on their own. In cases where the women were married, their

husbands were often unemployed and looking for odd jobs and even when they did find these odd jobs they often did not provide their families with the necessary finances. As such it became necessary for women to take on socially prescribed male roles in order to provide for their children. For example, during the time of the study Machiso's husband had been away from home for more than three months, therefore it goes without saying that she would have had to perform all his responsibilities such as emergency repairs to buildings generating income for food and other necessities when remittances are not received or remain inadequate. The women mentioned that their husbands are often away from home in search of odd jobs, as such the women inevitably performed both the roles of mother and father. It was during the time when their husbands were away that that women were able to practice autonomy and agency was present.

5.4. Performativity, embodiment and agency

One of the main reasons that women deviate from socially prescribed gender roles is necessity. Their performative actions suggested that they were practicing agency as the decisions they made were critically informed and would potentially have a positive result in the long term. The way in which women perform their bodies further reveals the presence of agency.

Nhlema et al. (2006) suggest that women do not have control over their sexual and reproductive health because they lack resources in order to seek treatment as they would need to request the money from their husbands. However, my findings reveal that women in Misozi a aMai did have access to health care as clinics in their area are free. There was not only a clinic in close vicinity to where the participants live, but there is also a clinic called *Banja la mutsogolo,* in particular that the women could go to in order to obtain contraceptives, to get their sterilised, to get voluntary counselling and testing (VCT) and to get general counselling. Women were no longer entirely dependent on their husbands with regard to their sexual and reproductive health.

With the establishment of free clinics along with the *Banja la mutsogolo*[19] clinics, women can be in charge of their sexual and reproductive health. At the *Banja la mutsogolo* clinics they are able get tested and they are able to obtain information about various contraception procedures and make decisions on whether to follow through with these procedures.

Machiso, one of the women who disclosed that she had tested HIV positive, revealed that she went to get sterilised, at the *Banja la mutsogolo* clinic, without her husband's consent. She mentioned that she had informed him and he had not taken her seriously.

> "The problem is that he wants us to continue having children. But I was smart and went to get my tubes tied. I saw that with the way things are...no."[xx] For translation see appendix 8.12.

This suggests that she, as a mother is able to look at a situation critically and make a decision that will be of benefit in the long term. Her husband wanted to continue having children, but she felt given her status it was not right. Her actions are performative in that she subverts gender norms. As a woman she is expected to continue having children, however, she takes control of her body and performs it contrary to the prevailing social expectations. She also challenges her husband by taking away his choice to continue procreating with her. Women do indeed have agency. They are able to use their bodies in such a way that it protects not only them but more children who might have been become orphaned or possibly born with HIV.

Four women shared that they had been tested. One refused to have unprotected sex with her partner unless he got tested. Their husbands were often not home and it is during those times that they went to the clinics to get tested, or to get medication or in the case of Machiso to get sterilised. They did not need consent or money from their husbands in order to do so. Women were taking control of their bodies. In doing so they were aware of their status. If they test positive they were able to take action. Perhaps not necessarily through negotiating for safe sex or like in Machiso's case getting their tubes tied, but they are able to obtain antiretroviral (ARV) treatment which potentially improved their health.

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[19] *Banja la mutsogolo* means the forward thinking family. These are clinics that are located all around Malawi. They were established specifically for women and girls in order for them to take control of their bodies. These clinics provide information on family planning, contraception and HIV/AIDS. They also have facilities where women can be sterilised, they can receive counselling on pertinent issues and they can obtain contraceptive pills.

Women however still do fear their husbands' finding out about their visits to the clinics as men believe that they are responsible for women's sexual and reproductive health. Two women disclosed that they were HIV positive. They have access to ARV treatment. There are support groups within the village that provide education, motivation and sometimes even food for the women. There was a sense that married women who might be HIV positive may be restricted by their husbands from participating in any group activities that may be of benefit to them.

> "There are other men, like my husband, who are very difficult. When I say difficult, I'm not playing. If he were to find me here now...hmf."[xxi] For translation see appendix 8.12.

The other women concurred and expressed that men were very reserved about participation in HIV awareness events or programmes. Although support is provided for these women, they do not always have access to it. Machiso mentioned that she was not keen to be a part of these groups because even though information was provided on issues such as re-infection, women continued to become pregnant. She felt that women were not being empowered to challenge their husbands.

Woods and Alleman (2008), suggests that women would fear using microbicides in the event that their husbands found out. However, when I asked the two women who participated in the role play if they would be willing to use an inconspicuous substance that would protect them from contracting HIV, they were more than agreeable, so much so that their response led me to fear giving the women a false sense of hope. Although I explained to the two women that the drug had not yet been released, their understanding was that the product was already on the market. Although microbicides are in the process of being tested, they have not yet been approved. I feared that the women might not have understood this and might have assumed that this is a product that will soon be available to them. I was wary of giving them a false sense of security and the idea of a magic cure.

Regardless of their husbands' disapproval, the women still do participate in activities that they believe will be beneficial to them. If the women had the opportunity to take an inconspicuous drug that would decrease the risk of contracting HIV, the two women expressed that they would be willing to take it. Their actions reveal that they do have agency. It is unfortunate

that poverty inhibits them from negotiating safe sex, however, these women are undeniably not victims, but rather survivors of their circumstance.

5.5. Conclusion

Women are taking charge of their sexual and reproductive health. They do have agency. The ability to identify with and perform various roles enables them to critically analyse situations and make decisions that are beneficial to their health; decisions such as getting tested.

6. Conclusions and Implications

6.1. Introduction

This chapter ties together the research question and the research findings. It also suggests some recommendations for NGO's and government and proposes further research topics.

6.2. Changes in socialisation

The primary question of this research was to establish whether the socialisation of women living in the peri-urban areas of Malawi has changed in the context of an HIV/AIDS pandemic. In addressing the primary question, three sub questions were raised. The first, questioning whether the socialisation of young women living in the rural areas of Malawi equips them with the capacity to negotiate safe sex. The second, questioning whether contradictory messages from agents of socialisation with regards to gender roles are present. The third, questioning the extent to which young women feel that they have agency with regards to their sexual and reproductive health.

Through the use of group discussions, focus group discussions, a paired interview and individual interviews, several issues were highlighted and addressed. The use of AT enabled the participants to share their narratives communally. Women were able to identify themselves and their situations in the role play. The role play provided a prompt that was not only relevant but enabled ease in the discussion as pertinent issues could be drawn from it.

Observations were be made on how socialisation has changed over the past few years. The extent to which women practice agency was identified.

6.2.1. Socialisation and the negotiation of safe sex

Given the literature available it was my assumption that family and kin would play an important role in the perpetuating of cultural ideals that oppressed women and inevitably lead to their inability to negotiate safe sex. Another assumption drawn from the literature was that

significant change would be present in formal education and in media and intervention programmes.

Family, kin and peers are beginning to play a positive role in the socialisation of scholars who remain in school. Scholars who do remain in school are developing a sense of agency with regards to their education, they are becoming aware of the benefits of education. They receive support from family and kin. Their ability to observe other people's situations and make critical decisions within their own lives reflects concientisation. This suggests that there has been a change in socialisation as scholars are applying critical thinking to decision making. Parents are beginning to play a key role in encouraging girls to remain in school. However, parents and sibling also continue to perpetuate gender stereotypes.

A trend which emerged was the influence of the church in this community. The church has taken a particularly significant role in the socialisation of girls and the resocialisation of older women. Six of the participants were initiated in the church, the instructions involve messages of marriage relating to the Bible. However, the church neglects to address issues pertaining to domestic violence and safe sex. They also tend to promote notions of the good (obedient) wife, thus perpetuating women's submissiveness.

The changes that have been made in the formal curricula have created a sense of awareness amongst scholars of the opportunities available to them. They have also created a sense of awareness of gender inequalities.   However, the classroom environment continues to perpetuate gender inequalities through the disciplining of non-conformists and the reinforcing of gender stereotypes. The teacher's gender blindness prevents him from creating a gender friendly environment that addresses girls' passivity in the classroom setting. For example, teachers will follow the curriculum and teach gender equality, however they will not provide equal opportunities for both girls and boys in the classroom environment. In observing the girls in the school environment very few are able to negotiate these mixed messages. The lack of female role models in this community decreases motivation amongst the girls. There are clear tensions between the formal and informal curriculum. The school environment reinforces gender roles. Although the formal curriculum suggests a change in gender relations, the informal curriculum presented through the performative interactions girls engage

in with teachers and peers – suggests that there are contradictory messages within the classroom environment.

Media and intervention programmes have addressed and continue to address the needs of the older women. Education on HIV is prominent and support programmes are available to those who have tested positive. The women reflected a substantial amount of knowledge with regards to HIV, reinfection and AIDS. However, there is a lack of support for the youth, particularly female scholars at secondary school level. Many girls are still dropping out of school in order to get married. It is in marriage that they are faced with the challenges of negotiating safe sex and addressing their sexual and reproductive health. As a result resocialisation has been far more successful in addressing the HIV/AIDS pandemic than socialisation.

Media and other intervention programmers have succeeded in resocialising the way women understand sexual intercourse. They have become aware of the risks they face engaging in unprotected sex. All the older women at some point suggested condom use to their partners, this was seen as a challenge and was in all the women's cases received negatively. They experienced gender based violence as punishment for attempting to negotiating safe sex, their capacity to do so remains diminished. Women are not equipped with the tools to negotiate safe sex. Women are not taught how to communicate with their husbands. Furthermore women are not taught their rights and as a result they are not aware that marital rape violates their social rights.

The school environment continues to perpetuate gender inequalities, parents continue to lack open attitudes with regards to sex, furthermore they assist in perpetuating passivity amongst girls. Media and intervention programmes have failed to address the issue at the secondary school level. Although the church provides a solid foundation for promoting abstinence, they do not address the use of condoms. Therefore the conclusion can be drawn that socialisation does not equip young women with the capacity to negotiate safe sex.

6.2.2. Socialisation and contradictory messages

There are indeed contradictory message that girls receive during socialisation. Girl's education is becoming increasingly valued and some scholars are now able to negotiate their roles with regards to domestic chores, in order to make time for their books. As a result scholars are developing agency with regards to their education. However, although parents and siblings are beginning to play an important part in encouraging girls to remain in school, they continue to perpetuate gender roles that reinforce gender stereotypes of submissive women. For example, although parents encourage girls to remain in school and take an active role in their studies, they also encourage girls to be passive and not question what they are told.

In the context of the HIV pandemic, it is crucial for parents to educate their children on sexual intercourse and sexuality particularly with regards to safe sex. Children have access to information on sexual intercourse through various avenues, therefore it is essential that parents provide their children with accurate and sufficient information on such matters.

There are tensions between the formal curriculum and the informal curriculum. These tensions challenge girl's agency in the classroom environment. However, from interacting with the girls it is evident that these tensions have not dissuaded them from completing their education. It is their motivation to complete school, regardless of the challenges they face that suggests they are able to apply critical thinking to certain aspects of their lives.

The church too provides contradictory messages. They promote celibacy before marriage but they fail to address early marriage. In fact they condone it. Although girls are taught that they can turn to the church for assistance in difficult situations, the churches' teaching hinder their ability to approach the church in order to address matters of sex and sexuality. This suggests that the dying out of traditional initiation is not necessarily positive. During initiation girls are given the opportunity to learn about sex and sexuality. It is the only platform that provides girls an opportunity to openly address issues of sexuality. If it were possible to reconstruct traditional initiations and do away with instructions that promote submissiveness and harmful

cultural practices, initiation could provide a platform on which girls social and sexual agency could be increased.

Contradictory messages are present in all the agencies of socialisation. These often present challenges for girls as they struggle to negotiate and decide which messages are beneficial and which are not. There are also several lessons that are missing amongst these agencies and though girls understand the reason behind these messages, they are not equipped to practice them. For example, girls are encouraged to abstain from sex until they are married, but they are not equipped with information on what to do if they do not abstain.

6.2.3. Agency and sexual and reproductive health

The notion that women do no have agency with regards to their sexual and reproductive health was addressed in this research. The reason for this was due to women not having the resources to attend to their sexual and reproductive health needs. The *Banja la mutsogolo* clinics have been established specifically to address issues of women's sexual and reproductive health.

There is a definite change in the way in which some girls are socialised particularly in the home. Girls are receiving increased support from their parents and as a result are developing agency. The church too has taken over initiation ceremonies and in doing so provided an alternative to traditional initiations that involve cultural practices that increase girls' vulnerability to HIV infections. Socialisation in formal education has changed. Kin and family's perceptions on education have improved scholars efficacy, and women are gaining more knowledge and becoming increasingly aware of how rife the HIV pandemic is. However, the change is yet to be visible in terms of women's ability to negotiate safe sex and perform other acts of subversion without being subjected to punishment. Although the conversations with the participants suggest change, social change has yet to reach a point of equity where women or girls have the capacity to negotiate safe sex.

As suggested in literature by Ampofo (2000), Luwanda (2004) and Tiessen (2004), this study suggests that it is important for girls to develop sexual agency during adolescence. Providing

them with learning opportunities that increase their agency during socialisation could have a positive impact on their capacity to negotiate safe sex in the future.

6.3. Implications and recommendations

This section outlines the implications of this research and makes recommendations to government and NGO's with regards to how they can influence socialisation in ways that can be beneficial to girls. It also suggests other research opportunities that can be pursued in rural Malawi.

6.3.1. Recommendations for government and NGO's

Recommendations with regards to education for girls and addressing the social circumstances of women were made.

6.3.1.1. Girls and education

As mentioned previously government and non-government organisations have directed their focus towards older women and educating them on issues pertaining to HIV. It is essential that organisations address these issues from where they stem, and although strides are being made with the adapting of the curricula, it is pivotal that scholars of both sexes are engaged in intervention programmes that address their social circumstances. Important issues that need to be addressed particularly for girls are issues such as agency, communication and the school environment and indeed fees for girls at secondary school level.

Gender mainstreaming in the educational system needs to incorporate teachers in workshops that not only address gender blindness but issues of girls' dropping out. These workshops could be used as a tool to identify various reasons for girls' dropping out and identifying solutions in order to increase girl's value and agency in education so that they can complete

school. Furthermore the lack of female teachers particularly in the rural areas needs to be addressed.

Ampofo's (2000) research suggests that teaching girls sexual agency from a young age is crucial to their capacity to negotiate safe sex later on in their lives. It is also important to teach them social agency. Promoting intervention programmes that target secondary school girls can provide an opportunity to equip girls with the tools necessary to negotiate safe sex when they eventually do engage in sexual activity. Tools such as communication skills and critical thinking are important.

The lack of interaction between girls and boys was mentioned several times in this dissertation. In cases where interaction was lacking from a young age, women struggled to challenge and defend themselves from their partners when it came to sexual intimacy. The school environment does not provide an opportunity for the girls to interact with the boys due to the fear of being teased. As a result the perception that boys are superior is perpetuated. The lack of interaction also magnifies girls' negative perceptions of men and vice versa. For example girls believe that men are violent, perhaps because of things they have seen or stories they have heard. As such they develop a fear of men. Boys on the other hand believe that women should be submissive and reinforce this in the school environment and later on in their lives. It is important for organisations to recognise these concerns and address them through intervention programmes. Perhaps these programmes could present themselves as tools for resocialisation and put an end to social ideas that discourage interaction between girls and boys, but also how boys and girls perceive of each other.

Finally, this research reveals that one of the major factors contributing to girls dropping out of school is lack of fees. It is noted that funds might not be available to provide the resources for free education at a secondary school level. However, funding is a concern that needs to be addressed by government and non-government organisations alike.

6.3.1.2. Women's social circumstance

In the specific area of my research it was evident that many organisations have addressed issues pertaining to HIV/AIDS from a medical perspective. However, these have not addressed social issues that impact on the incidence of HIV/AIDS. For example, gender based violence often prevents women from practicing safe sex. Although some activities have been put in place to increase women's economic capacity, there is a lack of monitoring and evaluation of these activities. Furthermore, organisations continue to promote the use of condoms and behavioral change. Although condoms are readily available at clinics, women are still not equipped to negotiate their use.

Organisations need to begin focusing on social issues such as girls' education, women's education, women's empowerment, men's attitudes and domestic abuse in order to address the situation directly. Through the creation of opportunities for women, organisations can begin to empower women to remove themselves and their children from situations that are destructive towards their sexual and reproductive health. For example, Mary mentioned that if schools can be provided for women where they can complete their MSCE, many of them would attend. Then they would not have to rely on their husbands for money and they would not be forced to remain in these situations. Many of these women have several ideas on how they can be empowered to negotiate safe sex. They mentioned that education for older women could provide them with the skills needed to seek income. They believed that if they were independent financially, they would be less vulnerable to abuse. They also mentioned that organisations should try and address issues of violence and HIV with men. Instead of imposing external solutions, the government and NGO's should work together with the women devise solutions from a grassroots perspective. It is only these women who know what they are capable of. Simply telling them to ask their husbands to use condoms has clearly not worked, hence other solutions need to be provided. This needs to be done in collaboration with the women themselves.

6.3.2. Other research opportunities and the significance of this study

Below is are two possible research opportunities in Malawi which could contribute towards addressing the key question of gender socialisation and safe sex.

6.3.2.1. Socialisation of boys and gender based violence

This research focused on women and girls. It is critical that research is conducted to address how boys are socialised in order to identify why they behave aggressively towards the girls. It is also important to address how HIV/AIDS education is influencing their socialisation and why the older men choose to disregard all messages pertaining to condom use. Furthermore, it is critical that research is conducted to establish what leads men to punish women in situations where they negotiate for safe sex. It is important to observe which acts performed by women are punished by men, why they are punishable and how this issue can be addressed. Many of the women mentioned that men do not participate in HIV/AIDS awareness activities. It is important to find out why and how this can be tackled.

6.3.2.2. Girls agency with regard to education

The girls' motivation to remain in school suggests that they are able to critically observe situations and make decisions that will be of benefit to them in the long term. This suggests that girls have agency with regards to their education.

Women are afraid to negotiate safe sex because they fear being abused. They remain in these situations because of the fear of poverty. If girls continue to focus on education and increase their opportunities then the fear of poverty and financial dependence is decreased. They could possibly, in their words, become "self-reliant".

Poverty is the major underlying factor contributing to women's incapacity to negotiate safe sex. Women's opportunities are limited and as a result when they find themselves in situations where they are being abused for attempting to negotiate safe sex, they fail to remove themselves from these situations. However, it was clear that the women do have the

desire to negotiate safe sex. Considering the impact of poverty on women's capacity to negotiate safe sex, girls' education provides opportunities to improve their economic position. Given the reinforcing of gender hierarchies in schools, the question arises whether educating girls adequately increases their capacity to negotiate safe sex.

6.4. Conclusion

Similar to Ampofo's (2002) research, this study highlights the significance of addressing agency at secondary school level or even earlier. At secondary school level girls sexuality and social roles ascribed to women become more prominent issues that are dealt with. If girls continue to identify with roles that reinforce women's submission, then it goes without saying that women's capacity to negotiate safe sex will remain diminished.

It is in developing girl's sense of agency with regards to sex at the secondary school level that women can begin to defend their rights in the private domain. Teaching girls' agency from a young age can result in empowering women in their roles of wife and as such begin to balance out the inequalities women in the rural areas face.

This research contributes to the notion that women are not victims and it is in observing each individual woman's experience that agency can be identified. Women have agency in the different social identities they play. However, their levels of agency vary based on their ability to manipulate or push boundaries. Boundary pushers are women who tend more towards autonomy whereas boundary manipulators are those who fall between submission and autonomy. However, none of the women who participated in this research can be considered submissive. In observing each of their experiences, all reflected the capacity to practice agency in their lives. This research contributes to the idea that gender roles are not definite, they are not fixed or restricted to social prescription or gender roles.

This study addressed issues of socialisation and HIV. In doing so it highlighted how socialisation influences girls' capacity to negotiate safe sex. It also unearths contradictions girls experience from agents of socialisation and how they negotiate these contradictions.

Finally it reveals that women living in the peri-urban areas of Malawi do have agency with regard to their sexual an reproductive health.

7. Bibliography

Ampofo, A. 2000. "When men speak women listen": Gender socialisation and young adolescents' attitude to sexual and reproductive issues. *African Journal of Reproductive Health* 5(3):196 – 212.

Althusser, L. 1971. Ideology and ideological state apparatuses. In Brewster B. (Ed). *Lenin and philosophy, and other essays.* (127-188) London: New Left Books.

Annonymous. "Malawi". 2003
Available: http://www.afrol.com/categories/women/profiles/malawi_women.htm
(Accessed 20/11/08).

Arnfred, S. 2002. "Simone de Beauvoir in Africa: Woman = The second sex? Issues of African feminist thought".
Available: http://www.africaknowledgeproject.org/index.php/jenda/article/view/69/0
(Accessed: 28/09/2010)

Bakare-Yusuf, B. 2003. Beyond determinism: The phenomenology of African female existence. *Feminist Africa Issue No. 2.*
Available : http://www.feministafrica.org/index.php/beyond-determinism
(Accessed: 15/01/2010).

Benjamin, J A. & Murchison, L. 2004. *Gender based violence: Care and protection of children in emergencies.* London: Save the Children Foundation.

Braun, H. Vogt, N. Baumann, T. Dupree, P. *HIV/AIDS prevention in the agricultural sector in Malawi. A study on awareness activities and theatre.* Brighton: Centre for Advanced Training in Rural Development.

Brown, J. 2004. *HIV/AIDS Alienation: Between prejudice and acceptance.*

Available: http://www.geocities.com/larrynjanet/ch4.txt

(Accessed 06/08/08).

Burte, A. 2008. *Breaking the culture of silence: Uniting to fight domestic violence.* Mubai: Centre for Inquiry into Health and Allied Themes.

Burton, D. 2000. Research training for social scientists*. The use of focus groups in an interview situation.* (47 – 59) London: Sage.

Butler, J. 2002. Performative acts and gender constitution. (In) Huxely, M. and Witts, N. (Eds). *The Twentieth Century Performance Reader.* (120 – 134) London: Routledge.

Chakanza, J C. 2004. *Research in African traditional religion: Initiation for boys in Lomwe society and other essays.* Kachere Series: Zomba.

Coleman, J C. 1992. *The school years: Current issues in the socialisation of young people.* London: Routledge.

Connell, R. 2002. *Gender.* Cambridge: Polity.

Connell, R. 2009. *Gender.* Sydney: Polity.

Conticini, A. 2004. *What way forward.* Geneva: World Health Organisation.

Czarinawska, B. 2004. Narratives in an interview situation. *Narratives in social science research.* (47 – 59) London: Sage.

Deaux, K. & Stewart, A. 2001. Framing gender identity. In Unger, R. (Ed). *Handbook of the psychology of women and gender.* (84 – 97) New York: John Wiley.

Finlay, L. & Gough, B. 2003. *Reflexivity: a practical guide for researchers in health and social science*. Oxford: Blackwell Publishing.

Flick, U. 2006. *An introduction to qualitative research.* London: Sage.

Freire, P. 1971. *Pedagogy of the oppressed.* New York: Herber and Herber.

Gausset, Q. 2001. *AIDS and cultural practices in Africa: The case of the Tonga (Zambia). Social Sciences Medical Journal* 52(4):509 – 518.

Goitom, H. 2009. Malawi: New law increases minimum marriage age to 16. Available: http://www.loc.gov/lawweb/servlet/lloc_news?disp3_l205401535_text (Accessed 04/10/2011).

Gordon, E. 2000. When oral consent will do. *Field methods.* 12(3):235 – 238.

Gould, M. 2011. Socialisation in peer groups In *Sociology reference guide: The process of socialisation*. New Jersey: Salem.

Govan, E. Nicholson, H. & Normington, K. 2007. *Making a performance: Devising histories and contemporary practices.* London: Routledge.

Jimmy-Gama, D, B. 2009. *An assessment of the capacity of faculty-based youth friendly reproductive health services to promote sexual and reproductive health among unmarried adolescents: evidence from rural Malawi.* PhD thesis. Edinburgh: Queen Margaret University.

Johnson, H M. 1960. *Sociology: A systematic introduction.* London: Allied Publishers.

Kamlongera, C. & Kalipeni, E. 1996. The role of "Theatre for Development" in mobilising rural communities for primary health care: The case of Liwonde PHC unit in Southern Malawi. *Journal of social development in Africa*. 11(1):53 – 78.

Kates, J. & Leggoe, A W. 2005. *HIV/AIDS policy fact sheet: The HIV/AIDS epidemic in Malawi.* California: Kaiser Family Foundation (KFF).

Kretchmar, J. 2011. Gender socialisation. In *Sociology reference guide: The process of socialisation.* New Jersey: Salem Press

Kumar, A. 2007. *The Examination of Traditional Birth Attendant practices and their role in maternal health services in Mwandama Village Cluster.* College of Medicine. Lilongwe: University of Malawi.

Landis, J R. 1992. *Sociology: Concepts and characteristics.* California: Wadsworth Publishing Company.

Luwanda, J. 2004. *Politics, culture and medicine in Malawi.* Lilongwe: Kachere theses no. 6.

MacFadden, P. 1992. *Sex, Sexuality and the problem of AIDS in Africa.,* In Meena R (Ed). *Gender in Southern Africa: Conceptual and Theoretical Issues.*(157 – 195). Harare: SAPES .

Maerten, M. 2003. *African Feminism*
 Available : http://www.rosadoc.be/site/rosa/english/pdf/factsheetsenglish/34.pdf
(Accessed 23/10/07).

Magwaza, T. 2003. Perceptions and experiences of motherhood: A study of black and white mothers of Durban, South Africa. *Jenda*: *A Journal of Culture and African Women's Studies* 37(1):167-177.

(MHRC) Malawi Human Rights Commission. 2003. *Cultural practices and the impact of the enjoyment of human rights, particularly the rights of women and children in Malawi.* Lilongwe: MHRC

Maluwa, D. 2003. *Gender sensitive educational policy and practice: The Case of Malawi.* University of Malawi: *Zomba*

Marcus, R. 2003. *Gender and HIV/AIDS in sub-Sahara Africa: The case of Uganda and Malawi.*
Available:http://www.iiav.nl/epublications/1993/gender_and_hivaids_in_subsaharan_africa.pdf (Accessed 14/10/08).

Mayzel, M. Kachala, F. & Kerner, B. 2009. *Reaching out to teen mothers in Malawi.* Lilongwe: USAID Malawi.

Mbilizi, A M. 2008. In two different worlds: How Malawian girls experience schooling. *Journal of International Women's Studies.* 9 (3):223 – 240.

Media Council of Malawi. 2004. *Media monitoring project second quarterly report.* Lilongwe: National AIDS Commission.

Mkandawire-Valhmu, L. 2006. *Surviving life as a woman: A critical ethnography of violence against female domestic workers in Malawi.* Madison: University of Wisconsin.

Mkandawire-Valhmu, L. & Stevens, P E. 2009. The critical value of focus group discussions in research with women living with HIV in Malawi. *Qualitative health research* 20(5):684 – 696.

Mkandawire-Valhmu, L. & 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(3):278 – 289.

Mkandawire-Valhmu, L. Rice, E. & Bathum, E M. 2009. Promoting an egalitarian approach to research with vulnerable populations of women. *Journal of Advanced Nursing* 65(8):1725 – 1734.

Mlama, P M. 1991. Women's participation in "Communication for development": The popular theatre alternative in Africa. *Research in African literatures.* 22(3):41 – 53.

Mohanty, C T. 1986. Under western eyes: Feminist scholarship and colonial discourses. *Boundary.* 12(3):333–58.

Morris, A S. & Steinburg, L. 2001. Adolescent development. *Annual Reviews Psychology.* 52:83–110.

Morse, J. M. Barrett, M. Mayan, M. Olson, K. Spiers, J. 2002. Verification strategies for establishing reliability and validity in qualitative research. *International Journal of Qualitative Methods* 1 (2):1 – 19.

Mungwini, P. 2007. Forward to the past: Dilemma's of rural women's empowerment in Zimbabwe. *African sociological review* 7(2):124 – 133.

Munthali, A. Chirimba, A. & Zulu E. 2004. *Adolescent sexual and reproductive health in Malawi: A synthesis of research evidence.* Occasional Report No. 15. New York: The Alan Gutmacher Institute.

Munthali, C. & Zulu, E. 2007. The timing and role of initiation rites in preparing young people for adolescence and responsible sexual and reproductive behaviour in Malawi. *African Journal of Reproductive Health* 11(3):150 – 167.

Mwale, P N. 2002. *Where* is the foundation of African gender? The case of Malawi. *Nordic Journal of African Studies* 11(1):114-137.

National Statistic Office of Malawi, *Education and Literacy Report*. 2008.
Available: www.nso.malawi.net
(Accessed: 08/09/2011).

Nhlema, B S. Makwiza, I. Sanudi, L. Nkonjera, P. Theobald, S. 2006. Engendering communicable disease policy and practice: experiences from Malawi. *Gender, Society & Development Gender and health: policy and practice. A global sourcebook* 33 – 43.

Narayan, U. 1997. *Dislocating Cultures: Identities, traditions and third world feminism.* New York: Routledge.

O'Reily, A. 2004. *From motherhood to mothering: The legacy of Adrienne Rich's of woman born.* Albany: SUNY.

Panos. 2008. *An assessment of HIV and AIDS radio campaign messages in Malawi.* Panos Southern Africa and SIDA.

Pieterzyk, S. 2005. AIDS and Feminism. *A journal of culture and African women studies.* 7.
Available: http://www.africaknowledgeproject.org/index.php/jenda/article/view/115
(Accessed : 17/06/2010).

Peil, M. 1977. *Consensus and conflict in African societies: An introduction to sociology.* Essex: Longman Group Ltd.

Peil, M. & Oyeneye, O. 1998. *Consensus, conflict and change: A sociological introduction to African societies.* Nairobi: East African Educational Publishers Ltd.

Prentki, T. 2007. In the jungle of contradictions or where have all the grassroots gone. *South African Theatre Journal.* 21:123 – 134.

Rankin, S H. Lindgren, T. Kools, S M. Schell, E. 2008. The condom divide: disenfranchisement of Malawi women by church and state. *Journal of Obstetrician Gynecol Neonatal Nurse.* 37(5): 596–606.

Schatz, E. 2005. Take your mat and go!: Rural Malwian women's strategies in the HIV/AIDS Era. *Culture, Health & Sexuality.* 7:79 – 492.

Stormorken, L S. Vincent, K. Vervik, A. & Stanstisteban, R. 2007. *No more excuses: Ending all harmful traditional practices against young women.* Plan Norway and Plan Finland.

Stromquist, N P. 2007. *The gender socialisation process in Schools: A cross-national comparison.* UNESCO.

Sullivan, T J. & Thompson, K S. 1984. *Sociology: Concepts, issues and applications.* New York: John Wiley & Sons.

Taylor-Powell & Renner. 2003. *Programme development and evaluation.* Milwauke: University of Wisconsin.

Tiessen, R. 2004. Mainstreaming gender in HIV/AIDS programmes: Ongoing challenges and new opportunities in Malawi. *Journal of International Women's Studies* 7(1). Available: http://www.bridgew.edu/soas/jiws/Nov05V1/AIDSprogramming.pdf (Accessed : 12/05/2010).

UNICEF Malawi. 2006. *Annual Report Malawi.* Lilongwe:UNICEF.

(UNFP)United Nations Population Fund. 2001. *A practical approach to gender based violence: A program guide for health care providers and managers.* New York.

USAID Malawi. 2010. *HIV/AIDS health profile.*
Available:http://www.usaid.gov/our_work/global_health/aids/Countries/africa/malawi_profile.pdf
(Accessed: 05/10/2011).

Van de Poel-Knottnerus, F. 2005. Waris Dirie and the ritualization of FGM: When rites can be wrong. *Quarterly Journal of Ideology.*
Available:
http://www.lsus.edu/Documents/Offices%20and%20Services/CommunityOutreach/JournalOfIdeology/FredK%20In%20Waris%20Dirie2.pdf
(Accessed: 27/03/2010)

Vincent, L. 2008. Boys will be boys: Tradition Xhosa male circumcision, HIV and sexual socialisation in contemporary South Africa. *Culture, Health & Sexuality.* 10(5): 431–446.

Walker, C. 1995. Conceptualising motherhood in twentieth century South Africa. *Journal of Southern African Studies.* 21(3):417 – 437.

White, G E. 1977. *Socialisation.* Longman: London and New York.

World Health Organisation. 1998. *Gender and health: A technical paper*. Geneva: World Health Organisation (WHO).

Woods, C. & Alleman, P. 2008. Sexual pleasure, gender power and mircrobicides acceptability in Zimbabwe and Malawi. *AIDS Education and Prevention.* 20(2):171 – 187.

Zubeita, L. F. 2006. *The Rock Art of Mwana wa Chentcherere II Rock Shelter, Malawi: A site specific study of girls' initiation Rock Art.* Enschede: Print partners Impskamp BV.

8. Appendix

8.1. Glossary

Agency

Agency refers to the capacity of an individual to make informed decisions that will benefit him/her in the long term.

Gender based violence(GBV)

Gender Based Violence is the abuse of an individual based on his or her sex. In this research gender based violence specifically refers to domestic violence and emotional abuse. This occurs when a spouse or partner deviates from socially prescribed gender roles.

Gender

Gender is how one performs their body based on varying gender binaries. It is not fixed nor is it definite, it is continuous performance that ends when one dies.

Gender binaries

Gender binaries refers to polar opposite characteristics which are assigned to an individual based on their sex. For example, passive females and active males.

Gender roles

Gender roles refers to socially prescribed functions based on one's sex (physiological make-up)

Reflexivity

Reflexivity is the process through which a researcher examines their position and how it could influence the participants and the outcome of the research. The first aspect of reflexivity is to ensure that one is aware of ethical considerations in the research process. The second

aspect is to understand the impact of the research and the researcher on participants and the research paper.

Sex

Sex refers to whether an individual is male or female based on their biological make-up.

8.2. Participant demographics

Name	Age	Participated in initiation, traditional/church	Partner	Dropout level	Disclosure of GBV	Work
Melissa	18	Church	None	N/A	N/A	Student
Mavuto	18	Church	Boyfriend	N/A	N/A	Student
Deta	19	No initiation	None	N/A	N/A	Student
Florence	22	Church	Separated	N/A	N/A	Student
Precious	19	No initiation	None	N/A	N/A	Student
Nancy	18	No initiation	None	N/A	N/A	Student
Agnes	18	No initiation	None	N/A	N/A	Student
Helen	18	No initiation	None	N/A	N/A	Student
Mary	30	No mention of initiation	Separated	Standard 7	Did not disclose	None
Sally	22	Church	Married	Form 3	Yes	None
Rhoda	30	No mention of initiation	Married	Form 3	Did not disclose	None
Celine	25	No mention of initiation	Married	Standard 8	Did not disclose	None
Esther	26	No mention of initiation	Widowed, Boyfriend	Standard 8	Yes	Odd jobs
Machiso	28	Traditional	Married	Standard 8	Yes	Sells local beer
Agatha	28	No mention of initiation	Married	Standard 8	Did not disclose	None
Nambewe	25	Church	Separated/Fiancé	Standard 8	Did not disclose	None
Agatha	30	Church	Separated	Standard 4	No	None
Claire	22	No mention of initiation	Boyfriend	Standard 8	Not clear	None
Carol	25	No	Single	Completed MSCE	Not clear	None

8.3. Table of interviews

Discussion Type	Number of Participants	Age Range
Workshop	2	22 – 30
Focus Group Discussion	8	22 – 30
Paired interview	2	30
Focus Group Discussion	8	18 – 22
Individual Interview	1	22
Individual Interview	1	28
Individual Interview	1	22
Focus Group Discussion	10	18 – 30

8.4. Role play

Scene 1

Husband enters

Bambo: Wife have you swept this house?

Mayi: Can't you see that I have swept?

Bambo: You haven't swept, does this look swept to you?

Mayi: You've started giving me problems these days. You're not treating me well.

Bambo: I saw you with Joe yesterday. Didn't I see you with Joe yesterday. What is he doing to you that makes you forget to sweep the house? What is Joe telling you?

Mayi: I don't understand you. Why should I not be able to talk to someone from this village?

Bambo: You should go back to your home.

Mayi: I should only be able to talk to you eh?

Bambo: Just sit down.

Mayi: This isn't the real story. You should tell me what the real story is. How can I fail to greet someone from this village?

Bambo: Just make me food.

Mayi: I've made nsima, but there's no salt so I haven't put any salt in the relish.

Bambo: Didn't I leave money for you to buy salt? You forgot to buy salt and now you are lying by saying that I forgot to leave money for you to buy salt.

Mayi: There is something that you want to say. This isn't the real story. How can I buy salt when the grocery store is far?

Bambo: I should just beat you. You hear?

Mayi: That was the real story.

Bambo: I left money for salt. Why didn't you buy the salt?

Mayi: I said that there is relish, there's just no salt.

Bambo: There was relish here when I left. Then when I came in you hid the relish and told me that there was no relish.

Mayi: Ih you really have a problem and I don't know what that problem is. There is somewhere where you are learning this behaviour.

Bambo: No. That kind of talk should decrease (I don't want to hear that kind of talk).

Mayi: Its fine then, I'll make a plan.

Bambo: Fine, but what about the food?

Mayi: Money...?

Bambo: Here's the money for relish. I want to find that you have cooked when I come back. I don't want to hear anymore lies.

To audience

Mayi: But some of these men! There's somewhere where he goes. When I married him he didn't behave like this. I'm tired of him. I'll just have to bear it. Its the same thing everyday. Let me cook, when he comes back we'll hear what else he has to say.

Scene 2

Mayi: Yes come in. Here's your food.

Bambo: Eh eh eh, wife, now you have just cooked meat without vegetables. Am I supposed to eat this fish without vegetables?

Mayi: I don't know what to do now. I thought I told you that the vegetables...

Bambo: I left you cooking relish and vegetables. Where have you put them? This is what Joe tells you to do right?

Mayi: So the story is Joe? Should I stop talking to the people in this village? How can I not pluck vegetables from the garden? You know that when it rains you can't pluck the vegetables because of all the mud.

Bambo: I left you washing vegetables. I'll just remain hungry then. Let's forget about that. Let's go to the bedroom.

Mayi: What are we going to do in the bedroom? If you want us to go there...

Bambo: Here's money...

Mayi: I don't have any use for your money. If you want to have sex you'll have to use this (pulls out a condom).

Bambo: What's that?

Mayi: Protection.

Bambo: Protection?

Mayi: You and I have not yet been tested.

Bambo: Isn't there protection from mosquitos on the bed?

Mayi: That's not the kind of protection I'm talking about. This (shows him the condom) is what I'm talking about.

Bambo: What is that?

Mayi: This is a condom.

Bambo: Condom? Condom?

Mayi: Condoms for us to use.

Bambo: Let's go to the bedroom and discuss this.

Mayi: Let's agree here. We won't do it if you refuse to use this. Its not that I don't trust you. Its just that the world these days is very scary.

Bambo: So you're saying that because it scary out there, its also scary in this house?

Mayi: Yes.

Bambo: Like if there was rain?

Mayi: Yes.

Bambo: So if there was rain then there will be sunshine?

Mayi: If you use a condom it means that if someone is not right in their body, they don't know their status – and you use a condom, you can not get sick.

Bambo: They don't know their status?

Mayi: Yes, their blood.

Bambo: To know how many litres of blood you have?

Mayi: Its not litres. Its a virus.

Bambo: Have you seen that I have a virus?

Mayi: Your friends know all of this.

Bambo: Look at how healthy/beautiful I am. How do you think I could have HIV?

Mayi: The men down that side use condoms. So if we are going to use these then lets go, but if not...

Bambo: The people who use these things are the ones who are sick.

Mayi: That's just listening to other men talking.

Bambo: No, those who are sick, those who are thin are the ones who use those things.

Mayi: Do you know your status?

Bambo: My blood is fine. Don't you see me running around?

Mayi: If you don't want to use a condom, then we are not going to do it.

Bambo: We're not going to do it? Alright fine then, let's go and do it. Give me the condom.

Mayi: We'll use the condom?

Bambo: Yes give it to me so I can open it. I'll open it myself.

Mayi: No no. I'll be the one to put it on you.

Bambo: No, if that's the case then no. *(Grabs the condom and rips it apart and puts it on his head)*

Mayi: No then its not going to happen.

Bambo: So our marriage should end just because of this little thing?

8.5. Interview schedule for focus group discussions

The focus group discussions were open ended as the role play was used to initiate discussion. The role play was devised by women from within the community. However some questions were written down after the role play was developed as a prompt and as a checklist to ensure that all issues were addressed.

1. Have you ever experienced this kind of situation in your life (or heard about it)?
2. How would you describe relationships between men and women? Can women communicate with their male counterparts? If not why?
3. What role has your upbringing played in your capacity to communicate with your partner?
4. What do families generally teach their children about sexual issues? (If parents don't play this role, who does? Do you feel that you can talk to your children about sexual matters when they reach the right age?)
5. How did your educational experience influence your knowledge of HIV?
6. How did your educational experience influence your interaction with men?
7. Do you think education is different now? How do you think it would have changed your life had you experienced similar kind of education?
8. What interventions have you witnessed? How have these influenced your capacity to talk to men? (specifically about safe sexual intercourse)
9. Have intervention projects/churches helped you negotiate safe sexual intercourse? How? Do you feel empowered by your participation in these support groups/churches etcetera?
10. What do you think has been the greatest motivating factor to negotiating safe sexual intercourse? What has influenced you the most to want to negotiate safe sexual intercourse?
11. What has discouraged you to negotiate safe sexual intercourse?

8.6. Interview schedule for semi-structured individual interviews

1. **BACKGROUND INFORMATION**

   - Tell me about your day to day life? (What kinds of activities do you engage in? What are your responsibilities?)
   - How do would you describe relationships between men and women? (Are you able to make decisions regarding your sexual and reproductive health or does your husband determine that?)
   - Traditionally, what are the responsibilities of men and women? (Are women's responsibilities more community orientated?)

2. **PARENTS**

   - Describe your relationship with your parents.   (Were/Are you closer to your mother or father? Who did you relate to or rather identify with more?)
   - Describe your parents' relationship. (What responsibilities did you mother take on? Did she have decision-making power in the relationship?)
   - Who have been the major influences in your life?
   - Were you able to discuss issues such as sex with your parents? (If not why not? Did they offer any information regarding HIV/AIDS?)

3. **EDUCATION**
   - Describe your formal educational experience. (Did you complete high school? Did you enjoy school? Did your parents encourage you in terms of education?)
   - What was the school environment like? (Who participated in class more actively, boys or girls? How did the boys respond to girls in class?)
   - Did teachers encourage you to ask and answer questions in class?
   - Did you interact with boys outside of the classroom?
   - Was there any education on HIV? (How was it taught?)

4. MEDIA AND OTHER AGENTS OF SOCIALISATION

- What HIV/AIDS intervention strategies have you witnessed in your community?
- Do you find that you have less access to information than your male counterparts?

5. HIV/AIDS

- From what age did you become aware of HIV? (Where did you get your information? What information were you given?)
- Describe your first encounter of sexual intimacy. (What did you know about sex at the time? How did you get this information?)
- What are the taboos surrounding sex in your community? (How do you know that these topics are taboo?)
- How has this information influenced your sexual relationship with men?
- Are you able to suggest condom use prior to intercourse?

.7. Postgraduate and ethics committee: letter of approval

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Office of the Deputy Dean

30 August 2010

Dear Dr Puttergill

Project:	Socialisation of Chewa women and the negotiation of safe sex
Researcher:	E Mkandawire
Supervisor:	Dr C Puttergill
Department:	Sociology
Reference number:	24306267

I am pleased to be able to tell you that the above application was approved (with comment) by the Postgraduate Committee on 17 August 2010 and by the Research Ethics Committee on 26 August 2010. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should the actual research depart significantly from the proposed research, it would be necessary to apply for a new research approval and ethical clearance.

The Committee requests you to convey this approval to the researcher.

We wish you success with the project.

Sincerely

Prof John Sharp
Chair: Postgraduate Committee &
Research Ethics Committee
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: john.sharp@up.ac.za

8.8. District Authority letter of introduction

27 January 2011

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

LETTER OF INTRODUCTION

The bearer of this letter, Elizabeth Mkandawire, has been granted permission to do research concerning chewa culture in Blantyre.

Please assist her accordingly.

Yours faithfully,

R.K. Chavula

For: DISTRICT COMMISSIONER

8.9. Declaration of Ethical intent

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

RESEARCH PROPOSAL AND ETHICS COMMITTEE
(RESPEthics)

FACULTY OF HUMANITIES
UNIVERSITY OF PRETORIA

DECLARATION OF ETHICAL INTENT

We declare that we are fully aware of the stance taken by the RESPEthics Committee, Faculty of Humanities, regarding the importance of obtaining informed consent from research participants.

We acknowledge their concerns and reservations regarding the lack of written informed consent documents due to the fact that we deem it impossible to obtain such in the current research project.

We declare that, in the course of the research, we will take due care to protect and safeguard the rights and autonomy of all parties, which includes the participants, the University of Pretoria, RESPEthics, the Department of Sociology and all outside parties with whom we make contact either physically, verbally or through documents and documentation.
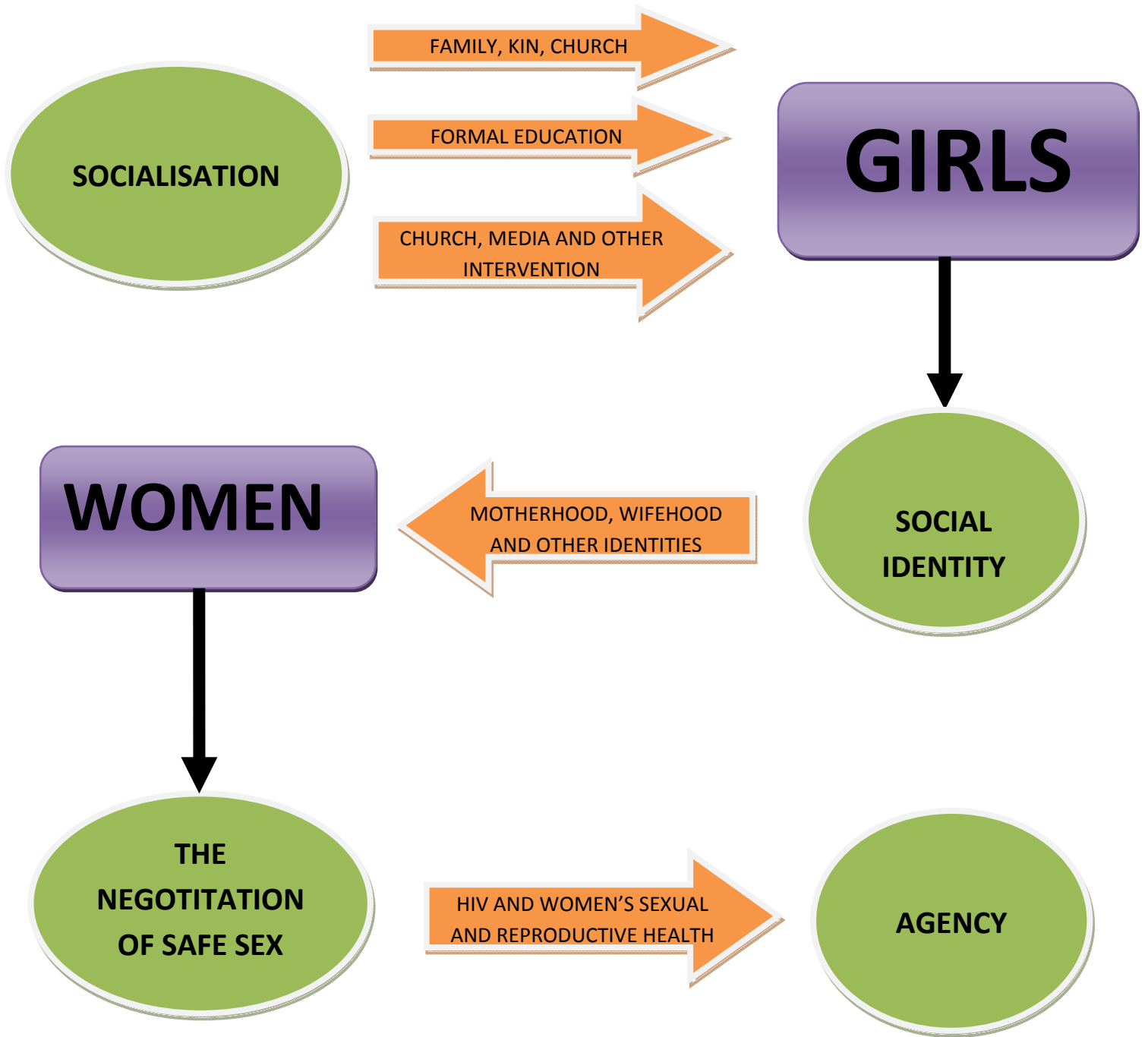
We undertake to be ethical in all our dealings and at all times during the research endeavour.
 STUDENT: _____

MODERATOR: _____

PROJECT TITLE: _____

                     _____

8.10. Construction of themes

8.11. Interviewee Profiles

Melissa

Melissa was 18 years old and was in her final year of secondary school. She is an orphan who was being looked after by relatives. She was initiated in the seventh day Adventist church. She did not have a boyfriend at the time of the study. She believed that it was best to be self-reliant so that if ever encountered a situation where your husband is unfaithful, you are able to leave because you have your own resources. She says that she believes school is important because she has been influenced by peers who have either dropped out and regretted it or finished school and succeeded.

From my observations of the class, Melissa was one of the few girls who actually raised her hand to answer questions, regardless of the fear that "You answer the wrong thing and the boys laugh at you." Melissa mentioned that she believes that boys are more intelligent than girls, "...us girls, we don't work hard. But boys are the one's who work hard."

Agnes

Agnes was 18 and had recently moved to the school. She had never had a boyfriend. She believed that having a boyfriend would cause her to lose focus on school. She was influenced by her sister who completed form 4 and was a soldier. She aspired to be a nurse.

Agnes said that at her old school she used to surround herself with boys because they could teach her. "At my desk I was always surrounded by boys because boys are very good at maths." She mentioned that girls only gossip about each other.

Her parents played a major role when it came to her educational life. She mentioned that when her father was in South Africa he would often call to find out how they are doing in school. She also mentioned that she is not forced to do chores at home. Her parents preferred to allow her time to read and study. She mentioned that she had an older brother who performed the same chores as she did when he was home for the holidays.

Florence

Florence was 22 years old and had 3 children. She had been married previously but had separated from her husband because things were no longer working. She was very quiet during the focus group discussion with the form 4 girls. However, she later came to us and told us that she did not want to talk about her issues in front of the girls because she was afraid of how they would respond. She did however offer to talk to us in a more private one on one interview.

She decided to get married because she was envious of her friends who were married. She believed that life was easier in married life. She also mentioned that whilst in school, she did not see its benefit. It was only after she found herself in a difficult marriage that she realised the benefits of education. Regardless of her training during the church initiation she and her husband only got tested after they had children and she became suspicious of him. Her training during initiation did however help her select a partner whom she thought was a "good man". She and her husband decided together that he should go to South Africa to look for money. Once he returned his behaviour changed. He would sleep elsewhere often and she became weary of his infidelity.

Her husband however never forced her to have sexual intercourse with him. Growing up she was taught by her parents and siblings, that a woman's role is to cater to her husband's physical needs i.e. food, preparing bathing water and of course sexual intercourse, although she didn't mention it out right. She was also taught that when her husband strays she should be open and communicate with him about it.

Her parents however, never taught her about sexual matters. She believed they did not speak to her because they would be too embarrassed to broach such topics of conversation with her. Her siblings and friends were the ones who educated her on sexual matters such as pulling and how to perform in the marital bed.

At the time of the study she was not interested in pursuing another relationship. She wanted to complete school and find a way to support her three children. The church played a crucial

role in her life, in fact, it was a priest at the church who encouraged and paid for her to return to school before she received a government bursary.

Claire

Claire was 22 years old, unmarried with one child. She was unemployed and lives with her parents. She only became pregnant because her friend was pregnant and she felt as though she would be left out. She too did not complete school. She had a boyfriend at the time of the study.

Claire did not explicitly mention that her partner used force if she refused to have sexual intercourse with him, however during the focus group she concurred with Celine when she said, men are stronger than men and force you to have sexual intercourse, by stating, "Until here (pointing to her upper arms) becomes sore. What can we do, it hurts everywhere." She also mentioned that often men do refuse to give you cash if you insist on having sexual intercourse with a condom on.

She believed that education was very important. She believed it was too late for her but she felt that other girls should carry on with school and make lives for themselves so that they can be an example to others.

Mary

Mary was a 30 year old HIV positive woman. She was separated from her husband and believed she was better off for it. She dropped out of school in standard 7. She was unemployed and lived alone.

Her husband would refuse to use condoms because they gave him sores. The hospital advised him to use a different brand of condoms but he refused to comply. When she insisted on using condoms he left her and married another woman. Mary belonged to a support group that taught her about safe sex and provided her with counselling.

Agatha

Agatha was 30 years old, she had an 8 year old daughter and was separated from her husband. She was employed as a domestic worker. She left school because her parents died and there was no one to pay for her fees. She believed that if she had had the opportunity to complete school she would have been able to make something of herself and she would be self reliant.

She began asking her husband to use condoms when she became suspicious of his fidelity as his work often took him out of town. He began accusing her of infidelity and accused her of wanting to marry another man. It was after a year of refusing to have sex with her husband that they separated. Her husband never forced her to have sex with him, but they did argue about it.

Agatha was not taught by her parents about sex. She did not believe that it is appropriate for parents to talk to their children about such matters.

Nambewe

Nambewe was 25 years old. She too had a daughter and was separated from her husband. At the time of the study, she was employed as a domestic worker and was engaged to a taxi driver. She was initiated in the Seventh Day Adventist church. She was taught that she needs to behave well and she received physical punishments for all the bad things she had done in the past. Nambewe left school in standard 8 for financial reasons.

Her ex-husband used to work in a different town from where they lived and as a result she was suspicious of his fidelity. In fact she had heard rumours that he was married to another woman in that town. When he returned she refused to have unprotected sex with him, he accused her of being unfaithful. She continued to refuse and as a result they separated.

Machiso

Machiso was 28 years old. She had 3 children and was married. She was HIV positive. She brewed beer for income. Machiso was initiated traditionally. She left school for health

reasons. She developed a wound from a mosquito bite that would not heal. She got married at 18 years of age because of financial problems.

Her parents did advise her against sleeping around for fear of contracting diseases, however, her parents did not speak to her about condoms because at the time HIV and condom use were not significant issues.

Her husband physically abused her. She sometimes slept in the school blocks (about 100 meters away from her home). She often got abused for something as simple as not preparing his meal on time or coming home later than expected. She also mentioned that she had experienced marital rape.

She mentioned that her husband never used to be so cruel, in fact he used to be very active in her and the children's lives and he used to provide for them. He would also help with the children and chores when she was sick, but as soon as she got better he would could not be found in the house. He changed after they got robbed and his certificates were stolen. As a result he could not apply for work. They moved back to the village, which was where they were living at the time of the study. It was only after they moved to the village and he began drinking that he became abusive.

At the time of the study her husband had gone back to his home village. Both Machiso mentioned that their health had improved since her husband had left. Machiso's husband had another woman at his home village. When she confronted him, he admitted it. She got her tubes tied to avoid anymore pregnancies.

The church serves as a source of comfort for her. She however, does not attend the support group at the church. She used to be a part of an organisation based support group that taught them how to use herbs to prepare "medicine" for HIV.

Sally

Sally was a 22 year old who recently returned to school. She was forced to leaves school because there were no fees available at the time. She had been married for 8 months when my field research commenced.

Sally used to associate with boys when she was in school and although people would make negative comments about it, it never used to bother her because she had been interacting with boys from a very young age.

Her husband was very promiscuous, having had extramarital affairs with several of her friends. When she found out of his infidelity she went back to the village to her home. She refused to have unprotected sexual intercourse with him after, in the 8 months that they have been married she had refused to sleep with him for 4 months. He did become physically abusive and try to rape her, but she fought back. She said that if she does force him to use a condom, he doesn't leave money for relish. By the time my field work was complete her husband had agreed to go for testing and to use condoms in the mean while.

Sally wanted to go back to school and there after pursue further education and training in nursing. She believed that given the opportunity to complete school, she would be far better off.

Esther

Esther was a 25 year old woman who's husband had passed away. At the time of the study she had a boyfriend. Esther although insinuated that her boyfriend did abuse her if she asked him to use a condom. "We ask, but a man is a man. At that time he uses his power and you are also using your own power." She mentioned that because of fear of a husband leaving you, you agree to sleep with him without a condom.

She told a story of how when her husband was still alive and he would come back from working in the field, she would ask him to use condoms and he would accuse her of being unfaithful. She said that if she did manage to convince him to use a condom it means that he would not leave money for relish the next day.

Esther spoke of how when she was at school she still had to make sure that she attended to her chores. She would wake up at four to ensure that they were done before she left for school. If she did not attend to her chores she would come back home to find that her mother had not prepared food for her. Her mother believed that school wasn't real work, but rather that the work that they had been doing farming was more strenuous

8.12. Chichewa translations

[i] *"Amaona ngati ndimagona ndi nzimambo wina, amonangati nzibambowinayo ndiamene amandiphunzitsa za chisango."*

[ii] *"Tinakhala moyo ovuta, tinkagona ndi njala, zinalizo vuta"*

[iii] *"Mwina ndiyelekeza ndi matenda amena abwelawa,mwina ukuona kuti amuna ako sakuyendda bwino, kuti uakhazike pansi uauze kuti, "simukuyenda bwino" kapena, "mwapanga chibwezi" mwakuti mwakuti, umangoaopa. "Ih akandimenya. Ih ayi sindiauza." Choncho matenda aja kuatenga.*

[iv] *"Anyau alindi chiwelewele, amagona ndi atsikana. Amaazatenga atsikanawo kudambo, ndiyeno amati, "tapeza anamwali" kuti agonenawo. Zinthu zimenezo zikuchitikabe kumbali ya aChewa. Sizikusintha"*

[v] *"Ngati kumudzi kwanga, anyamata akamatuluka ku jando, atsikana amatulukanso, ndipo amapita kukasamba pamodzi…kutanthaunza kuti amaaphuzintsa zofanana kumadziko. Koma ndi zomwezi zimene zimaaphunzitsa aana chiwelewele. Chifukwa nyamata ndi tsikana saangamasambe limodzi kumadzi."*

"Ine ndinganene kuti, tidakali omangika chifukwa chimene chimachitika ndikuti, aphunzitsi akafusa fuso, ukayankha zolakwa, anyamata amakuseka."

[vii] *"Mwina ndinganene kuti atskikanfe, tilindizinthu zambiri. Ngati kumbali kwaga, ndili ndekha kunyumba. Ndipo kuti ineyo ndi bwelele kunyumba ndikutali. Ndikachoka kuno, kaya ndiyende olo ndi tenge njinga, ngati panopo, ndikanyamuka panopo, ndikafika kunyumba mwina chama pasti six to seven, chifukwa ndi kutali kwabiri. Ndiye ndimaona ngati ndivuto kuti nditenge makope ndiwelenge. Ndatopa panthawi imene ndachoka kunoko kuti ndikafike kunyumba. Ndinjila yaukulu, ndikutali kwambiri. Ine ndimangoona ngati vuto."*

[viii] *"...mtsikana thawiyake ikafika, ma responsibilities ake amachuluka. Ndi nthawi imene makolo ako amaona kuti ulumikizikana, munjila yoti ukhale nzimayi weni weni."*

[ix] *"Vuto masiku ano ndi atsikana ndikusilira. Ndichifukwa amakatenga mimba olo matenda. Anzawo alindi chintu choti naonso akuchifuna, koma makolo awo alibe ndalama yoti agule chintucho. Amafunsa azinzao kuti chintuncho achitenga kuti, "Ih nda chitenga kwakuti kwakuti.". Ndiyeno tskianayo azipenza akufuna chibwenzi olo nzibambo oti atha kumupatsa ndalama kuti akagule chintucho."*

[x] *"...amene anakhalapo pabaja, school nkuisiya oajila, amakuuzaso, "Aiisee banja silabwinoyi, umavutika ndi chakuti chakuti..."*

[xi] *"Amene anamaliza school, oti afika penapake amakuuzaso, amakuza kuti, "Maliza school, ukamaliza school uzakumana ndi zakuti zakuti".   Ndiye iweso umakhala ndi chidwi, umasilila."*

[xii] *"amuna amaonjeza, amanena kuti, "sindingathe kukhala mwezi osagona ndi nkazi chifukwa nsanawangayu umalemela. Ndizofunika kuti ndikapungulile kwankazi"*

[xiii] *"Sweet saadyela mupepala"*

[xiv] *"Amatha kundikakamiza ndisakufuna.   Kapena ndikakanitsitsa, ndiye kuti andi menya. Ndimalolela mantha. Kuopa"*

[xv] *"Amatha kukugwililira, kukukakamiza olo usaakufuna. Amakukakamiza pakana phamvuzonse zakuthela.   Umalephela kumukanka munthuyo.   Nkazi alindi mphamvu so cheap. Nzimambo alindi mphamvu zambiri."*

[xvi] *"Ngati sukufuna kuti iweyo ndi ineyo tikhale limodzi ndikusiya banja".   Ndyiye poona kuti akusiya banja chifukwa cha chishango, umangoti, "amuna anga bwelani"*

"Sakusiyila ndalama ya ndiwo tsiku limenelo.   Akuuza kuti amene akuphuzitsa zachisangoyo akusiyile ndalama yandiwo."

[xviii] *"Komaso ndizoti abambo alindi mphamvu zambili. Iwowo amanena kuti ndine mamuna wa munyumba.   Chilichonse ndikuyenera kumapanga ndi ineyo, chifukwa ndine munthu wamamuna. Ndiye olo titati agawidwe macondomu achimayi aja, ndizoti mamuna ndi munthu wa mphamvu zambili. Kuti azikugwila muja apeze kuti kuli chishango, akhoza kuchichotsa chimemenechija, kuchitayila kumeneko."*

[xx] *"Vuto inali yoti, iwowo amafuna kuti tipitilize kebeleka. Koma ndinali ndi nzeru, ndi nakatseketsa. Ndinaona kuti mmene zinthu zili...ayi."*

[xxi] *"Ndiye pali amuna ena, ngati amuna anga ndiovuta. Ndipo ndikanena kuti ovuta simasewelo ayi. Kuti andi peze pano...hmf."*