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**CULTURAL PRACTICES RELATED TO
HIV/AIDS RISK BEHAVIOUR:
FOCUS GROUP DISCUSSION OF VILLAGE
LEADERS IN PHALOMBE**



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VILLAGE LEADERS IN PHALOMBE**

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EXECUTIVE SUMMARY

I. OBJECTIVES OF STUDY

This study was conducted as part of the HIV/AIDS community education project of the Salvation Army in Phalombe. The main goal of the project is to initiate changes, through community action, in cultural beliefs and practices contributing to HIV risky behavior by substituting them with healthy practices. The objectives of the study were the following:

1. To identify cultural practices and beliefs as described by community leaders which may be related to AIDS transmission and risk behavior.
2. To develop hypothesis based on the findings to be used as a basis for a survey to determine which practices actually persist and the extent to which they are practiced.
3. To develop recommendations based on the findings for HIV/AIDS community education programs.

II. METHODOLOGY AND POPULATION STUDIED

Eight focus group discussions were held at the four project intervention sites from February 11 -23, 1996 in the Traditional Authorities (TA) of Nazombe and Nkhumba. Four male and four female focus group discussions were conducted respectively in each TA. Each group had from nine to thirteen participants except one male group where there were only six. The total number of participants was 80.

The life cycle was used as the guiding principal in the data collection as a way to facilitate participants' recollections of beliefs and practices that are important aspects of their lives. Since many of these surround the various rites of passage, the life cycle was an appropriate organizing tool.

III. SUMMARY OF MAJOR FINDINGS

The dominant ethnic group identified by the focus group discussion participants was Lomwe, followed by Nyanja, Man'ganja, Chewa, Yao, Khokhola and Takwari. Practices overlapped ethnicities and differences appeared to be due more to religious affiliation than ethnic identity. Participants (80%) belonged to a wide variety of Protestant denominations and the rest to the Catholic Church.

Two major concepts are at the basis of many of the beliefs or practices and may be an important motivating force to behavior choices. The first is the sexual theme of "hot" (*wotentha*) and "cold" (*wodzidzira*). It is related to sexual restrictions which are imposed during many different aspects of the life cycle. The second theme is *tsempho*. This concept is used to describe a situation which

occurs when an individual has violated the customary sexual restriction imposed during various occasions.

Traditional instructors (*anankungwi*) play a major role in information giving during the life of an individual. Traditional marriage counselors (*ankhoswe*) are assigned to all married couples and give advice throughout the marriage.

There are many situations in which sexual restrictions are required by married couples including before and after child birth, during menstruation, after a miscarriage or abortion, when a child is ill and many others. Beliefs persist among the youth as well as older people that harmful consequences would result from the violation of these sexual restrictions. However, because of the frequency of the various situations, the sexual restrictions between married couples could encourage extra-marital sexual relations.

Both male and female children participate in initiation rites before the onset of puberty in which varying degrees of teachings concerning sexuality occur. Church initiation rites restrict the sexual instruction, but many parents purposely send their children to non-church initiation rites so that they will have that instruction.

There is evidence that during the male initiation rites, a kind of partial circumcision is practiced where the end of the foreskin is slightly pierced. It was reported that the Yao perform complete circumcision.

At the end of both the male and female initiation rites both the boys and girls may be instructed to have sexual intercourse after they return home.

The data strongly suggests that young people are very active sexually before marriage and start having intercourse as soon as they are physically able which could be as young as six years old. The participants did not approve of this.

The data suggests that there is a breakdown in traditional marriage customs. Many young couples approach their parents to discuss marriage after the woman is already pregnant. Also the concept of marriage may be fluid without a clear delineation between the state of "being married" from the state of "not being married".

Participants suggested a high divorce rate and multiple series monogamy with polygamy on the decline.

There are particular customs which require some individual to be substituted for the spouse to have sexual intercourse with the other. This individual is called *fisi*. (literally Hyena in Chichewa). These practices are usually done very secretly, but the focus group participants were of the opinion that they persist.

There are medical practices which could promote the spread of HIV and other infections through exchange of blood or body fluids. Blood and body fluids are frequently handled by bare hands both during the berthing process and while washing corpses, even when the deceased is known to have died of AIDS. Injections are being given in the villages with re-used, unsterile syringes and needles. Incisions are used for curing purposes and sometimes one razor may be used for several clients, although the traditional healers in the group discussions reported using one for each client.

Beliefs about blood, semen and vaginal fluids and their relationship could be confusing factors which are at the basis for some types of HIV/AIDS risk behavior.

The data indicate that sexual pleasure is important in the life of the villagers and sexual foreplay is practiced. There are festivals, songs and dances which may promote pleasurable sex among individuals who are not married to each other.

The participants demonstrated an awareness of AIDS, but their knowledge was limited. AIDS was compared to what the participants considered as two different illnesses, "*kanyera*" and "*tsempho*", which are believed to manifest symptoms of body wasting and thinning of the hair. However, they distinguished these diseases from AIDS stating that they are curable with traditional medicines while AIDS is not and always causes death.

IV. CONCLUSION AND PROGRAM APPLICATIONS

The study suggests that there are many types of behavior and beliefs in the community that could be associated with HIV/AIDS transmission. It also indicates that the village leaders have much knowledge, understanding and insights concerning issues related to HIV/AIDS. These findings confirm the soundness of the project strategy to mobilize the community to develop the project interventions. They will provide the information needed to conduct a survey to identify the degree to which the practices are actually carried out and by whom. The findings suggest many program applications which are presented in a table at the end of the report.

INTRODUCTION

I. BACKGROUND

The incidence of HIV/AIDS in Malawi is among the highest in the world. Mulanje District is reported to be the third highest in the country with an estimated rate of 31.6% of HIV seroprevalence among rural adults (NACP:1995). This district lies from north to south along the western side of Mulanje Mountain. Although a rural area, it is relatively densely populated with 226 people per square kilometer with a total population of about 780,651 (Annual Report:1994). Phalombe, which since the conduct of this study has become a separate district, lies along the northern end of the mountain. It is a rural area composed of small trading posts and villages. Many of the villages are not accessible by road at any time except by four wheel drive vehicles. Frequently they cannot be reached at all during the rainy season. The basis of the economy is subsistence farming. Mainly maize is grown in the area with some rice and tobacco. In recent years the population has suffered from severe drought and has been dependent on food aid.

The predominating ethnic group in the area is known to be Lomwe with some Chewa, Man'ganja, Nyanja and Yao. Languages most frequently used are Chilomwe and Chichewa. Christianity is considered to be the dominant religion. A form of Islam is practiced among some of the Yao.

The Salvation Army has been established in Phalombe for thirty years. It not only has been engaged in religious activities but also in various types of social programs such as food distribution and community education. In 1995 they were awarded a grant to administer an HIV/AIDS community education project. The main objective is to initiate changes, through community action, in cultural beliefs and practices contributing to HIV risky behavior by substituting them with healthy practices.

In order to do this, it was necessary to carry out research to identify these beliefs and practices and determine the degree to which they persist in the population. Two studies were proposed; the first a qualitative study to identify the cultural practices and beliefs, the second a survey to ascertain the frequency that those practices and beliefs are maintained within the project target population. This report is a presentation of the findings of the first study.

II. OBJECTIVES OF STUDY

The objectives of the study were the following:

1. To identify cultural practices and beliefs as described by community leaders which may be related to AIDS transmission and risk behavior.
2. To develop hypothesis based on the findings to be used as a basis for a survey to determine which practices actually persist and the extent to which they are practiced.

3. To develop recommendations based on the findings for HIV/AIDS community education programs.

III. METHODOLOGY AND POPULATION STUDIED

Eight focus group discussions were held at the four project intervention sites from February 11 -23, 1996. The four sites were in the Traditional Authorities (TA) of Nazombe and Nkhumba. The sites were Mpassa, Chitekesa, Chiringa and Chinani. Four male and four female focus group discussions were conducted respectively in each TA. Each group had from nine to thirteen participants except one male group where there were only six. The total number of participants was 80.

Key informants including the Section Officer of the Salvation Army and the Traditional Court Authorities provided background information and helped to identify the participants. The participants were selected based on their respective roles in the community as influential people who would know the customs and practices in their villages. They included village headmen and women, traditional instructors or counselors (*ankungwi*) traditional birth attendants, and traditional healers.

Each discussion was led by a facilitator. A note-taker took notes of the discussion and each discussion was tape recorded. The facilitator and note-taker were all from Mulanje District and were of the same gender of the group from which they collected data. Discussions were held mainly in Chichewa, and sometimes in Chilomwe.

The life cycle was used as the guiding principal in the data collection as a way to facilitate participants' recollections of beliefs and practices that are important aspects of their lives. Since many of these surround the various rites of passage, the life cycle was an appropriate organizing tool.

FINDINGS

Distinct differences among the focus groups were not revealed. Rather the data showed evidence of an overlapping range of many customs practiced in both Traditional Authorities and in the various villages. Therefore, the data will be presented summarizing the findings from all groups on each subject. Any differences between groups or villages will be indicated when present.

The following headings will be used in the presentation of the study findings:

- I. Demographics
- II. The life cycle
- III. Festivals
- IV. Dances
- V. Songs

- VI. Medical practices associated with exchange of blood
- VII. Beliefs associated with blood, semen and vaginal fluids.
- VIII. Sexuality
- IX. HIV/AIDS

I. DEMOGRAPHICS

A. ETHNICITY

Phalombe appears to be a complex society. The data suggest no single set of dominating customs related to a single ethnic group which distinguish it totally from others. Rather practices overlap ethnicities and differences may be due more to church affiliation than ethnicity. There are several ethnic identities which were clearly reflected in the composition of the discussion group participants. Forty-eight percent of the group members were Lomwe, twenty-one percent were Nyanja and the rest were Man'ganja, Chewa, Yao, Khokhola and Takwari.

B. RELIGION

In Phalombe there are a wide range of church denomination. Group participants were affiliated with nineteen different Protestant churches (80%), the Roman Catholic church (13.7%) and the Moslem church (6.2%). Of the 80% percent of the participants who were Protestant, 23.4% were Church of Central African Presbyterian (CCAP), and 14% were members each of Topia, Providence Industrial Mission (Chilembwe) and Church of Christ. The rest of the Protestants belonged to the Baptist Church, Salvation Army, Seventh Day Adventist, Lutheran Church, Assembly of God, Christian Church, Jehovah's Witness, Church of God, Apostolic, Abraham, Chibvumbuluso, African Mother, Evangelical, African International and Nazarene.

Not all the population in the Phalombe area are Christian or Muslim. The religious affiliation of the participants in the group discussions may have been biased toward membership in Christian churches because of a bias in their selection.

Key informants and informal discussions with villagers indicated that villagers changed their church affiliation frequently depending on the fit of the church beliefs to their own and also on the material benefits the church distributed to the members. The fact that there are so many different religious sects in the area may have a strong influence on social conduct which could either positively or negatively affect HIV/AIDS risk behavior. Further research is needed to fully understand this relationship.

II. LIFE CYCLE

A. KEY CONCEPTS

"Hot" and "Cold"

A sexual theme of "hot" (*wotentha*) and "cold" (*wodzidzira*) appears to be a central cultural concept that guides social behavior. It is related to sexual restrictions which are imposed during many different aspects of the life cycle. The concept of "hot" (*wotentha*) is used to describe an individual who is sexually active, one who is sharing his or her bed with a woman or man, or a baby whose parents have resumed sexual intercourse after the period of sexual restriction following the birth of that baby.

Conversely, the concept of "cold", *wodzidzira*, is used to describe an individual who is not sexually active, or one who is abstaining from sex for one reason or another, a young girl, a woman who has reached menopause, or a baby whose parents have not resumed sexual intercourse after the period of sexual restriction following that baby's birth. ¹

Tsempho

Another theme is *tsempho*. This concept is used to describe a situation which occurs when an individual has violated the customary sexual restriction imposed during various occasions. The individual offender himself or herself does not suffer from *tsempho*. Rather, the act of transgression causes others, usually someone who is close to him or her such as spouse or a child, or members of his or her clan in the village to develop certain physical symptoms which is then defined as *tsempho* such as generalized body oedema, thinning of the hair and paleness of the skin.

This belief may be part of the more encompassing one described above concerning the infliction of harm due to the violation of the taboo of sexually mixing a "cold" person, one who should be abstaining from sex, with a "hot" person, one who is sexually active. In this case, the menstruating woman who is "cold" (*wodzidzira*) had sexual relations with a "hot" (*wotentha*) person, her husband, and caused him to become ill.

¹ Marwick (1965) describes this notion of "hot" and "cold" in his study of Chewa living now on the border of Zambia with Mjinji in Malawi.

B. BIRTH

Practices Concerning Handling of Blood and Body Fluids

1. According to the discussion groups there are many home births conducted by either trained or untrained traditional birth attendants (TBA), or by close relatives, usually the mother or the grandmother of the expectant woman. The products of conception, i.e. amniotic fluid, membranes, placenta, baby and blood are usually handled with bare hands. However, one trained TBA indicated that she used gloves during delivery. When these were not available, empty plastic bags from sugar were used as a glove substitute. One to three women may be involved in the birthing process. Of these, one to two of them handle the products of conception. Some birth attendants insert bare fingers into the vaginal canal to check if the mother is ready to deliver. Others check only by looking.

2. It was reported that the placenta, membranes and the blood are collected either in a piece of a broken clay pot (*phali*) or other special vessel. These products are thrown away either in an ordinary pit latrine or a special hole dug just for such products. The container used to carry the products may either be crushed and thrown away with the products or washed and re-used for another delivery. Only the mother or grandmother or, in their absence, a very close trusted person, is allowed to dispose of the placenta and membranes. This is because of fear of witchcraft. Someone who is jealous or has some grudge against the mother could inflict harm upon her using these objects.

3. The baby and mother are cleansed with water by the birth attendants using bare hands.

Practices Concerning Sexual Restrictions after Child Birth

The following customs and practices were described by members of both the female and male discussion groups. They indicated that many of the customs are still practiced although there is a tendency among the young to neglect some of them. However, they suggested that beliefs persist among the youth as well as older people that harmful consequences result from the violation of taboos or this neglect to follow the customs.

1. The mother and father of the newborn are instructed to abstain from sexual relations up to nine months after the birth. However, participants of the women's groups reported that most couples resume sexual relations with each other within two or three months. Also, often, the father has sexual relations with other women in spite of the restrictions and possible consequences.

2. No one, other than the actual parents of the child, have sexual restrictions imposed on them at the birth of a child.

3. If either the father or the mother have sexual relations during the restricted period it can cause the baby to contract *tsempho*. *Tsempho* is believed to

be a condition in which the baby suffers from ill health with symptoms similar to mal-nutrition such as weakness, weight loss which could result in death. According to this belief, the condition cannot be treated by western medicine, rather the violation of the taboo which is the attributed cause must be reversed.

4. Contradictory messages are given to the father of the newborn as concerns the resumption of his sexual activity after childbirth. On the one hand, he is told to abstain from sexual intercourse for up to nine months. On the other hand, he is given "medication" in the form of a herbal drink which is supposed to prevent the baby from contracting *tsempho* if the father has sexual intercourse during the period of abstention. The discussions revealed a tendency to distrust the father and not to expect him to obey advice concerning sexual abstinence. The participants claimed that many babies are sick and die due to this failure to follow their advice.

4. Before sexual relations can be resumed by the mother and father of the newborn, parents must take certain precautions to assure no harm comes to the infant. They must each take a certain "medication" which will prevent harm to come to the baby.

In addition they are given special instruction as to exactly how to resume sexual relations. The baby is to be placed on the side of the mother and must not be put either between or passed over the couple. In the female discussion groups it was indicated that the couple is to have sexual intercourse either face to face or the male could enter the woman from the back. The male groups said they could have intercourse in whatever position they are comfortable as long as the baby stays on the side of the mother. After sexual intercourse, the mother and father each, are to gently stretch the baby's limbs. If they do not follow these instructions harm can come to the baby.

C. PRE-PUBESCENCE

The participants reported specific sets of instructions which are supposed to be given to children either by their parents or by professional instructors called *Anankungwi*. The first set of instructions are to be given to the children at home by their parents. These instructions include advice both about conduct and practical life. For example, they are advised to work hard in school, respect and obey their parents and elders, and girls are told not to play with boys. Parents do not give sexual instruction to their own children.

The second set are given by the professional instructors during initiation rites. These take place outside of the home, either at church or a special camp constructed for the occasion. The instructions are the same as those given by the parents with the addition of instructions on sexual activity as well. Boys are given both types of instruction, but participate in only one set of initiation rites. The girls go through initiation rites twice, once at pre-pubescence and again at the onset of menarche.

Evidence from the discussion groups indicates that many girls and boys in the Phalombe area still participate in these rites. But the percentage of the young population who actually participate in them and their impact is not known. Data from both the discussions groups and key informants suggest that, currently, there is a tendency to revert back to more traditional customs in female initiation rites which involve much explicit sexual instruction. It appears that such instruction is especially popular among women. While the doctrines of some of the Christian churches are against these practices, informants suggested that the churches are not taking as strong a stand against them now as they had in the past. This is because of the resulting lowered church membership and attendance. ²

The following are a description of customs concerning initiation rites as reported by the group participants.

Female

1. According to custom, girls participate in initiation rites called *zoma* (chilomwe term) twice as they grow up. They have their first initiation, called *chinamwali choyamba* or *chiputu* (chichewa terms) when they are five to ten years of age before the onset of menarche. The second initiation occurs after the onset of menarche.
2. There are initiation rites organized by the individual Christian churches and those organized outside the church. Some parents send their children to both, some to one or the other. The main difference between the two is that the one organized outside the church includes explicit sexual instruction which is specifically excluded in the church organized rites
3. The Moslems, who are mainly Yao, have initiation ceremonies separate from the non-Moslems. (There is evidence that some Lomwe in the area are Moslem.)
4. There appears to be a crossover influence between religion and ethnicity within the initiation rites. (a) The same professional instructor, *Anankungwi*, may be invited to give instructions at the initiation rites of different churches, regardless

² In a 1995 issue of Religion in Malawi three articles dealt with the issue of the relation of the church to puberty rites. Chakanza (1995), Chingota (1995) and Phiri (1995) demonstrated that there has been a continual effort of the Roman Catholic Church in Southern Malawi, the Blantyre Synod of the Church of Central Africa, Presbyterian, and the Nkhoma Synod of the Church of Central Africa, Presbyterian, respectively, to change the content of the traditional initiation ceremonies, especially to discourage the sexual teachings and circumcision. In Phalombe there are churches of the Blantyre Synod which have been trying to influence the initiation rites in the same way.

of his/her religion or ethnic identity. (b) Girls of different ethnicity may be initiated together at a single church organized ceremony.

5. It is not clear whether girls of only the same ethnicity participate in the non-church organized initiations or if the participants are of mixed ethnic identity. The data suggests though, that they may be affiliated with several different Christian churches.

6. Some instructions are given to the girls directly, by simply telling them a set of rules. Other instructions or advice are taught in indirect ways through stories, songs and dances, riddles, or by setting up a simulated situation to which the girls have to respond. Sometimes the meanings of these are explicitly explained. Sometimes they are left to the interpretation of the initiate. Informal discussions with an informant who had undergone initiation as a child in Mulanje district indicated that she hadn't understood all the meanings of the instruction at the time when she was initiated.

7. Sexual instruction may include explanations of exactly how intercourse is done, with explicit demonstrations, showing the girl how to move her hips and buttocks during intercourse, how to stimulate the man's genitals, etc. However, there was no evidence that the girls actually have sexual intercourse as part of the instruction.

8. There is contradictory evidence as to the degree to which sexuality is treated in the strictly church initiations. The participants of the groups reported that the first initiation ceremony of the girls within the different Christian churches focus on instructions concerning proper conduct rather than focusing on sex. Examples are obedience and respect to parents and elders, politeness, importance of hard work and staying in school. However, they still reported instructions that were related to sexuality like "fear boys because of AIDS", "Don't climb trees" (implying that she is not to expose herself) and others.

9. There also is evidence that during initiation, different Christian churches give different types of education concerning sexuality. The data suggest that some Catholics participate in very sexually explicit first initiation rites. But the CCAP was reported to be quite strict in limiting their sexual instruction during those rites. More needs to be known about the specific attitudes and practices concerning this sexual instruction of the members of the many other Protestant churches in Phalombe in order to know just what type of instruction they allow their female children to have. Also the data is limited on what happens in initiations outside of the church even though they were reported as being popular currently.

10. Parents are supposed to abstain from sexual relations while their children, both boys and girls, are participating in initiation rites. This is during the entire time the children are sequestered at the initiation camps.

11. The day before the children come out of the initiation rites, parents also have an initiation called *Chinamwali cha make ana* (chichewa terms) or *Kuwelamira* (chima'nganja term.)

Male

1. According to the group discussions, currently, there is only one set of initiation rites for boys which takes place from the ages of five to ten years.

2. The first set of instructions are supposed to be given to the boy at home by his parents and are similar to those given to girls. These instructions were reported to include advice both about conduct and practical life. For example they are advised to work hard in school, respect and obey their parents and elders.

3. According to custom, the second set of instructions are given at initiation rites where boys are grouped together outside their home. The instructions are given either at the church of their parent's choice, or in a special place outside the village where an enclosure is built in which the boys stay during the duration of the initiation. This enclosure is called the *thezo*. According to the group participants, in the past they stayed anywhere from two to three months, but now it could be for a few days or weeks.

4. The length of stay may be related to whether or not circumcision is conducted. According to the participants, all the Muslims, who are mainly Yao, are circumcised during the initiation. The participants were all in agreement that only one knife is used for all the boys for both the Yao and other ethnicities.

It was reported that the Lomwe used to consistently practice circumcision and that the other ethnic groups in the area like the Mang'anja and Nyanja adopted the practice from the Lomwe. The participants reported that, currently, with the influence of Christianity, the actual practice among most of the Lomwe has been substituted by an imitation of the ritual where the "circumcisor" just pinches the end of each boys penis with his fingers to make it sting. Community discussions which took place after these focus group discussions suggested that a kind of partial circumcision or piercing of the foreskin is done to all the boys including those identifying themselves as Lomwe or other ethnicities. This was reported to be done with one knife. Enough bleeding occurs that there could be problems with healing.

5. The participants reported that at the church initiation ceremonies the participating boys are of the same religion, but differing ethnic groups. At the non-church initiation rites it is not clear if only boys of the same ethnicity are grouped together.

6. Variations were reported as to what occurs at the *thezo*. There is agreement that they receive instruction concerning proper conduct and many aspects of practical life. The data also suggest that they are taught various aspects

of the female reproductive system including menstruation and pregnancy. However, the men themselves appeared to have quite a confused idea about this.

7. The reported emphasis on sexual instruction varied from simply instructing the boys to abstain from sex until marriage, to providing them with detailed instruction on intercourse and different ways of having sexual relations with women. Participants of the female discussion group gave contradictory reports to that of the male participants. The women insisted that there was much more sexual instruction than the men reported and that it was much more explicit as well. This contradictory evidence, and insistence of the men on minimizing the amount of sexual instruction, may be an indication that what actually happens during the initiation is never completely revealed. It could also indicate a current controversy over such instruction.

8. The discussions suggested that activities which are currently carried out in non-church initiation rites are quite different from those carried out in those sponsored by the church. They include more learning by trial and more explicit sexual instruction. Unfortunately, because of the bias of the participants towards Christianity, we were not able to get detailed descriptions of non-church rituals. As the data indicates that non-church initiation rites are frequent, more must be known about them in order to get a complete picture.

9. Reports indicate that the custom, called *Kutchotsa fumbi* (literally "remove the dust"), is no longer practiced and has been replaced by a new one. In this custom the boys were instructed to have sexual intercourse directly after the initiation rites. One reason given was for "cleansing" purposes to insure that nothing was clogging the opening of the penis after circumcision. Another reason was to give the boys the opportunity to "practice what they have learned", or to assure that they are able to successfully complete the sexual act after circumcision.

It was reported that currently this custom has been replaced by a new one where the parents of one of the initiates is assigned to carry out the ritual and have sexual intercourse at the completion of the initiation rites as a substitute for the individual boys. The boys are only given the "medication" which is supposed to prevent harm coming to them as they begin sexual activity in their life. The community meetings subsequent to this study suggested that *kutchotsa fumbi* persists to a much larger degree than the participants in the focus group discussions indicated.

10. The age of the boys during initiation was a subject of discussion among the male participants. It appears that in the past the boys were initiated at a much older age such as 17 or 18. At that time they were taught about sexual matters, marriage, etc. and then were married immediately after. Now, initiation takes place when the boys are very young, as early as 6 or 7 years. As there is only one initiation, they explained, that is still the time set aside to instruct them about sexual matters. It appears then, that there is no longer a link between the sexual instruction and marriage.

D. PUBERTY

Females

1. At menarche girls go through the second initiation rites called *Chabulika*. (Chichewa term) There are variations in this practice. For some church sponsored initiation rites, all the girls, ages ranging from six to twelve are gathered once a year. If there are girls who have already started menses they are separated from the rest of the group for specific instructions concerning menstruation and other subjects. Other churches have a separate day of instruction set aside for these girls. In other cases, the mother of the girl who has just begun menses calls the instructor (*Anankungwi*) to come to her home to give instruction. Onset of menarche can be anywhere from ten to fifteen years.

2. The data suggests that all the instruction given at this time pertains to menstruation and there is no sexual instruction. The information concerning sex is given at the first initiation. Information about menstruation included instructions about hygiene and how to use a sanitary towel. This towel is made from a piece of old cloth worn by attaching it under the crotch and tying a string around the waist to hold it up. Other customs pertaining to menstruation were prohibitions on salting food and of sitting close by their father. The latter is done to prevent the father from knowing his daughter is menstruating.

3. Reports indicated that some instructors advise the girls not to have sexual relations once they have reached menarche as at that point they are fertile and are able to become pregnant. It is expected that girls will begin having sexual desires with the onset of menarche.

4. Instructions were consistently reported advising sexual abstention during menses. If this is not followed, the participants reported the belief that the male sexual partner will contract what is considered to be an illness called *kanyera*. *Kanyera* is described as being caused by the violation of certain sexual prohibitions or by having sexual relations with someone suffering from it. Several different physical characteristics are attributed to it, including feeling body chills, weakness and gradual thinning, desire to bask in the sun, swelling of the body, and generally marasmic appearance. Some participants suggested that these symptoms are similar to those exhibited by HIV infected individuals. However, it was reported, that, unlike AIDS, *kanyera* can be cured by the traditional healer whereas AIDS has no cure.

5. There is evidence that only the menstruating woman handles her own bloodied menstrual towels. She washes and dries them herself. If she is too ill to do so, a very trusted person such as her mother, grandmother or other close relative will. Restrictions are established as to who is permitted to handle the towels because there is a belief that harmful witchcraft can be done with a woman's menstrual blood which could cause her to become sterile. Husbands are not supposed to take care of the dirty menstrual towels.

6. The instructions given during the second initiation for washing and drying the sanitary towels may not be very hygienic, but probably are not harmful. The girls are advised to dry the washed sanitary towel in a hidden place or in the bush. If it is raining, they are to hang it from their waist on the hip, under their clothing. Also, participants indicated that currently many girls do not follow this advice. Some wash and dry their sanitary towels out in the open. Others do not use them at all.

7. There appears to be contradictory customs which stress both the secrecy of menstruation and at the same time publicize it. For example, the woman is instructed not to put salt in food served to others while she is menstruating. Boys are instructed to watch when a wooden cooking spoon is laid across a bucket as a sign of his mother's menstrual status warning him not to eat food prepared by her. Girls are instructed not to sit near their father during menses for fear he would notice the towels she is wearing. It would appear that these gestures function as signs indicating her menstrual status.

Males

1. The data suggests that according to custom boys do not have a second set of initiation rites at the time of puberty. Other instructions are given to males at the time of marriage and at the time of their wife's first pregnancy. On those occasions specialized instructors, *Anankungwi*, are called to their household to give advice. The group participants indicated that many of the young men currently do not follow the instructions of the *Anankungwi* or never receive it because they do not have a regularized married life.

2. According to the group discussions, during some of the male initiation ceremonies information is given about menstruation where they are instructed to abstain from sex with menstruating women to avoid falling ill with *kanyera*. Sometimes they are given more detailed instructions about this at the time of marriage.

3. Data from the female discussion groups indicated an awareness of the sexual nature of the onset of male puberty through observations of both physical and behavioral changes. The female participants reported observing the young men to become restless, have reduced interest in food, return home late or spend the entire night out. These participants assumed they stayed away because they were having sexual relations with women. When these signs appear, they said that the boys are frequently advised to get married since they are sexually active.

Sexual Activity of Young People Before Marriage

1. The data strongly suggests that young people are very active sexually before marriage.

2. The group participants suggested that both boys and girls start having intercourse as soon as they are physically able which could be as young as six years old.

3. Most of the participants expressed the opinion that sexual intercourse should start at the time when both men and women are physically and psychologically mature enough to bear children and take care of them. There appeared to be a consensus among the female discussion group participants that children were sexually active at too young an age now and that girls began bearing children too early as well.

E. MARRIAGE

1. The data suggests that there is a breakdown in traditional marriage customs. Many young couples approach their parents to discuss marriage after the woman is already pregnant.

2. The concept of marriage may be fluid without a clear delineation between the state of "being married" from the state of "not being married".

According to custom, after the boy proposes to the girl he goes to his father to tell him his desire to marry. The father tells the boy's maternal uncle, who then confers with that of the girl. Her maternal uncle then brings the news to her father. They verify with the girl her acceptance of the marriage proposal. If she accepted, an arrangement is made for the parents of the young couple to meet and the boy is brought to the girl's house. On that day the parents may exchange chickens as an expression of the marriage agreement. They are then officially permitted to engage in sexual relations. However, it is quite likely that they have already started before that. This final marriage arrangement is called *chinkhoswe*.

Another reported practice is that the couple continue to stay together for a few days or weeks as a test to see whether they are sexually compatible. If they are, then the marriage is officiated between the parents either traditionally or through a church marriage. Sometimes no further official ceremony is held other than that the boy is accompanied to the girl's home where they will live. If the couple is found not to be compatible, then, either special advisers help them solve the problem, or the relationship is terminated.

3. According to custom, at the time of marriage, special advisors (*Anankungwi*) are summoned to give instructions and advice to the newlyweds. Some instruction is given to the couple separately and some together. It is given in the couple's or parent's home, or in church. Catholic participants reported that each year a meeting is held where all newlyweds are called together to receive instructions. It should be noted however, that those couples who "take short cuts" and do not follow through with all the customs may not receive this special instruction.

Similar examples of instructions were given by participants of all the focus groups, both male and female. However, there were some differences according to religion which should be further explored. Examples of instructions were the following:

- (a) Couple should respect each other.
- (b) Couple should not have sexual relations with others.
- (c) During menses husband should not have intercourse with wife while she is menstruating nor with another woman. Wife shouldn't put salt on food while menstruating. When wife has finished menstruation she must tell her husband so that they can resume sex.³
- (d) Woman should always accept her husband's sexual advances but he must respect the restrictions.
- (e) Husband should work hard. Marriage isn't only for "going to have sex".
- (f) Husband should not beat wife.
- (g) Wife should care for husband, heat his bathing water, cook his food, etc.

4. The practice which appears to persist no matter what religion, ethnicity, or "short cuts" the couple has taken is the assignment of *ankhoswe* to the couple. These are usually maternal uncles of the wife and husband respectively who function as intermediaries between the two families, and as advocates and counsellors for the married couple throughout their union. If the wife has a problem with her husband, she consults with her husband's designated maternal uncle and vice-versa for the husband. The uncle then tries to solve the problem and will consult the other uncle if necessary. Sometimes a different paternal uncle or aunt could play the role of *ankhoswe* (marriage counselor) if that person were considered more appropriate for the specific problem.

5. The data suggests a high divorce rate and multiple series monogamy. The participants of the discussion groups had been married anywhere from 1 to 5 times. The older participants tended to be married more times than the younger, indicating that divorce is not a new phenomena.

6. According to the experiences reported by the participants, there is a tendency toward monogamy and against polygamy. It appears that women are refusing to accept polygamous relations and chose to leave or be divorced from their husbands rather remain in or enter a polygamous marriage. A frequently cited reason for divorce was the first wife's refusal to accept a second wife. She

³Informal discussions with many key informants indicate that sexual restrictions required during menstruation are probably wide-spread in Malawi. Isabel Phiri (1996) reported such sexual restrictions in Dedza district in her description of the role of women at the Chisumphi Cult in preserving the environment in Dedza district.

would leave the husband and he would remain in a monogamous marriage but with a different wife.

7. There may be a greater tendency for women than men to remain single after divorce. A higher number of female participants were in single headed households than male.

F. PREGNANCY

1. The group participants reported that another rite of passage is conducted for a married couple during the first pregnancy which is called *chisamba*, or *litiwo*. This rite is conducted between the sixth and seventh month of pregnancy and mainly consists of instructions given by the specialized instructors, *anankungwi*. These may be given directly or through song and dance. While there is evidence for the persistence of this custom, the data also suggests that it is being replaced by ante-natal instruction given at the hospital.

2. The instructions focus on the well being of the mother and the unborn baby during the remaining ante-natal period, labor and delivery. They are given separately for the husband and wife and were reported with consistency in all the groups. However, there was general concern that young couples no longer follow the instructions and a belief was reported that this disobedience could account for the many problems experienced during childbirth.

The following instructions were reported to be given to the pregnant wife:

(a) Never eat food that has been prepared by other people, nor shake hands with visitors. This is because contact with "hot" (sexually active) persons by the pregnant woman who is "cold" (not sexually active) could cause her to have *tsempho*. Since it is not possible to know if a person is "hot" or "cold" without asking, then it is best to simply avoid having any contact at all. There is also fear that those with evil intentions may bewitch the pregnant woman through the prepared food. This could result in problems during delivery or even lead to the woman having a stillborn.

(b) Never have sex with any other men except her husband. This instruction was given to prevent the woman from contracting STDs and from having a difficult delivery. The reason for this was not explained.

(c) Never to wear tight clothes or beads. This was to ensure free movement of the unborn baby.

(d) Never to have sex from the sixth to the ninth month of pregnancy. There was slight variation in this instruction among the discussion groups. Some indicated the couple should reduce frequency from the sixth month and stop from the eighth month. Others indicated that from the eighth month they should stop sexual intercourse or refrain from deep penetration. This instruction was given to

prevent harming the baby. For example, it was believed that semen could reach the baby's eyes which could cause it to be born blind.

(e) The pregnant woman was instructed on the signs and symptoms of labor and how to conduct herself at the onset of labor, during labor and delivery.

The following instructions were reported to be given to the husband:

(a) Never to have sex with any other women except his wife. This instruction was given to prevent the man from contracting STDs, from causing his wife to have a miscarriage, to deliver a stillborn, or to have a difficult delivery.

(b) Never to wear a belt or a necktie, not to carry the hoe to the garden with the handle of the hoe attached to it, and not to participate in tying ropes during the construction of a house. These instructions were given to prevent the baby from being born with a cord around its neck.

(c) Never to participate in digging the grave at funerals. This was associated with possible problems during delivery which could result in the death of the wife and, or the baby. This could be related to sorcery. (See Marwick:1965)

(d) Never to say "good bye" to his wife when leaving home as this could result in prolonged labor.

(e) Never to wear tight pants or shorts as this could result in the wife having problems during delivery.

Miscarriage

1. It was reported that a woman who has had a miscarriage is assisted only by highly trusted people who are generally very close relatives, *enimbumba*. These are usually the mother or grandmother of the woman who miscarried, and the wives of the *ankhoswe* of the married couple. This is to avoid any possibility of witchcraft.

2. The fetal material is handled with bare hands by one or two attendants. The aborted fetus is considered a "cold death" *maliro odzidzira*, and is therefore buried by women at a "cold" grave, a place where aborted fetuses are buried. Only elderly women are involved in this burial process or those women who are "cold" (not sexually active).

3. According to the group discussion sexual restrictions are advised following a miscarriage. The husband and wife are supposed to abstain from sexual relations with anyone until the wife who miscarried had two or three normal menses. The participants of the group discussions gave the following beliefs associated with the consequences of not adhering to this sexual restriction:

(a) If the husband and wife have sexual relations with each other shortly after miscarriage, the wife would become barren and the man would die almost immediately. His death is considered to be caused by "rotting" substances that are by-products of miscarriage which are "sucked" back into his body through the penis during sexual intercourse.

(b) If the husband has sexual relations with a woman other than his wife during this period of abstention, then he will cause his wife to have *tsempho*. Nothing will happen to him or the woman he had sex with.

(c) If the wife who had miscarried has sexual relations with a man other than her husband, she will become barren.

(d) Any man who sleeps with any woman who has recently had a miscarriage, regardless of marital status of either, will die immediately due to the "impure" substances he "sucks" into his body from the woman during intercourse.

Participants in the group discussions stated that these restrictions are not seriously followed by the current generation of young couples. For that reason, they reported, so many of them are sick or are dying.

4. The data suggest contradictory practices in relation to miscarriage and sex. It was reported that one cause for miscarriage is extra-marital sex on the part of the husband. This belief supports a taboo on such sexual relations. However, the punishment for this forbidden behavior is the imposition of extra-marital sex on the wife with some other designated man.

A man called "*fisi*" is summoned to have sexual relations with the wife whose husband had violated the sexual restrictions. This ensures that both spouses were "hot" before resuming sexual intercourse with each other. The husband by virtue of having had the extra-marital sex was now "hot" while the woman was still "cold". The mixing of "hot" and "cold" is believed to be harmful. Evidence indicated that this practice still occurs. As miscarriages are frequent and husband's often travel, this custom may be quite frequently practiced.

G. DEATH

Stages of the Funeral Process

There is considerable evidence that at the time of death there are many customs which are still practiced by most people in Phalombe which are very meaningful to them. Six stages in the funeral process were reported. They are as follows:

1. The announcement of the death

When death occurs in the village or a body is to be brought home for burial, a message is sent first to the chief and to the *ankhoswe*. After that,

messages are sent to relatives whose home is outside the village of the deceased and to religious leaders if the deceased was a religious person. At this point, all the close relatives are to abstain from sexual intercourse until after the fifth stage which is the third day after burial.

2. The determination of the cause of death

As soon as the chief, or a person designated by him/her, and the *ankhoswe* arrive at the house where the funeral is to be held, discussions take place to arrive at a common understanding of how the death occurred. When agreement is reached, the chief gives permission for burial preparations to begin. After this, the chief is informed of the activities at each stage so that he can approve progression from one to the other.

3. Preparation of the body

One to six people are involved in handling the corpse depending on whether it is an adult or a child.

The body of a deceased adult is prepared by older members of the village. Currently close relatives usually wash and dress their deceased for fear of ridicule of the dead body by the neighbors. Discussion group participants reported fear that if neighbors viewed the female genitalia, they would be critical if the labia had not been elongated, a custom reportedly still being practiced.

Most often the corpse is washed and prepared for burial with bare hands. According to some participants, this is the case even for AIDS victims with bodily sores because it would be considered an insult to their family to do otherwise. However, others said that whether family or not, they would avoid touching the body of an AIDS victim and would carefully dress it without bathing or touching it.

4. The burial

In normal circumstances, when death occurs during the morning hours burial takes place the following day. If it occurs in the afternoon or evening, burial takes place after one day. However, it may take place the same day depending on the cause of death or condition of the person before death.

On the day of burial, very early in the morning, male volunteers led by an uncle of the deceased go to the cemetery to dig the grave. Meanwhile at the village food is prepared for the grave diggers and all those who have come to assist in the mourning. When the grave is ready, a message is sent to the chief at the village and preparations to go to the ceremony are set in motion.

After burial, men leave the cemetery first and then women follow back to the village. At the village, just before the house where the funeral has occurred, a pail or basin of medicated water is placed on the roadside for the close relatives and those who assisted in the work required at the graveyard to wash their hands.

Immediately after this, a message is sent to the chief informing him or her of how the whole burial process went. Then the chief gives an order that the people who came to console the bereaved may go back to their homes and should come back on the third day for the funeral rites performed at that time.

A dead child who is considered "cold" (*wodzidzira*) that is, a child whose parents had not yet resumed sexual intercourse after the period of sexual restriction following its birth, is buried by women only.

5. Special rites on the third day after the burial *Kusonjola* and *Kumeta*

On the third day after burial, close relatives of the deceased and the chief visit the grave very early in the morning to check that it has not been violated. This is called *kusonjola* (a term purportedly used by Lomwe, Kokhola, Nyanja and Non-Muslim Yao). The villagers are notified if all is well. If there is a problem, the chief gives permission for a hearing to determine the source of the problem and its resolution. Example of a problems is the disturbance of the grave during the night, which could be caused by witchcraft.

After the graveyard visit the funeral participants assemble at the home of the deceased. This step is called *kumeta* If there were no problems or issues for discussion, then the hair of the close relatives is shaved or cut (*kumeta*). They then either drink specially prepared herbal medicines or wash their hands, face and legs with them. This is done to permit the relatives to resume sexual activity while preventing *tsempho*, and to ensure that the spirit of the deceased is able to sleep comfortably.

According to the discussion groups, variations exist in the events that occur on the third day after burial depending on the status of the dead person.

(a) If it was the death of a child, after *kusonjola* and *kumeta* the parents of the dead child have sexual intercourse. Then the mother of the dead child cooks *nsima* which is shared with all members of the clan. This act mandates all the other clan members to also resume sex in their families.

(b) If the dead child was from a polygamous family, the man is expected to have sexual intercourse with all his wives during the same night, starting and ending with the one whose child had died. If for some reason the man was not able to fulfill this obligation, another man ("*Fisi*") was hired to help him out. The wives who were to have a "*Fisi*" sometimes had a say as to who that "*Fisi*" should be. According to the discussions, this custom is still in practice although done secretly.

(c) If the deceased had been married, after *kusonjola*, persons who were "hot" (sexually active) prepared medications for the spouse of the deceased to protect him/her from *tsempho*. One group indicated that one couple among the clan members would be chosen to have sexual intercourse on behalf of the others.

This act would make the rest of the clan members free to resume sexual intercourse.

6. Freeing of the spouse to resume sexual relations, *Kusuzula*

After the death of a spouse, the surviving spouse is not allowed to resume sexual activities or re-marry until a certain ritual occurs. This ritual is called *kusuzula*. The duration from death of the spouse to the time of *kusuzula* varies from clan to clan, and depends on the relationship that the surviving spouse had with the relatives of the deceased. The period ranges from two months to two years.

Events which occur at the time of *kusuzula* also vary from clan to clan. It was reported that in the old days it was common to perform *kuchotsa milaza*. The night before the ceremony of *kusuzula*, an individual called *fisi* (literally hyena in Chichewa), by secret arrangement, was summoned to have sexual intercourse with the widow or widower as part of what is called a "cleansing process".

However, some discussion groups reported that this custom has been substituted by a symbolic action of the marriage counselor (*ankhoswe*) of the deceased where the widow or widower simply exchange MK1.00 (one Malawi Kwacha). Others use herbal medicines for the same purpose. A reason given to abandon the practice of *kuchotsa milaza* was that once the *fisi* was allowed to perform this task, he or she would continue having sexual relations with the surviving spouse. Considering that this practice was a heavily guarded secret, it may be difficult to ascertain the actual extent to which it persists.

III FESTIVALS

1. The data suggests that sexual activity is not the central focus of any of the festivals nor a formal part of the festivities. On the other hand, since there is so much reported non-conjugal sexual activity, it may be that especially joyous celebrations which include much alcoholic beer drinking and dancing all night could end in sexual relations between individuals.

2. It was reported that festivals were held for a number of occasions which called for celebrations. The occasions included: (a) weddings, (b) Christmas season, (c) National Republic Day, (d) installation of a chief, (e) the end of an initiation period, (f) the birth of a child, (g) *Sadaka*, a festival to appease ancestor's spirits. (h) *Nsembe* or *Kilisimisi* a festival commemorating the birth of a special ancestor or any festive occasion.

3. At festivals people eat specially prepared food, and drink both sweet and alcoholic beer brewed for the occasion. Often the festival continues until the beer is finished. Dancing and singing is also included at some festivals.

IV. DANCES

1. The data suggests that dances are a pivotal part of all festivals. All the groups indicated that the dances are not performed as often as they used to be because of the frequent deaths in the villages. It appears that people are spending more time at funerals than at celebrating happy occasions. However, the women indicated that they enjoyed dancing very much and demonstrated enthusiastically during the discussion groups.

2. Some dances are performed separately by either men or women, and others are danced by both jointly.

3. Participants reported that sexual activity was not associated with the dances. However, the few dances for initiation rites which were demonstrated during the group discussions depicted bodily movements which were sexually suggestive.

4. Dances have specific names, are danced following certain dance steps and rhythms, and are often accompanied by drumming, hand clapping and singing. Many people in the villages know the dances. They learn them in school or from other villagers during performances or in other informal ways. Many dances crosscut ethnicity although others have a clear ethnic identity. Some are danced at specific occasions for definite reasons. Others are danced just to express happiness.

The following are the names of dances reported with examples of descriptions:

(a) Likwata

Reported in each Traditional Court Authority.

Danced currently.

Danced during the night or day at Christmas, weddings, just to express happiness at any occasion, or commemorating a relative who died.

Danced by women in pairs accompanied by three male drummers.

c) M'ganda

Reported in each Traditional Court Authority.

Danced currently.

Danced during wedding ceremonies. After the maize has been pounded the women take the bare cobs to the husband's side of the family and present them while dancing the M'ganda.

Danced by girls or older women in pairs making provocative chest and hip movements accompanied by songs which are also sometimes provocative. Men play drums.

(d) Chopa

Reported in each traditional Court Authority.

Currently danced mainly by Lomwe.

Danced once a year to remember and appease ancestors' spirits after someone has received a sign, often through a dream, that an ancestor is troubled. The dance is then danced to appease everyone's ancestors.

Danced by men carrying weapons such as bows and arrows, spears and women carrying drinking gourds, whistles.

(e) Modern "Gumba-Gumba" dance

This is contemporary dancing to commercial music on the radio or cassette recordings. The participants of the group discussions suggested these dances encourage the young people to have sexual relations.

(f) Matchipo

Reported at Chiringa and Chinani.

Danced currently.

Danced by the Nyanja.

Danced whenever people are happy and/or in memory of a deceased relative during the day or at night.

Danced by men and women by weaving around in a circle. Male and female couples move their hips and waists and go towards each other and back without touching. It is accompanied by drums and songs.

(g) Nantongwe

Danced to heal migraine headaches.

(h) Other dances include Selebwe, Visekele, Mjili, Msili, Mutholo, Mchomanga, Beni, Masalimo, Mambilira, Maguja, Likowati, Tsakadzombe, Chawala, Njano.

V. SONGS

Singing was reported as a very important and common way to communicate various messages during many kinds of occasions. Mainly women sing but men will do so on specific occasions. They sing during initiation rites and weddings giving instructions which include sexual messages. They also sing to welcome people or to say farewell or to thank people. Women sing while doing various activities such as pounding or harvesting. Songs contain messages which are instructive or which demonstrate love, happiness or unhappiness as the case may be. Words to songs can be extremely sexually explicit referring to the genitalia in

what was described as "non-respectful ways". Some songs have specific words and are known as such. But others, people sing spontaneously and compose or improvise on the spot to communicate a specific message.

VI. MEDICAL PRACTICES ASSOCIATED WITH EXCHANGE OF BLOOD

1. Tattooing

The data suggests that tattooing is not practiced in this area although some men coming in from South Africa may have them.

2. Injections

The traditional healers in the discussion groups reported that they, themselves, no longer gave injections for fear of spreading AIDS. However, they indicated that other traditional healers did give injections reusing old syringes and needles which were not sterilized. Participants also suggested that syringes and needles rejected after use in the hospital were reused in the villages.

3. Scarification (*mphini*)

The group discussions revealed that scarification was formerly popular among women to beautify themselves to sexually attract men. Several of the old women in the group had decorative scars which started on both the front and back of their legs and went all the way up their thighs to their pelvic area. Their husbands, they described, liked to touch the scars, following them up their legs as a part of sexual foreplay. However, none of the younger women in the groups had them. It was suggested that only a few women still practice such scarification. They reported that scars are cut with one special sharp instrument for all the women.

4. Incisions

Incisions were reported by the traditional healers as still part of traditional medical practice. However, those in the discussion groups reported that they used a single razor for each patient to prevent AIDS transmission. They stated that they ask their patients to bring their own razor. If there are several patients and only one razor is supplied, then they break the razor into pieces and use one piece per person.

5. Inserting anything under the skin

The data suggests that there are no practices where objects are inserted under the skin. However, further research may be needed to confirm this.

6. Cutting with razors or knives

Three situations were discussed where cutting with razor or knives might occur:

The first was during initiation when circumcision or partial circumcision is performed. It was reported that only one knife is used for all the boys.

The second was on the third day of funeral rites, when the hair of the deceased spouse is either cut or shaved.

The third is a custom of shaving or cutting the pubic hairs. We did not collect data on how this is done and the nature of the instrument used.

VII. BELIEFS ABOUT BLOOD, SEMEN & VAGINAL FLUIDS

The data suggested several beliefs among the participants concerning blood, semen and vaginal fluids and their inter-relation. Characteristics of semen were identified with fertility, but those of vaginal discharge did not appear to have that association. Following are the beliefs reported during the group discussions:

1. Blood

Blood was categorized to be either "good" or "bad". Blackish blood is bad and a sign of illness. Bright red blood is a sign of good health.

Menstrual blood and the blood discharged after a miscarriage is "bad blood". It is believed that if a man has sexual intercourse with a menstruating woman or one that has miscarried, the "bad blood" would be sucked in through his penis and he would die. If he had sexual relations with another woman after having sex with a menstruating woman, he could cause the second woman to contract what is considered to be an illness called "*limuba*" in which the urinary tract of the women is blocked. If not treated in its early stages it is believed that the woman would become sterile. She would also suffer from "*cham'mimba*" which are severe pains in the lower abdomen associated with pain in the uterus.

This custom suggests that any direct contact with blood during sexual intercourse is not acceptable. It also suggests that there is some kind of relation between blood, semen and sexual intercourse. This relation should be explored as it could have implications for attitudes toward condom use.

Reports of Beliefs concerning menstrual flow were the following:

No menstrual flow indicates a disease, usually a sexually transmitted one.

If a woman doesn't menstruate the "blood piles up somewhere".

The "right" amount of menstrual flow is moderate, not too much or too little. If menstrual flow is too little it indicates that "disease isn't taken out of the body". If it is too much then it can cause "anemia".

Heavy menses means that the husband is not fertile.

According to the following belief, blood, semen and/or urine are associated. If a man refrains from sex for a long time he will become ill with a stomach ache. The blood circulates throughout the entire body and it controls the "brake" that regulates the passage of urine and semen so that they cannot pass through the penis at the same time. When the blood is black then it doesn't control this passage and the semen and urine mix causing disease.

Good, pure, red blood produces good, fertile semen.

2. Semen

The following beliefs concerning semen were reported.

Semen is categorized as either "fertile" or "infertile". Semen that is creamy white, thick and elastic in texture is considered "fertile", while thin watery semen is "infertile".

Various ways to determine if a man has "fertile" or "infertile" semen were described. One was that an uncle would take a young man to the river and instruct him to ejaculate into the water. If the semen sank, then it meant it was "fertile". If it washed away then it was "infertile".

Another was that at the time of trial marriage, the grandmother would give the woman a cloth and instruct her to wipe the semen on it after intercourse and then fold the cloth over the semen. She was to give the cloth to the grandmother for inspection. If the cloth stuck together it meant the semen was "fertile", but if it didn't, then it was an indication of watery semen and thus "infertility".

If a man was found to have watery semen he could be treated by a healer in an effort to cure this problem. For this reason boys are instructed to find out the status of their semen before marriage so that they can be treated beforehand if there is a problem.

The texture of the semen is associated with sexual pleasure. A man with thick semen could be satisfied and would satisfy a woman with one strong act of intercourse. On the other hand, a man with thin, watery semen could never satiate himself or his sexual partner even after repeated acts of intercourse, and would just leave the woman lying in a pool of water.

Watery semen is associated with diseases such as bilharzia and STDs, and this semen was said to have an awful smell.

Semen considered "stale" is "infertile" and "diseased".

If the woman smells after having intercourse the semen is "diseased".

If the semen smells like sour milk it means the man has gonorrhea (*chidzonono*)

3. Vaginal Fluids

The following are reported beliefs about vaginal fluids.

Creamy white and thick vaginal discharge is considered normal and desirable to men. Copious watery discharge which is also yellowish in color is associated with disease.

Abundant vaginal discharge indicates disease. If it smells then the uterus has ruptured.

Different kinds of watery discharge were identified with different causes attributed to them. The following are examples:

(1) One watery discharge comes out from the uterus and indicates that during delivery the baby may have scratched the uterus. This causes sexual intercourse to be unpleasant for the man and causes him to take a long time to ejaculate.

(2) Another watery discharge is caused by something called "*mwana mphepo*" (literally baby wind, Chichewa) which blocks the birth canal and prevents the delivery of the baby. Once the existence of the "*mwana mphepo*" is identified, the expectant mother is treated with herbs and the "*mwana mphepo*" will withdraw back into the uterus and the baby will pass. The "*mwana mphepo*" can be seen by the midwife or healer when looking into the vaginal canal. One traditional healer described it as looking like an egg and being bright red.

(3) This belief about the "*mwana mphepo*" also involves a belief associating blood, vaginal secretion and sexual intercourse. According to the belief, during sexual intercourse the penis "sucks" the "*mwana mphepo*", like "sucking sugar cane" and when the man ejaculates his blood mixes with the "*mwana mphepo*" causing the blood to be watery. The watery blood circulates outside the bone structure. If it enters the bones death will occur.

(4) Participants described a sexually transmitted disease called "*libali*" which consists of sores in the vaginal canal. A woman with this disease is never sexually satisfied because the sores itch and she desires continuous friction. Women with "*libali*" also have a watery discharge and it is difficult for them to have children. This watery discharge causes the men's

urine to become yellow. The woman contracts "*libali*" from mixing sperms with different men through sexual intercourse with them.

VIII. SEXUALITY

1. Throughout the data there are indications that sexual pleasure for both the man and the woman are associated with sexual intercourse.

Pleasurable intercourse was described by a male participant in the following way. When having intercourse it is preferable that a woman has a dry vagina. If she feels some pain because of this dryness, then when playing with each other's genitals he can apply oil on her vagina as she applies oil on his penis. It was reported that boys and girls are taught this practice during initiation rites.

This oil is called *nsasi* and made from a local plant. It was reported that the Lomwe still use this oil but the Nyanja and the Chewa no longer do. Participants recalled that the Lomwe formerly used manufactured oil they bought from the shops but, as they can no longer afford it, they have begun preparing *nsasi* again.

One discussion group reported that some women suffer from *nyere* which means that they desire frequent intercourse and don't want the man to move away after he finishes ejaculating. This indicates that she has some disease.

The data suggests that some couples will stimulate each other when they are not allowed to have sexual intercourse whereby the man rubs his penis against the woman's thigh. There was an argument among the participants as to whether the Catholics consider this acceptable behavior.

2. All the discussion groups perceived that there is an increased rate of pre-marital and extra-marital sexual activity in their communities and expressed concern about it. The data suggests that secret sexual activities were condoned while open sexual activities were not.

3. The groups identified poverty and hunger as the major contributing factors. They suggested that young women and those in single-headed families seek sexual relations to obtain money and material things.

4. The data suggests that the belief concerning "fertile" and "infertile" semen can promote pre-marital sex with more than one man. For example, a case was described where a grandmother encouraged her granddaughter to find out first if the potential husband was fertile by testing the semen on the cloth as described above. In this case, as the first man's semen didn't pass the test, the girl was advised to find another man. She did and his semen was thick and caused the cloth to stick together so the grandmother advised the granddaughter to marry him.

5. The belief was reported that if a woman feels pains during the interval between her menstrual cycle, it means she is fertile and she should have sexual intercourse then and the pain will stop.

IX. HIV/AIDS

1. All the discussion groups demonstrated an awareness of AIDS, but their knowledge was limited. AIDS was compared to "*kanyera*" and "*tsempho*", which were considered to be "illnesses" which involve body wasting and thinning of the hair. However, they distinguished these perceived illnesses from AIDS stating that they were curable with traditional medicines while AIDS is not and always causes death.

2. The discussion groups also reported that there were many people, including both men and women, of all ages dying of AIDS, but the majority were young people and those in their 30's. These older people who were the group participants suggested that many of the young are sick and dying because they no longer follow their advice, do not heed the prescribed sexual restrictions and are sexually active at very young ages.

3. Concerning care of persons with AIDS and those who died of AIDS, the group participants stated that they cared for them as any other sick relative. They used bare hands when giving care to the sick or the dead person.

4. The data suggested that the group participants did have an awareness of the relation of some practices and customs to AIDS transmission and named the following:

- (a) Pre-marital sex and extra-marital sex .
- (b) Use of one instrument during circumcision.
- (c) Use of unsterile syringes and needles.
- (d) The substitution of a different man from the husband for sexual intercourse for various functions as described above. (*Fisi*)
- (e) The requirement that the spouse of the deceased have sexual intercourse with someone in order to "free the spirits" of the spouse and "set him or her free" to be able to resume sexual intercourse. (*Kuchotsa milaza*)
- (f) Hunger and poverty.

When discussing AIDS they did not mention other customs described during the discussions in other contexts which may encourage pre-marital and extra-marital sex which they .

The community leaders indicated an openness and receptivity to AIDS education and appeared to be ready to consider changing cultural practices which may contribute to AIDS transmission.

CONCLUSION AND PROGRAM APPLICATIONS

This study suggests that there are many types of behavior and beliefs in the community that could be associated with HIV/AIDS transmission. It also indicates that the village leaders have much knowledge, understanding and insights concerning issues related to HIV/AIDS. These findings confirm the soundness of the project strategy to mobilize the community to develop the project interventions. They will provide the basis for the survey of the population of Phalombe which will identify the practices and beliefs most crucial to change based on their prevalence and correlation with HIV/AIDS transmission or risk behavior.

The findings of this study also have many important implications for project planning, a few of which are listed below.

PROGRAM APPLICATIONS

MAJOR FINDING	PROGRAM IMPLICATION
Sexual pleasure is an important part of both men and women's lives.	Education should be directed at how to have pleasure while at the same time having safe sex. Since it appears that people practice foreplay, then it may be possible to encourage condom use by encouraging its use as part of foreplay. The community should be mobilized to discuss the importance of safe sex and identify ways of encouraging condom use explicitly taking into account their own sexual practices.
	While poverty may be a factor that leads married or single women to seek sex for money or material remuneration, since sex is also a pleasure, then only increasing their economic level would not necessarily decrease their interest in having sexual relations. Therefore, along with programs to increase economic status of the women, education for safe sex and marriage fidelity is needed.
	This finding confirms the need for a two-pronged IEC strategy of abstinence and safe sex since the youth would unlikely give up an important life pleasure.
People in positions of "influence" such as village chiefs, <i>anankungwi</i> , traditional healers, traditional birth attendants, religious leaders have varying degrees of influence over different social groups of people.	IEC programs should first determine which "type" of influential person has influence over which social group before enlisting their aid in order to ensure maximum effectiveness.
The cause attributed to illness symptoms determines the identification of the illness and the action taken which depends on that identification. There fore diseases with the same symptoms will be dealt with differently depending on their perceived cause. (e.g. AIDS, <i>kanyera</i> , <i>rsempho</i>)	IEC should clearly distinguish any AIDS' symptoms that are different from those of <i>kanyera</i> and <i>rsempho</i> so that people will identify the potential AIDS patients and take appropriate measures.
	Traditional healers could be trained to identify the different symptoms as they relate to AIDS so that they would refer their potential AIDS clients to the hospital or give them AIDS prevention, safe sex, and general health care instruction.
Sexuality is an important part of first initiation rites. However, it is not clear that children understand the sexual messages that are given during first initiation, nor is the actual relation between receiving this information and age of first intercourse or other HIV risk taking behavior known.	The survey to be conducted should determine the correlation between participation in initiation rites and early sexual behavior of children in order to identify which, if any, aspects of the initiation are related to HIV risk behavior.
Marriages appear to be unstable resulting in frequent divorce and remarriage. Thus the number of "legitimate" sexual partners throughout the life of married people could range from 1 to as many as many as 5.	Before designing any IEC strategies, a better understanding is needed of the value and meaning of marriage to this community.
Many customs center around sex, sexual restrictions and permission to resume sex.	IEC should focus on implications of long periods of sexual restrictions such as the resulting extra-marital sexual relations of husbands.
	IEC should focus on safe sex messages directed at people engaging in sexual activity for purposes of freeing spirit, for gaining experience prior to marriage and for assuring compatibility of potential married couples.
	The community can be mobilized to identify which "risky" customs could be modified so as to become safe.
Bare hands are used to wash corps and handle blood and birth by-products partly because its a cultural obligation, because of ignorance of the risk of HIV transmission and due to lack of precautionary materials.	The community, including all adults who ever participate in the preparation of corpses, TBA's and other birth attendants should be made aware of their risk of contracting HIV during this activity.
	If the TBA has cuts on her hands, she should ask some else to deliver.
	Assist TBA's to be organized as an association which could facilitate the procurement of gloves, razors, cords, spirit, etc through the fees paid for each delivery.
Songs and dances are popular mediums of communication but the actual message people get from them is not clear.	Songs and dances can be effective ways to convey educative messages but an evaluation should be made to ensure that the intended message is being understood as such by the audience.
There is a certain level of awareness of HIV/AIDS and HIV/AIDS preventive measures by the village leaders and an eagerness to participate in an HIV/AIDS prevention program. Also, certain practices are already being changed because of this awareness.	IEC strategies should draw on the knowledge the village leaders already have about HIV/AIDS and take advantage of their enthusiasm to participate in community mobilization.
	Cultural practices which have already been modified because of HIV/AIDS awareness can be used as examples for introducing changes in others.

LIST OF TERMS NAMING CUSTOMS IN CHICHEWA AS SPOKEN IN PHALOMBE

<u>TERM</u>	<u>MEANING</u>
1. <i>NSENGWA:</i>	Placenta.
2. <i>WOTENTHA:</i>	Literally means hot. Concept used to describe an individual who is sexually active, one who is sharing his or her bed with a woman or man, or a baby whose parents have resumed sexual intercourse after the sexual restriction period following the birth of that baby.
3. <i>WODZIDZIRA:</i>	Literally mean cold. Concept used to describe an individual who is not sexually active, one who is abstaining from sexual intercourse for one reason or another, or a baby whose parents have not yet resumed sexual intercourse after the sexual restriction period following the birth of that baby.
4. <i>TSEMPHO:</i>	Concept used to depict an illness which occurs as a result of violating some traditional customs. It is characterized by thinning of the hair, generalized body oedema and paleness of the skin. It affects both adults and children.
5. <i>ZOMA:</i>	Initiation rite
6. <i>CHINAMWALI:</i>	Initiation rite, or the initiation rite for girls which is conducted after the first menstruation.
7. <i>CHIPUTU:</i>	First initiation rite for girls which occurs between the age of six and ten years.
8. <i>ANANKUNGWI:</i>	Respected and trusted elderly men and women in the village who are recognized as instructors for the cultural beliefs and practices of the community.
9. <i>KANYERA:</i>	An illness which affects a man who had sexual intercourse with a woman who was menstruating, or who had sexual intercourse with his wife after childbirth but before the sexual restriction period was over. It is caused by the violation of a sexual taboo.
10. <i>CHITAYO:</i>	An illness which affects men who have had sexual intercourse with a woman who recently had a miscarriage. Its characterized by failure to pass stool and urine, and a line of skin discoloration along the waistline. It's categorized as "hot" <i>chitayo</i> or "cold" <i>chitayo</i> . "Hot" <i>chitayo</i> is very serious and the man will usually die immediately after intercourse when still on top of the woman. "Cold" <i>chitayo</i> is less severe and can be treated by traditional medicines.
11. <i>THEZO:</i>	A camp set up in the bush for initiation of boys.
12. <i>MAZEMBETSA:</i>	An instruction given to a pregnant woman which requires that she should not let her husband know that she is in labor, rather she should quietly sneak out to her grandmother who would escort her to the

hospital or would call the TBA. The husband is only informed after the baby is born.

13. *KUCHOTSA FUMBI:* A custom taught during the initiation rites which required the young people to have sexual intercourse immediately after the period of the initiation rites.
14. *CHISAMBA OR LITIWO:* Initiation rite conducted during a woman's first pregnancy. Instructions are given to the man and woman together or separately.
15. *ANKHOSWE:* Individual men or women who are designated marriage counsellors for a couple throughout their marriage. They are chosen by parents of the couple at the time of traditional engagement or at the time of marriage if there was no formal traditional engagement.
16. *ENIMBUMBA:* Very close relatives of an individual who take on the responsibility to make decisions at critical times or occasions such as death.
17. *MALIRO ODZIDZIRA:* Concept used to describe a dead fetus from miscarriage, or a stillborn, or a dead baby whose parents had not resumed sexual intercourse since the baby's birth.
18. *FISI:* An individual man or woman, but usually a man, who by secret arrangement, is used to have sexual intercourse with someone in fulfillment of a customary requirement.
19. *KUSONJOLA:* A customary practice which involves a visit to the graveyard by close relatives with a view to inspect the grave of the deceased person. This takes place very early in the morning of the third day after burial.
20. *KUSUZULA:* A customary practice which is conducted to set the widow or widower free to have sexual relations and marry after the death of a spouse. The period of time at which this event takes place varies from clan to clan, but can range from months to years.
21. *KUCHOTSA MILAZA:* A practice conducted the night before the day of *kusuzula* which involves an arrangement of somebody having sexual intercourse with the widow or widower as part of the cleansing act or setting the spirit of the deceased person free.

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