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**CULTURAL PRACTICES RELATED TO
HIV/AIDS RISK BEHAVIOUR;
COMMUNITY SURVEY IN PHALOMBE,
MALAWI**



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HIV/AIDS RISK BEHAVIOUR;
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MALAWI**

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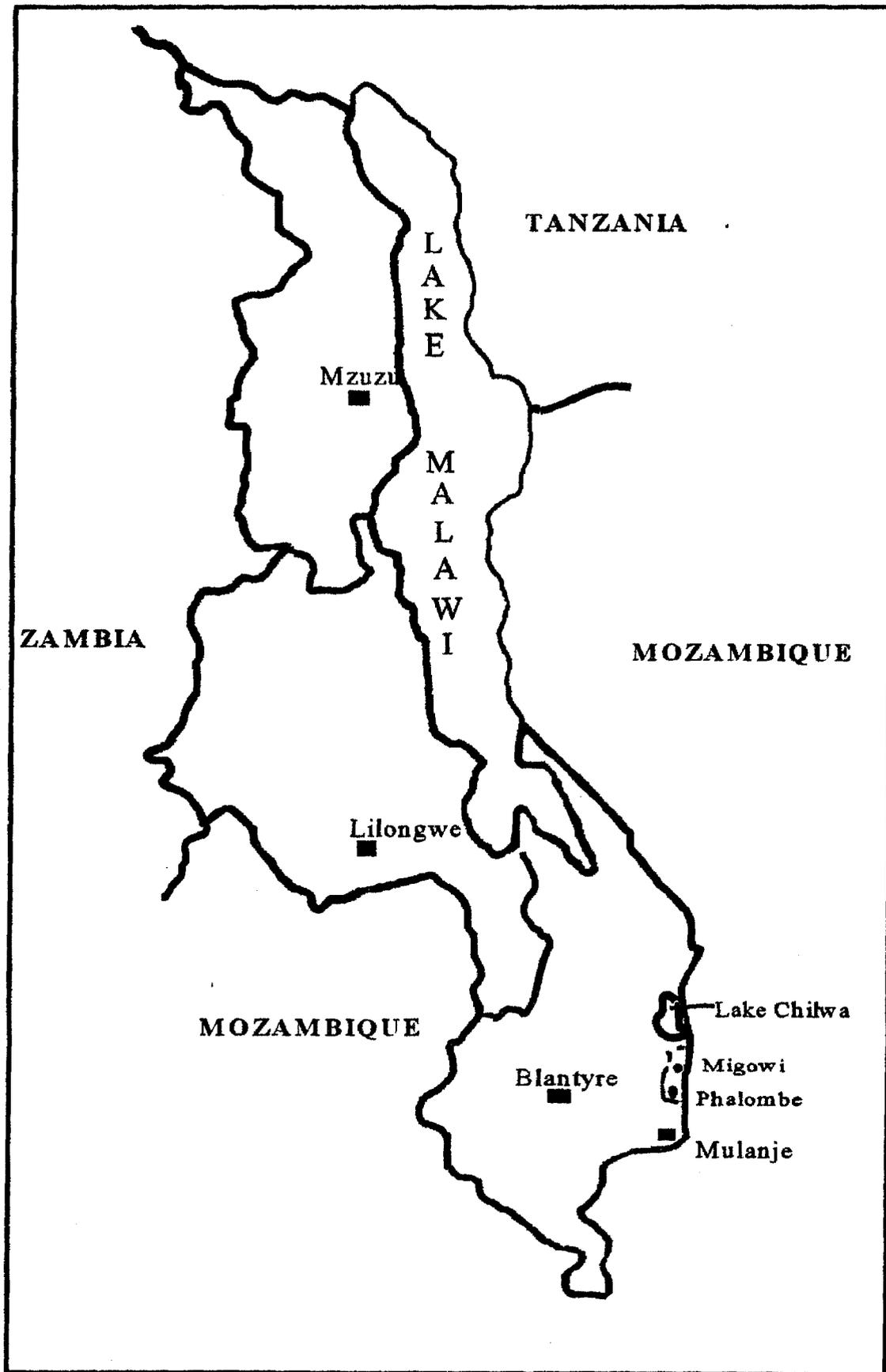


TABLE OF CONTENTS

LIST OF TABLES.....	iii
ACKNOWLEDGMENTS.....	iv
EXECUTIVE SUMMARY.....	v
BACKGROUND	1
OBJECTIVES.....	2
METHODOLOGY	2
FINDINGS	3
Demographic data.....	3
Population size and geographic distribution.....	3
Age.....	3
Educational Level.....	3
Religious affiliation and church attendance.....	4
Ethnic Distribution.....	5
Current Marital Status.....	6
Place of Residence, Ethnicity of Spouses, Exogamy or Endogamy.....	6
Occupational Status.....	6
Rites of Passage.....	6
High participation in first initiation.....	7
Relation of participation in rites of passage to HIV/AIDS preventive behavior.....	8
Participation in rites of passage directly related to seeking information from "traditional" advisors.....	8
Marriage.....	8
High participation in traditional steps of getting married.....	8
Couples given advice on sexual behavior before and during marriage.....	9
Instability of Marriage.....	12
Sexuality	14
Sexual relations for both reproduction and sexual pleasure are very important.....	14
Methods of enhancing sexual pleasure were used frequently.....	15
Adhering to sexual restrictions indicates importance of sexual issues in marriage.....	16
Tsempho, and Kanyera and AIDS.....	18
AIDS is distinguished from two traditionally identified syndromes, Tsempho, and Kanyera, but symptoms and causes are confused.....	18
No Cure for AIDS but traditional cures for Tsempho and Kanyera.....	19
Risk of AIDS and STD's.....	20
Perception of being at risk for AIDS does not lead to preventive behavior.....	20

One sixth of the respondents report STD's and seek treatment at traditional healers and health clinics.....	20
Condom use low and not related to STD's or vaginal agents	21
Risk through blood and body fluid contamination in assisting in childbirth, preparation of corpses, local injections	21
Occasion for multi-sexual partners is very high	22

DISCUSSION AND CONCLUSIONS	25
---	-----------

RECOMMENDATIONS	26
------------------------------	-----------

ENDNOTES.....	31
----------------------	-----------

JSI - STAFH PROJECT REPORT SERIES	32
--	-----------

LIST OF TABLES

TABLE 1: AGE DISTRIBUTION.....	3
TABLE 2: EDUCATIONAL LEVEL.....	4
TABLE 3: RELIGIOUS AFFILIATION.....	5
TABLE 4: FREQUENCY OF CHURCH ATTENDANCE IN A MONTH.....	5
TABLE 5: ETHNIC DISTRIBUTION.....	6
TABLE 6: PARTICIPATION IN RITES OF PASSAGE.....	7
TABLE 7: PARTICIPATION IN STEPS OF MARRIAGE.....	9
TABLE 8: SOURCE OF EXPLICIT SEXUAL INSTRUCTIONS.....	10
TABLE 9: ADVICE RECEIVED AND FOLLOWED.....	11
TABLE 10: NUMBER OF TIMES MARRIED.....	12
TABLE 11: SUBJECTS' PERIOD OF MARRIAGE.....	13
TABLE 12. EXTRA-MARITAL SEX WITHIN LAST SIX MONTHS AND NUMBER OF.....	14
EXTRA-MARITAL PARTNERS.....	14
TABLE 13. DEGREE TO WHICH PEOPLE HAVE SEXUAL INTERCOURSE FOR PLEASURE .	15
TABLE 14. USE OF VAGINAL AGENTS.....	16
TABLE 15. SITUATIONS REQUIRING THAT SEXUAL ABSTINENCE BE OBSERVED.....	17
TABLE 16. PERCEPTION OF SPOUSES' SEXUAL ACTIVITY DURING CUSTOMARY PERIODS	
OF ABSTENTION.....	18
TABLE 17. TOP FOUR SYMPTOMS AND CAUSES OF <i>TSEMPHO</i> , <i>KANYERA</i> AND AIDS.....	19
TABLE 18. SYMPTOMS AND CAUSES COMMON TO <i>TSEMPHO</i> , <i>KANYERA</i> AND AIDS.....	19
TABLE 19. CAN <i>TSEMPHO</i> , <i>KANYERA</i> AND AIDS BE CURED, IF SO, HOW?.....	19
TABLE 20. TREATMENT SOUGHT FOR STD'S.....	20
TABLE 21. REPORTED CONDOM USE.....	21
TABLE 22. AGE AT FIRST SEXUAL INTERCOURSE.....	23

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Executive Summary

OBJECTIVES OF THE STUDY

This study was conducted as part of the HIV/AIDS community education project of the Salvation Army in Phalombe, Malawi. The main goal of the project was to initiate changes, through community action, in cultural beliefs and practices contributing to HIV risky behavior by substituting them with healthy practices. This study was designed based on the findings of the study using focus group discussions of village leaders on cultural practices related to AIDS risk behavior.¹ A survey of community members was conducted to:

- Determine the extent to which certain cultural practices which may be related to HIV/AIDS transmission are practiced.
- Determine the prevalence of HIV/AIDS risk behavior.
- Determine if there is a relationship between the cultural practices and HIV/AIDS risk behavior.

RESEARCH METHODOLOGY

In July, 1996, a survey of 619 of men and women of reproductive age, 49.4% (n= 306) males and 50.6% (n=313) females was conducted in the four project intervention sites. An oral questionnaire of about 30 minutes was administered. The male and female subjects were interviewed by research assistants of the same sex respectively because of the sensitivity of the questions concerning sexuality and other personal aspects of life.

SUMMARY OF MAJOR FINDINGS

Demographic data

The majority of the population were subsistent farmers with only some primary school, belonged to over 35 different Protestant denominations, identified themselves as Lomwe, and were currently married. Their place of residence was uxori-local, couples were of the same ethnicity and they practiced exogamy.

Rites of Passage

The data suggested that participation in the rites of passage have both positive and negative influences on behavior. First initiation may influence early sexual intercourse through peer pressure but there was no statistically significant relationship between participation in first initiation and the low age (median of 16 years) of first intercourse (significant at $p < .05$, $p = .23$). People who participated in rites of passage had a greater tendency toward marriage stability (significant at $p < .05$, $p = .001$) and had a greater tendency to go to ante-natal clinics than those who did not (significant at $p < .05$, $p = .000$). They also had a greater tendency to seek information from "traditional" advisors than those who did not.

Marriage

Marriages were quite unstable as 40% of the respondents had been divorced or separated from a spouse at some time in their adult life. Forty-four percent had been married more than once, any where from two to six times. There was a high participation in the traditional steps of the marriage process but very low participation in church marriages. Marriage stability was positively influenced by high participation in the traditional steps and receiving advice from traditional instructors and marriage advocates.

Sexuality

Sexual relations for both reproduction and sexual pleasure were reported to be very important and methods of enhancing sexual pleasure were used frequently. Adhering to customary sexual restrictions indicated the importance of sexual issues in marriage and could contribute to extra-marital sexual relations.

***Tsempho*, and *Kanyera* and AIDS**

AIDS is distinguished from two traditionally identified syndromes, *tsempho*, and *kanyera*. However, since the symptoms are similar, people who are HIV infected may mistakenly be identified as suffering from *tsempho* or *kanyera* and be taken to a traditional healer for treatment instead of to the health center to be treated for an AIDS related opportunistic disease.

Risk of AIDS and STD's

The perception of being at risk for AIDS does not lead to preventive behavior. Condom use is low and not related to ever having an STD. Risk through blood and body fluid contamination is evident in the lack of use of gloves when assisting in child birth or washing corpses. Injections are given by non-health personnel in the villages and traditional medication through incisions is common.

The occasions for multi-sexual partners is very high. The median age at first sexual intercourse is 16 years, first marriage is 21 for males and 16 for females and median age at first pregnancy or first child is 16-17 for females and 21-22 for men. There is a very high prevalence of pre-marital sexual relations. Fifty percent of the male respondents and 15% of the female reported ever exchanging sexual relations for money. There is a persistence of traditions encouraging sexual intercourse with someone other than their spouse but these may be changing.

DISCUSSION AND CONCLUSIONS

The findings strongly suggest that many of the cultural practices contributing to sexual relations with multiple partners persist throughout the life cycle of an individual and are within the normative system of behavior. It may be that the concept of marriage itself does not necessarily involve a strong notion of life-time commitment and advantages of divorce out weigh the continuation of an unsatisfactory marriage. Or, it is a fluid concept. It is not always clear as to just at what point in the marriage process one is definitely "married". This

concept needs to be further understood from the perception of the villagers' themselves before it is clear as to what sorts of change are necessary that would promote less risky behavior.

The data strongly suggests that the importance of sexuality and the way it is interwoven throughout life contributes to the complexity of motivations for practicing risk behavior even when one is aware of its consequences. As a theme that runs throughout the life cycle, sexuality appears to function as a guide to much behavior. This is manifested in terms of various customs revolving around rules for abstinence, substituting a sexual partner for ritualistic reasons, and the overall desire for satisfying sexual experiences both for procreation and pleasure.

It is interesting to note that in the Salvation Army Project, when the community task force discussed the study findings and selected the cultural practices to tackle for change, they did not chose those concerning divorce, or remarriage, extra-marital sexual relations or the desire for sexual pleasure. Rather they chose practices which are more precise and have motivations which are more symbolic, like ritual cleansing or telling the children to have sexual intercourse after initiation. These may be easier to address because, as behaviors, they are practiced just once and terminated, and another action could replace their symbolic nature. Whereas, divorce, remarriage and the desire for sexual pleasure are an on-going important part of a person's everyday life with very complex motivations for which there are no simple substitutes.

RECOMMENDATIONS FOR COMMUNITY AIDS EDUCATION

Detailed recommendations are given under topic headings of the findings for community AIDS education interventions.

Background

The incidence of HIV/AIDS in Malawi is among the highest in the world. Rather than being localized in specific smaller target groups it persists throughout the population of adults of reproductive age. Mulanje District, of which Phalombe (now a separate district) is the northern part, 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). Phalombe, itself, lies along the northern end of Mulanje Mountain. It is a relatively densely populated rural area with 226 people per square kilometer with a total population of about 780,651 (Annual Report:1994). It is 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. The staple food is maize. 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 spoken are Chilomwe and Chichewa. Christianity is considered to be the dominant religion and there are many syncretic churches which are very popular. A form of Islam is practiced among some of the Yao. A type of matrilinearity and uxori-locality exists in the area.

In 1995 the Salvation Army of Malawi received a grant to conduct a community AIDS education project in Phalombe District (formerly northern Mulanje). The overall goal of the project was "to introduce changes in behavior by :

- Using community leaders to identify cultural beliefs and practices which facilitate HIV/AIDS transmission who would also identify new cultural practices which can be used to replace them.
- Implementing research into cultural beliefs and practices and develop and design AIDS/FP educational materials and prevention activities."²

A study, in two parts, was subsequently undertaken as part of the activities of this project, the findings of which were used to determine the behavior change interventions and to develop messages for AIDS prevention community educational materials. The first part of the study concerning cultural practices related to AIDS risk behavior was based on focus group discussions of village leaders³. The second part of the study was a survey of a sample of the adult population of the cultural practices identified in the focus discussion group study. This report presents the findings of the survey.

Objectives

The objectives of the study were to:

Determine the extent to which certain cultural practices which may be related to HIV/AIDS transmission are practiced.

Determine the prevalence of HIV/AIDS risk behavior.

Determine if there is a relationship between the cultural practices and HIV/AIDS risk behavior.

Methodology

In July 1996, a survey was carried out of a sample of the adult population in the target area of the Salvation Army HIV/AIDS education project in Phalombe. Survey questionnaires were developed based on the findings of the focus group discussions of the village leaders. They were administered orally in Chichewa to an approximately equal number of men and women. The subjects were interviewed in their own villages at their homes.

The male and female subjects were interviewed by research assistants of their same gender respectively because of the sensitivity of questions pertaining to sexuality and other personal aspects of life. The questions were asked in an open-ended manner. The questionnaire took about 30 minutes to administer.

A stratified sample was selected based on gender, age, and geographical distribution of the villages in the project target population. In the TA of Nazombe, villagers were interviewed in the villages of Chinani, Maoni, Mulambe, Muwa, and Nanyalo. In the TA of Nkhumba they were interviewed in the villages of Bwanaisa, Chafikana, Khanaja, Maliro, Mphonde, Mwerikhomo, Nampinga. In the TA Nkhumba, one or two people were interviewed from villages neighboring the above where the boundaries were not clearly marked. These villages were Bona, Chibwana, Chingwalu, Muriya, Mwenyewa, and Nkuma.

The data was analyzed using SPSS for Windows Version 6 statistical package and in addition to descriptive statistics tests using ANOVA were conducted. Scores were constructed by grouping questions together under the following subjects: marriage fidelity, marriage stability, marriage advice, sexual restrictions, rites of passage, participation in initiation, marriage process, sexual pleasure, practices resulting in contamination of blood directly through the skin, perception of risk of AIDS and religiosity. Scores were calculated for each subject area by giving a value to the response of each questions in the subject grouping. Those scores were then treated as a separate variables for the data analysis.

The findings will be presented under the following subjects:

- Demographics
- Rites of passage

- Marriage
- Sexuality
- *Tsempho, kanyera* and AIDS
- Risk of AIDS and STD's

At the head of each section the major finding will be given followed by the supporting data.

Findings

Demographic data

Population size and geographic distribution

A total of 619 subjects were interviewed, of which 49.4% (n= 306) were males and 50.6% (n= 313) were females.

The study population was selected from the two target areas of the Salvation Army Project, the Traditional Authorities (TA) of Nazombe and Mkhumba in Phalombe. The number of subjects interviewed was based on the proportion of the population size of the two traditional Authorities. 36.2% (n=224) of the subjects interviewed were in the Traditional Authority of Nazombe and 63.8% (n=395) were in Nkhumba.

Age

The population interviewed was purposely selected to be of child bearing age ranging from 14 to 45 years. 59.1% were in the range between 20 and 34 years which is the age range with the highest prevalence rate of HIV seropositivity. (AIDS Control Program report) .

Table 1 shows the age distribution of the subjects.

Table 1: Age Distribution

Age bracket	Male	Female
14 to 19 years	9 (02.9%)	40 (12.8%)
20 to 24 years	90 (29.4%)	64 (20.4%)
25 to 29 years	52 (17%)	56 (17.9%)
30 to 34 years	53 (17.3%)	51 (16.3%)
35 to 39 years	34 (11.1%)	37 (11.8%)
40 years and above	66 (21.6%)	65 (20.8%)
No answer	2 (00.7%)	0 (00.0%)
Total	306 (100%)	313 (100%)

Educational Level

The majority of subjects interviewed reported attending some primary school. More males, reported they had attended school than did females. Seventy-eight percent (n=238) of the males and 59% (n=186) of the females had some primary school education. On the other hand, thirty-six percent (n=113) of the females and 16.3% (n=50) of the males had no schooling at all.

Table 2: Educational Level

Educational level	Male	Female
None	50 (16.3%)	113 (36.1%)
Std. 1 to 5	136 (44.4%)	129 (41.2%)
Std. 6 to 8	102 (33.3%)	57 (18.2%)
Form 1 to 2	11 (3.6%)	9 (2.9%)
Form 3 to 4	6 (2.0%)	3 (1.0%)
College	1 (0.3%)	1 (0.3%)
Other	0 (0.0%)	1 (0.3%)
Total	306 (100%)	313 (100%)

Religious affiliation and church attendance

Ninety-eight (n=606) percent of the males and females belonged to a church.

Ninety percent (n=557) belonged to over 35 different Protestant churches. Seven percent belonged to the Roman Catholic Church and 1.1% were Moslem. Table 3. displays the various religious groups to which the subjects were affiliated.

Reported church attendance was very high. The majority of both males and females attended church three to four times a month. Table 4 summarizes the responses concerning church attendance per month.

Discussions with various villagers and key informants suggest that people who attend Protestant churches change their churches frequently. Different individuals come to the village and start up new churches. Also those church leaders who start the churches sometimes leave or, if the villagers do not like what is being upheld by the church leader, they leave it. The discussions also suggested a tendency for villagers to join a church because it distributes a lot of valued charity to the members and because it allows them to practice whatever customs they want.

Table 3: Religious Affiliation

Religious affiliation	Frequency	Percentage
Church of Christ	125	20.2%
Church of Central African Presbyterian	99	16.0%
Roman Catholic	45	7.3%
Baptist	45	7.3%
Christian Church	31	5.0%
Topia	33	5.3%
Seventh Day Adventist	26	4.2%
Jehovah's Witness	26	4.2%
Providence Industrial Mission	24	3.9%
Evangelical Church	13	2.1%
Assembly of God	12	1.9%
Muslim	7	1.1%
African Continent Church	3	.5%
Abraham Church	6	1.0%
Lutheran	7	1.1%
Salvation Army	1	0.2%
Apostolic Church	3	0.5%
African Mother Church	2	0.3%
Chibvumbulutso	1	0.2%
No religious affiliation	11	1.8%
Other churches	98	15.8%
No answer	1	.2%
TOTAL	619	100%

Table 4: Frequency of Church Attendance in a Month

Frequency of attendance	Male	Female
Once a month	10 (03.3%)	6 (01.9%)
Twice a month	29 (09.5%)	25 (08.0%)
Three times a month	90 (29.4%)	81 (25.9%)
Four times a month	144 (47.1%)	149 (47.6%)
More than four times	10 (03.3%)	43 (13.7%)
Never goes to church	1 (00.3%)	4 (01.3%)
Don't know	9 (02.9%)	2 (00.6%)
No answer	13 (04.2%)	1 (00.3%)
TOTAL	306 (100%)	313 (100%)

Ethnic Distribution

The majority, 67.7% (n=419) of the subjects interviewed said they were Lomwe. 17.8% (n=110) said they were Nyanja. The remaining 14.5% (n=90) of the interviewees identified themselves as Mang'anja, Chewa, Yao, Khokhola, Ngoni and Sena. Table 5. displays the various ethnic groupings by which the subjects identified themselves.

Table 5: Ethnic Distribution

Ethnic group	Male	Female
Lomwe	219 (71.6%)	200 (63.9%)
Nyanja	66 (21.6%)	44 (14.1%)
Chewa	5 (01.6%)	36 (11.5%)
Mang'anja	8 (02.6%)	10 (03.2%)
Khokhola	2 (00.7%)	15 (04.8%)
Yao	1 (00.3%)	5 (01.6%)
Other (Ngoni & Sena)	4 (01.3%)	3 (01.0%)
Missing	1 (00.3%)	0 (00.0%)
TOTAL	306 (100%)	316 (100%)

Current Marital Status

Of all the respondents, 83% (no=518) of the population interviewed said they were currently married. Ten percent more males were married than females. Of those who were currently married 11.4% (n=66) were in a polygamous marriage. Twelve percent (n=77) of the respondents reported they had never been married, 4.6% (n= 14) of the males and 20.1% (n= 63) of the females. Five percent (n=35), said they were either currently widowed, divorced or separated.

When asked how many times they had been married, 39.86% (n= 122) of the males and 36.10% (n=113) of the females reported they had been married more than once.

Place of Residence, Ethnicity of Spouses, Exogamy or Endogamy

Place of residence of the married couple was uxorilocal, i.e. the husband went to live in the village of the wife. Sixty-two percent (n=388) of the married couples reported that they lived in the village of the wife. Twenty-two percent (n=134) lived in the village of the husband. Four percent (n=23) lived in a different village which was neither their husband's or wife's.

Married couples were mainly of the same ethnicity.

The majority of respondents practiced exogamy, i.e. marry people from different villages. Seventy-two percent (n=444) of the respondents said they came from different villages than their spouses. Twenty-two percent (n=136) came from the same village as their spouse. There was not a significant difference between males and females.

Occupational Status

The population studied were mainly subsistence farmers. Many subsidized their farming income with other small business pursuits or piece labor. More men did so than women.

Rites of Passage

Rites of passage are rituals which mark the passing from one stage of life into another. According to custom there are four recognized rites of passage for

females and three for males. To provide a general idea of what these rituals entail, below is a brief description of these rites as they were explained during the focus group discussions held before this survey was conducted.

Chiputu or chinamwali choyamba is the first initiation rite for females and *jando* is the first initiation rite for males. In many aspects they have similar purposes such as teaching the young girls and boys about conduct around the home. Examples are , to be helpful to parents and other adults, how to conduct themselves around adults, and how to express respectful behavior. Certain aspects of sexuality were also reported to be taught both directly and indirectly as well as other types of customs. The actual content varies according to the gender of the children.

Chabulika or chinamwali chachiwiri is the second initiation rite for females. It is conducted after the onset of menstruation for purposes of teaching the young girl personal hygiene associated with menstruation and other customs related to menstruation.

Litiwo or chinamwali chachisamba applies to both males and females. It is conducted during the woman's first pregnancy. Instructions given at this rite of passage relate to self-care during pregnancy, labor and delivery, care of the new born infant and various customs the couple are suppose to follow related to childbirth and the infancy of the child. The instructions are sometimes given to both the husband and wife together or sometimes given separately.

Chinawali cha make ana or kuwelamira is conducted for the parents at the time when they have a child going through first initiation (*chinamwali choyamba/chiputu or jando*) for the first time.

High participation in first initiation

A summary of participation in first initiation is as follows:

- Most of the respondents attended first initiation. 84.3% of the women and 79.7% of the men.
- The female respondents attended first initiation at a younger age than the males, mean age for females was 9.4 years and males 12.6 years.
- Eighty-two percent of the females interviewed reported that they attended their first initiation before the onset of menarche.
- Less than half (41.7%) the women participated in the second rite of passage.
- Most of the respondents, male and female did not participate in the other rites of passage.

Table 6 shows the participation of the respondents in the rites of passage and their age at participation.

Table 6: Participation in Rites of Passage

Rite of passage	Participated		Did not participate		No Answer
	Male	Female	Male	Female	
Chiputu	NA*	264 (84.3%)	NA*	49 (15.7%)	0(0.0%)
Jando	244 (79.7%)	NA*	61(19.9%)	NA*	1(0.2%)
Chabulika	NA*	130 (41.7%)	NA*	182(58.3%)	1(0.3%)
Litiwo	47 (15.4%)	44 (14.1%)	255(83.3%)	269(85.9%)	4(1.3%)
Kuwelamira	39 (12.7%)	82 (26.2%)	265(86.6%)	231(73.8%)	2(0.3%)

NA=not applicable

Relation of participation in rites of passage to HIV/AIDS preventive behavior

The data suggests that participation in the first and second initiation has some specific positive effects on social behavior conducive to preventing HIV/AIDS. Those people who participated in first and second initiation rites had a greater tendency toward marriage stability than those who did not. (significant at $p < .05$, $p = .001$) Those people who participated in rites of passage had a greater tendency to go to ante-natal mobile clinics than those who did not participate in rites of passage. (significant at $p < .05$, $p = .000$)

There was no significant relationship between participation in first initiation and age of first intercourse, the median age of which is 16. (significant at $p < .05$ $p = .23$). This may be interpreted in at least two ways. Participants in the focus groups discussions and key informants claimed that participation would influence early sexual intercourse because the initiates are taught about sexuality and encouraged to "try it out" upon leaving the initiation camps. However, since there was no significant difference in age at first intercourse between those respondents who had been initiated and those who had not, it may be that this assumption is false. On the other hand, since 82% of all the respondents had participated in first intimation, it could be that peer pressure from the young initiates is so strong that they influence the non-initiated to start sexual relations early

Participation in rites of passage directly related to seeking information from "traditional" advisors.

Those people who participated in rites of passage have a greater tendency to obtain advice from traditional counselors than those who did not participate in rites of passage. (significant at $p < .05$, $p = .000$)

Those people who participated in rites of passage had a greater tendency to get information from traditional birth attendants than those who did not. ($p < .05$, $p = .017$)

Marriage

High participation in traditional steps of getting married

According to focus group discussions with the village leaders in Phalombe, there are ten possible steps to be followed before a couple is considered married.

The list of steps of marriage were read to the interviewees and they were asked to indicate which one they followed for their last marriage. Table 7 shows the ten possible steps and summarizes the responses.

Table 7: Participation in Steps of Marriage

Steps of marriage in first marriage	Followed the step		Did not follow the step	
	Male	Female	Male	Female
Proposal	185 (60.5%)	177 (56.5%)	99 (32.4%)	120 (38.3%)
Man informs his uncle	269 (87.9%)	289 (92.3%)	15 (4.9%)	8 (2.6%)
Man's uncle informs woman's uncle	269 (87.9%)	288 (92%)	15 (4.9%)	9 (2.9%)
Woman's uncle informs man's uncle of acceptance	269 (87.9%)	286 (91.4%)	15 (4.9%)	11 (3.5%)
Man is taken to woman's home	228 (74.5%)	226 (72.2%)	56 (18.3%)	71 (22.7%)
Woman is taken to man's home	110 (35.9%)	83 (26.5%)	172 (56.2%)	213 (68.1%)
Trial marriage	87(28.4%)	31 (9.9%)	193(42.0%)	266 (85.0%)
<i>Chikhoswe</i>	274 (89.5%)	280 (89.5%)	10 (3.3%)	16 (5.1%)
Church marriage	53(17.3%)	37 (11.8%)	229 (74.8%)	260(83.1%)
Man and woman start living together	280 (91.5%)	290(92.7%)	4 (1.3%)	7 (2.2%)

The data indicated that the majority of the subjects participated in six of the ten steps:

1. Man proposes to woman.
2. He informs his uncles of his intent to marry.
3. The man's maternal uncle agrees to the marriage he informs the woman's maternal uncle
4. If the woman's maternal uncle agrees, he informs the man's uncle of acceptance.
5. The man is taken to the woman's home.
6. The couple participates in the ceremony called *chikhoswe*. This ceremony may either marks the engagement of the couple or marks the actual marriage after which there are no other steps to take.

The two steps rarely practiced were trial marriage and participation in a church marriage ceremony. Also, the woman was rarely taken to the man's home, rather he went to hers.

Given that over 90% of the respondents belong to a Christian church and attend regularly, it is interesting that they did not marry in the church.

Couples given advice on sexual behavior before and during marriage

According to custom, as part of the process and during the entire life of the marriage, the husband and wife each have an individual, (*ankhoswe*) who acts on their behalf as an advocate and marriage counselor. He or she functions as an intermediary between the married person, husband or wife respectively, and the families of the husband and wife. Of the subjects who were married at the time of the study, 83.4% (n= 516) had a marriage advocate (*ankhoswe*), 7.8% (n= 48) did not.

There are also "professional traditional instructors" (*anankungui*) who give advice and instruct the couple on all aspects of married life.

The data suggests that these marriage advocates (*ankhoswe*,) and traditional instructors (*anankungui*) play a large role in the couple's marriage. 81.4% (n=249) of the males and 81.4% (n=255) of the females reported having received some form of instruction or advice from marriage advocates (*ankhoswe*) or traditional instructors (*anankungwi*) at the beginning of and/or during their marriage.

Marriage advocate (ankhoswe) and relatives give advice to couples

The data demonstrate that adults who are close to married individuals and marriage advocates (*ankhoswe*) play a greater role in giving advice and information about sexual issues in marriage than do friends or traditional counselors (*anankungwi*).

Table 8 summarizes the responses to the question, "During the time of your marriage did you receive specific explicit instructions about how to have sex from the following?"

Table 8: Source of Explicit Sexual Instructions

	Male	Female	Total
Marriage advocate	17.6% (n=54)	6.4% (n=20)	12.0% (n=74)
Traditional instructor	2.6% (n=8)	5.8% (n=18)	4.2% (n=26)
Other Adults*	8.5% (n=26)	24.9% (n=78)	16.8% (n=104)
Friends	1.0% (n=3)	1.3% (n=4)	1.1% (n=7)
Other	2.0% (n=6)	1.3% (n=4)	1.1% (n=7)
Never instructed	61.8% (n=189)	48.2% (n=151)	54.0% (n=340)
Doesn't apply	6.5% (n=20)	10.2% (n=32)	8.4% (n=52)
Missing	0.0% (n=0)	0.3% (n=1)	0.2% (n=1)
Total	49.4% (n=306)	50.6% (n=313)	619

* These were various types of relatives.

Table 8 shows that of the males, 17.6% (n= 54) reported having received the instructions from a marriage advocate (*ankhoswe*), 8.5% (n= 26) from other adults, 2.6% (n= 8) from a traditional instructor (*Anankungwi*), 2% (n= 6) from other people, and 1% (n= 3) got the instructions from friends.

Of the females, 6.4% (n= 20) reported having gotten the instructions from a marriage advocate (*ankhoswe*), 24.9% (n= 78) from other adults, 5.8% (n= 18) from traditional instructor (*Anankungwi*), 2.9% (n= 9) from other people, and 1.3% (n= 4) got the instructions from friends. 189 (61.8%) of the males

reported never having been instructed on this subject, compared to 48.2% (n= 151) of the females.

Under half of respondents follow explicit sexual instructions as well as advice to be faithful to spouse

Instructions or advice given included specific explicit instructions on how to have sex, and a directive not to have sex with anyone other than their husband or wife. More respondents, 69.31%, reported that they had been given advice not to have sex with anyone other than their spouse than reported having been given explicit instructions on sex, 39.85%. More women than men were given either of these instructions. A little under half of the respondents said they followed all the advice given them.

Table 9 summarizes the responses concerning the type of advice received the degree to which it was followed.

Table 9: Advice Received and Followed

Advice	Male	Female	Total
Be faithful	65.03% (n=186)	73.92% (n=207)	69.31% (n=393)
How to have sex	33.91% (n=97)	46.07% (n=129)	39.85% (n=226)
Followed some of the advice	40.8% (n=125)	17.9% (n=56)	31.9% (n=181)
Followed all advice	41.2% (n=126)	45.4% (n= 142)	47.26% (n=268)

*Percentages were calculated on a total number of 567 ever married respondents.

Table 9 shows that 39.85% (n=226) of all the respondents who were ever married, more females 46.07% (n=129), than males 33.91% (n=97), reported having been given explicit instructions on how to have sex. Sixty-nine percent (n=393) of the respondents who were ever married were given a directive not to have sex with anyone other than their spouse. Less men, 65.03% (n= 186), than women, 73.92% (n= 207), reported having been given this instruction.

Of the respondents who said they had received instructions or advice, more men, 82% (n=251), than women, 63.3% (n=198) reported following all or some of the advice. Almost the same percentage of males, 41.2% (n=126) , as females, 45.4% (n=142), reported that they followed all the instructions or advice given. But many more males ,40.8% (n= 125), than females, 17.9% (n= 56), reported that they followed some of the instructions or advice.

It is appropriate for marriage advocates (ankhoswe) or traditional instructors (anankungwi) to give information on HIV/AIDS

The majority of respondents considered it appropriate for marriage advocates (*ankhoswe*), and traditional instructors (*anankungwi*) to give advice or information on HIV/AIDS at the time of marriage. Of the males, 78.8% (n= 241) and of the females 71.6% (n= 224) agreed that it was appropriate for marriage advocates (*ankhoswe*) or traditional instructors (*anankungwi*) to give information or advice on HIV/AIDS at the time of marriage. However, 21.2% (n= 65) of the males and 23% (n= 72) of the females disagreed with this view, and 5.1% (n= 16) of the did not have an opinion on this subject.

Respondents were themselves marriage advocates (ankhoswe)

The data show that there are more male than female marriage advocates (*ankhoswe*), and that the majority had given instructions to couples on being faithful to each other. At the time of the study, 61.7% (n= 188) of the males and 30% (n= 94) of the females were themselves marriage advocates (*ankhoswe*.) Of the subjects who were themselves marriage advocates (*ankhoswe*), 70.2% (n= 132) of the males and 72.3% (n= 68) of the females, had given advice to married couples to be faithful to each other.

Instability of Marriage

Divorce, separation and death of spouse is frequent

Although 84% (n=518) of the respondents were currently living with a marriage partner, the data indicate that marriage is very unstable. Forty percent (n=246) of the respondents reported they had been married and then separated from their spouse due to divorce, separation or death. Thirty-three percent (n=206) of the respondents had been divorced at some time in their life, 5.8% (n=36) had been widowed and .6% (n=4) had been separated. There was no significant differences between males and females in their marriage histories.

Almost half of the respondents have been married more than once

When asked how many times they had been married, 47.4% of the males and 41.5% of the females indicated they were married more than once. They reported being married from two to six times. A little over a third of the respondents (35.77% [n=192]) had been married from two to three times.

Table 10 summarizes the responses for the question, how many times have you been married?

Table 10: Number of Times Married

Number of times married	Male	Female	Total
1 time	52.6% (n=161)	58.5% (n=183)	55.57% (n=344)
2 times	25.5% (n=78)	25.9% (n=81)	25.6% (n=159)
3 times	11.4% (n=35)	8.9% (n=28)	10.17% (n=63)
4 times	2.9% (n=9)	1.0% (n=3)	10.93% (n=12)
5-6 times	0.0% (n=0)	0.6% (n=2)	00.32% (n=2)

*Percentages calculated based on total population interviewed 619.

Half the respondents were married from one to ten years

The number of years the subjects had been married varied from eight months to thirty-six years. Four percent of the females (n= 13) and 9.3% (n= 29) of the males had been married less than a year, 55.1% (n= 169) of the males and 58.2% (n= 182) of the females had been married between 1 and 10 years, 20.1% (n= 62) of the males and 21% (n= 65) of the females had been

married between 11 and 20 years, and 7.8% (n= 22) of the males and 11.9% (n= 37) of the females had been married between 21 and 36 years.

Table 11: Subjects' Period of Marriage

Period in years	Males	Females
Less than 1 yr.	29 (9.3%)	13 (4.0%)
1 to 5 yrs.	109 (35.5%)	118 (37.8%)
6 to 10 yrs.	60 (19.6%)	64 (20.4%)
11 to 15 yrs.	42 (13.7%)	39 (12.6%)
16 to 20 yrs.	20 (6.4%)	26 (8.4%)
21 to 25 yrs.	15 (5.2%)	20 (6.5%)
26 to 30 yrs.	5 (1.6%)	12 (3.9%)
31 to 36 yrs.	2 (0.6%)	5 (1.5%)
Total	282 (91.9%)	297 (95.1%)

Receiving advice from traditional instructors (*anankungwi*) and/or marriage advocates (*ankhowswe*) and participation in marriage process directly related to marriage stability

Several factors were hypothesized to be related to marital stability:

1. Receiving advice from traditional instructors (*anankungwi*) and/or marriage advocates (*ankhowswe*).
2. Participation in the traditional marriage process.
3. Marriage fidelity.
4. Religiosity.
5. Attitude toward sexual pleasure.
6. Perception of risk of HIV.

The following hypothesis were confirmed:

- There was a greater tendency toward marriage stability of those who reported receiving advice from traditional instructors and marriage advocates than those who did not.
- There was also a greater tendency toward marriage stability of those who participated in more steps of the marriage process than those who participated in less.
- Receiving advice from traditional instructors and/or marriage advocates and participation in the marriage process were significantly correlated with marital stability.
- Those couples who received advice from marriage advocates (*ankhoswe*) or traditional instructors (*anankungwi*) had a greater tendency toward stable marriages than those who did not. (significant at $p < .05$ $p = .000$)
- Those couples who participated in more steps of the marriage process are more likely to have a stable marriage than those who do not.
- There was a significant correlation between participation in marriage process and marriage stability. (significant at $p < .05$ $p = .000$)

No significant correlation between the following factors:

- Religiosity, attitude toward sexual pleasure, and perception of risk of HIV were not significantly correlated with marital stability.
- There was no correlation between marriage fidelity and marriage stability.
- There was no correlation between marriage fidelity and religiosity.
- There was no correlation between marriage stability and the attitude toward sexual pleasure.
- There was no correlation between marital stability and perception of risk of HIV.

Females report greater marriage fidelity than males

According to the responses, females are more faithful to their husbands than males. Ninety-one percent (n=284) of females reported having no extra-marital sexual relations in the last six months while 74.8% (n=229) of males reported not having extra-marital sexual relations. Fourteen percent (n=75) of all the respondents reported having had extra-marital sexual relations in the past six months. Of those same people there were more males, 23.35% (n=64) than females, 4.5% (n=11). Also, males tended to have sexual relations with more people than did females.

Table 12 summarizes the response to the question, "How many people have you had sexual intercourse with in the last six months other than your spouse?"

Table 12. Extra-marital sex within last six months and number of extra-marital partners

Extra-marital sex	Missing or does not apply	No	Yes, with 1 person	Yes, with 2 people	Yes, with 3 people	Yes, with 4 or 5 people
Female	5.9% (n=18)	90.7% of females (n=284)	2.6% (n=8)	.3% (n=1)	.3% (n=1)	.3% (n=1)
Male	4.2% (n=13)	74.8% of males (n=229)	8.8% (n=27)	7.2% (n=22)	1.3% (n=4)	3.59% (n=11)
Total	5.00% (n=31)	82.87% (n=513)	5.65% (n=35)	3.71% (n=23)	.08% (n=5)	1/93% (n=12)

Sexuality

Sexual relations for both reproduction and sexual pleasure are very important

It was hypothesized that, while according to custom sexual relations are considered a central part of marriage and are practiced to a large degree for purposes of procreation, experiencing pleasure from sexual intercourse is also very important to

individuals. This hypothesis was confirmed. Table 13 summarizes the answers to the questions concerning reasons for sexual intercourse and desire for pleasure.

Table 13. Degree to which people have sexual intercourse for pleasure

	Strongly agree		Agree		Disagree	
	Male*	Female*	Male	Female	Male	Female
Individuals have sexual intercourse for pleasure.	44.8% (n=137)	59.7% (n=187)	27.1% (n=83)	17.9% (n=56)	28.1% (n=86)	22% (n=69)
Individuals have sexual intercourse to have children	59.8% (n=183)	71.9% (n=225)	28.9% (n=87)	9.3% (n=29)	11.8% (n=36)	18.5% (n=29)
Individuals have sexual intercourse because that's what marriage is all about.	68% (n=208)	80.8% (n=253)	25.2% (n=77)	9.3% (n=29)	6.9% (n=21)	9.6% (n=30)
I would like to get more sexual pleasure from sexual relations than I am getting now.	41.5% (n=127)	55.6% (n=174)	28.4 % (n=87)	18.2% (n=57)	30.1% (n=92)	25.9% (n=81)

*Percentages are calculated based on the total number of males (306), and females (313) respectively.

Table 13 shows that 74.8% (n=185) of the respondents strongly agreed that individuals have sexual intercourse because "that's what marriage is all about". Sixty-six percent strongly agreed that individuals have sexual intercourse to have children. Fifty-two percent strongly agreed that individuals have sexual intercourse for pleasure, and 48.6% strongly agreed that they would like to get more pleasure from sex than they do.

The importance of the pleasurable aspect of sex was shown to increase when the responses of "agree" are added to "strongly agree". Seventy-five percent (n=463) of the respondents either strongly agreed or agreed that individuals have sexual intercourse for pleasure. Seventy-two percent (n=445) either strongly agreed or agreed that they would like to have more pleasure from sexual relations than they were currently getting. A larger percentage of women than men wanted to have more pleasure than they were already experiencing.

Methods of enhancing sexual pleasure were used frequently

The data indicates that people do many things to physically stimulate each other in order to enhance sexual pleasure. Of all the respondents, 58.48% (n=362) reported using such methods. More women, 66.13% (n=207), than men 44.11% (n=135) reported doing so. While both men and women cited the methods below, more men cited fondling the women's beads and more females cited the male stroking the female's labia. Methods mentioned included:

Mikanda--the male fondling the beads that women wear around their waist.

Kuthunana--action which involves the man elongating the woman's labia in a playful manner.

Kumemesana--touching erotic parts of the body resulting in sexual arousal.

Kunyekhulirana--responsive sexual movements during intercourse.

Kissing

In addition to the above, a few of the respondents reported using vaginal agents to enhance sexual pleasure. More women than men were aware of them and reported their use. These agents are known to have the effect of tightening or drying the vaginal canal so that it feels tighter around the man's penis during intercourse. Some of these agents may be strong irritants and cause lesions on the vaginal wall which contribute to the transmission of STD's and HIV. Table 14 summarizes the responses.

Table 14. Use of Vaginal Agents

Use of Vaginal Agents	Male	Female	Total
Did not use vaginal agents	NA*	59.1% (n=185)	59.1% (n=185)
Did not know of females using vaginal agents	76.8% (n=235)	NA	76.8% (n=235)
Used all the time/know female uses all the time	1.3% (n=4)	3.5% (n=11)	4.8% (n=15)
Used sometimes/knows female uses sometime	5.9% (n=18)	36/4% (n=114)	21.32% (n=132)

*NA=not applicable

Adhering to sexual restrictions indicates importance of sexual issues in marriage

The respondents indicated eight situations under which individuals were by custom expected to abstain from sex. The data suggested that these sexual restrictions played an important part in the sexual life of the respondents. Over 70% of the males and females reported abiding by four of the eight situations. In addition 79.6% (n=493) believed that something bad would happen if they did not respect these restrictions. The majority of both males and females abstain from sex :

- During pregnancy
- At the birth of a baby and during the baby's infancy,
- When a child is sick,
- When a woman is menstruating,
- When there is a death in the family.

Table 15 shows which customs concerning sexual abstinence the respondents reported they adhered to.

Table 15. Situations requiring that sexual abstinence be observed

Situation	Custom adhered to		Custom <u>not</u> adhered to	
	Male *	Female **	Male *	Female **
During pregnancy	237 (77.5%)	219 (70%)	16(5.2%)	76(24.3%)
At birth of a baby and during baby's infancy	244 (79.7%)	281 (89.8%)	0 (0.0%)	7(2.2%)
At time of miscarriage	89 (29.1%)	68 (21.7%)	0 (0.0)	5(1.6%)
When a child is sick	240 (78.4%)	274 (87.5%)	1 (0.3%)	10(3.2%)
When child is at initiation camp	80 (26.1%)	138 (44.1%)	2(0.7%)	7(2.2%)
When woman is menstruating	282 (92.2%)	298 (95.2%)	0 (0.0%)	7(2.2%)
When there is death in the family	93 (male and female) (78.4%)			

* Percentage is of all males . ** Percentage is of all females.

Respondents believe harm would occur if sexual restrictions are not followed

The respondents indicated strong beliefs in these customs of sexual restrictions as they believed that something bad would happen if they were not followed. A total of 80.4% (n= 246) of the males and 78.9% (n= 247) of the females, gave a definite yes while 5.9% (n= 18) of the males and 9.3% (n= 29) of the females did not believe anything would happen, and 11.4% (n= 35) of the males and 10.9% (n= 34) of the females did not know.

More wives than husbands think their spouses have extra-marital relations during the periods of customary sexual restrictions

Respondents were asked if they thought that their spouse or person with whom they were cohabiting had sexual relations with other persons during the customary periods of sexual restrictions.

Table 16 summarizes the answers for those people interviewed who followed these customs.

Table 16. Perception of spouses' sexual activity during customary periods of abstinence

	Male	Female	Total (Male and Female)
Think spouse had sex with some one else	10.1%* (n=31)	33.2%**(n=104)	21.8%*** (n=135)
Think husband and wife both abstain	82.0%* (n=251)	24.3%**(n=76))	52.2%*** (n=327)
Do not know	3.6%* (n=11)	34.5%** (n=108)	19.2%***(n=119)
No answer	4.2%* (n=13)	7.9%** (n=25)	6.1%***(n=38)
Total	100%* (n=306)	100%** (n=313)	100%***(n=619)

* Percentages are of all the males. ** Percentages are of all females. ***Percentages are of combined males and females.

Table 16 shows that half (52.2%) of the husbands and wives think both husbands and wives abstain during the customary periods of sexual abstinence. Twenty-one percent thought their spouse had sexual relations with some one else during those periods and 19.2% did not know. However, more wives than husbands reported that they believed that their spouses had sexual relations with someone during the period of abstinence between spouses. Thirty-three percent of the wives reported that they thought their husbands did, and 34.5% (n=108) reported that they did not know and only 24.3% (n=74) reported that they both abstained. Only 10.1% (n=31) of the husbands reported they thought their wives had sexual relations during this time and 3.6% (n=11) reported they did not know. A much larger percent of the husbands, 82% (n=251), reported that both husband and wife abstained as compared to only 34.5% of the females who reported that both abstained.

Tsempho, and Kanyera and AIDS

AIDS is distinguished from two traditionally identified syndromes, Tsempho, and Kanyera, but symptoms and causes are confused

The data suggests that the syndrome of AIDS may be confused with that of two other perceived syndromes, *tsempho* and *kanyera*. The importance of this to AIDS prevention is that it is possible that a person is defined as suffering from *kanyera* or *tsempho* when he or she is actually HIV seropositive and has an AIDS related disease. If this happens than proper preventative measures or treatment would not be taken.

All three syndromes are identified by similar symptoms of debilitation. They appear to be distinguished by a specific cause which is attributed to the symptoms. Sexual relations violating various social norms were attributed as possible causes to all three syndromes.

The vast majority, 81% (n=503), of the subjects reported that AIDS and *kanyera* are not the same disease. But, since they are diagnosed according to similar symptoms and causes, they may be easily confused. Nine percent (n=53) agreed that they were the same disease and the remaining 10.5% (n=26) did not know.

Tables 17 and 18 present the four most frequently cited perceived symptoms and causes of the three syndromes. Two symptoms common to all three diseases are marasmic appearance and weight loss. Diarrhea is common to *Tsempho* and AIDS.

Table 17. Top four symptoms and causes of *tsempho*, *kanyera* and AIDS

Disease	Symptom	Causes
<i>Tsempho</i>	1. Marasmic appearance 2. Generalized edema 3. Weight loss 4. Diarrhea	1. Violation of sexual restriction 2. Having extra-marital sex 3. Promiscuity 4. Sleeping with a woman who had a miscarriage
<i>Kanyera</i>	1. Sun basking 2. Body chills 3. Weight loss 4. Marasmic appearance	1. Having sex with a menstruating woman 2. Having sex with a woman who gave birth recently 3. Having sex with a woman who has a miscarriage 4. Having sexual intercourse with a person with <i>kanyera</i>
AIDS	1. Thin hair 2. Weight loss 3. Diarrhea 4. Marasmic appearance	1. Promiscuity 2. Using one razor blade during initiation 3. Using non-sterile syringes and needles 4. Having sex with a person who has AIDS

Table 18. Symptoms and causes common to *Tsempho*, *Kanyera* and AIDS

Disease	Symptoms common to all three diseases	Causes common to all three diseases
<i>Tsempho</i> , <i>Kanyera</i> and AIDS	1. Marasmic appearance 2. Loss of weight	1. Promiscuity 2. Any other sexually related activity

No Cure for AIDS but traditional cures for *Tsempho* and *Kanyera*

Table 19 shows the respondents conception of the possibility of a cure for the three syndromes. The main difference is that over half of the respondents reported that *tsempho* and *kanyera* can be cured by traditional medicine whereas 95.15% do not believe that AIDS can be cured at all. This suggests that if some one suffering from an AIDS related illness is diagnosed as having *tsempho* or *kanyera* there is a good chance they would be taken to a traditional healer for treatment.

Table 19. Can *Tsempho*, *Kanyera* and AIDS be cured, if so, how?

Response	<i>Tsempho</i>	<i>Kanyera</i>	AIDS
Yes, it can be cured	211 (34.08%)	186 (30.04%)	6 (9.69%)
a. With traditional medicine	415 (67.04%)	397 (64.13%)	1 (0.2%)
b. With western medicine	57 (9.2%)	93 (15.02%)	2 (0.3%)
No, it can not be cured	70 (11.30%)	70 (11.3%)	589 (95.15%)
Don't know	87 (14.05%)	112 (18.09%)	22 (3.6%)

Risk of AIDS and STD's

Perception of being at risk for AIDS does not lead to preventive behavior

A little less than half, 44.58% (n=276), of the respondents perceive themselves at risk for acquiring HIV/AIDS. A greater percentage of females, 52.1% (n=163), than males 36.9% (n=113), said they thought they were at risk. More males, 35.9% (n=110) than females, 18.2% (n=57) did not know if they were at risk for AIDS.

Most of the respondents, 80.1% (n=496), recognize that a person could become infected with HIV from another person who looks healthy. However, this does not appear to have any influence on the respondents history of multiple sexual partners.

Perception of risk for HIV/AIDS is not significantly related to whether respondents think AIDS can be cured. There is no statistically significant difference between those people who perceive themselves at risk and those who think AIDS can be cured.

One sixth of the respondents report STD's and seek treatment at traditional healers and health clinics

Of all the respondents interviewed, 16.63% (n=103) reported they had ever had a sexually transmitted disease. Of these there were more males than females. Of the males, 24.8% (n= 76), and of the females, 8.6% (n= 27), reported this. Eighty-two percent (n=509) of the respondents reported that they had never had a sexually transmitted disease, 73.9%% (n= 226) of the males and 90.4% (n= 283) respectively.

The data indicates that the respondents reporting STD's seek treatment with the same frequency at a traditional healer and at a health center. Many also seek treatment at both. A few treat themselves with home remedies.

Table 20 below summarizes where the subjects who reported ever having an STD sought treatment.

Table 20. Treatment sought for STD's

Source of treatment	Percent/number
Traditional Healer	44.66% (n=46)
Health Center	55.33% (n=57)
Self	18.44% (n=19)
Did not do anything	9.07% (n=1)
Total	n=123*

*The total number is more than 103 because some people used more than one type of treatment.

Condom use low and not related to STD's or vaginal agents

Condom use is very low for all the respondents. Even those who know that they are at risk for HIV/AIDS do not use them. Only 13.4% (n=83) reported ever having used condoms. Eighty-seven percent (n=536) of the respondents reported that they never had used them. There was a slight greater tendency for males to use them than females. Of those people who use condoms the majority do not use them with their spouses.

Of the 15.34% (n=95) respondents who did use condoms, 36.84% (n=35) used them with their spouse whereas 66.66% (n=60) used them with other people.

The subjects were asked if they had ever used condoms. Table 21 summarizes the responses.

Table 21. Reported Condom Use

	Male	Female	Total
Never Used	80.72%* (n=247)	92.3% (n=289)	86.59% (n=536)
Sometimes use	17.3%* (n=53)	7.0% (n=22)	12.11% (n=75)
Always use	02%* (n=6)	0.6% (n=2)	1.29% (n=8)
Total	306	313	100% (n=619)

*Percentage of all males. **Percentage of all females. *** Percent of entire population.

Studies have indicated a possible relations between the use of certain types of vaginal tightening agents and the tendency to contracting STD's. However, in the sample taken in this study there was not a significant difference between those people who reported ever having an STD and ever using a vaginal agent.

Ever having had an STD did not appear to have any influence on the use of condoms either. There was not a significant difference between ever having used condoms and ever having an STD. Of those respondents who reported ever having an STD and those who had not, there was no difference in condom use.

Risk through blood and body fluid contamination in assisting in childbirth, preparation of corpses, local injections

Child birth attendants do not wear protective gloves

Protective gloves are usually not used when attending child birth. It is not unusual for women, other than traditional birth attendants, to assist at childbirth. Twenty-six percent of the female respondents had conducted or watched someone conducting a child birth. Of those, 88.8% (n=71) had either used bare hands themselves or observed the other attendants using bare hands. Only 8.8% (n= 7) reported using gloves while 2.5% (n= 2) reported the use of small plastic sugar bags as a substitute. Thirty-four percent (n= 106) of all the female respondents reported that traditional medicines are used to cleanse the hands which is believed to protect the birth attendants from any harm. This is done in place of using gloves.

Preparation of corpses for burial is done with bare hands

Protective clothing or gloves are not usually used by people preparing and washing corpses for burial. Half of the respondents, 52% (n=322), reported having prepared corpses for burial. A larger percentage of men had done this than females. Of all the males 67.3% (n=206) had prepared corpses while, of all the females 37.1% (n= 116) had done so. The rest of the respondents had not. Of those who had 92.54% reported not using anything to protect their hands. There was no difference between the men and women. A very few people used something to protect their hands. 3.3% (n= 7) of the males and 1.6% (n= 2) of the females used gloves. 5% (n= 11) of the males and 4% (n= 5) of the females used plastic sugar bags.

Injections are given by non-health personnel in the villages

The data indicates that injections are being given in the villages by traditional healers or someone other than health personnel. Over one third of the respondents had received injections from traditional healers or someone other than health personnel in their villages. Thirty percent (n= 91) of the males and Thirty-nine percent (n= 122) of the females reported having received injections from such persons. Seventy percent (n= 213) of the males and 61% (n= 191) of the females reported never having received them.

Villagers receive traditional medication through incisions

The large majority of respondents reported having received medication through incision. Over half the respondents reported that the traditional healer used one razor blade per person.

Of all the respondents, 80.12% (n=496) reported having had incisions for medications. There was only a small difference in the reporting between the males and females. Of all the males, 77.1% (n= 236) had such incisions and of all the females 83.1% (n= 260) had them. 25% (n= 69) of the males and 16.6% (n= 52) of the females had not.

According to the reports of the respondents, 64.29% (n=398) said that the traditional healer did not use the razor blade on someone else. These reports were not different between the males and females. However, more females than males reported that the traditional healer used the razor blade on someone else. Of all the females, 12.5% (n= 39) reported multiple use of the razor blades and of all the males, 6.5% (n= 20) reported this. Twenty-eight percent (n= 87) of the males and 23% (n= 72) of the females did not know.

Occasion for multi-sexual partners is very high

Median age at first sexual intercourse, first marriage and first pregnancy or child is low

Median age at first sexual intercourse is about 16 years. The median age for females and males is about the same, 16 for females, and between 16 and

17 for males. This means that half of the population interviewed had engaged in sex before the age of 16 or 17.

Table 22 below groups the responses according to reported ages at first intercourse. For males it ranged from 7 to 29 years compared to 7 to 24 years for females. For the majority of both males and females, first sexual intercourse occurred between the age of 11 and 19 years. For those female subjects who did not know their age, they were asked to indicate whether they first had sexual intercourse before or after they had started menstruation. Sixteen percent (n= 50) reported that they started before menstruation and 20.1% (n= 63) started after menstruation. If we assume that the women started menstruation by the age of 14, then the percentage of women who had sexual intercourse by the time they reached 14 becomes 32.26 % (n=101) compared to 16.66% (n=51) of the males.

Table 22. Age at first sexual intercourse

Age range	Males**	Females***	Total****
7 to 10 years	1.6% (n=5)	4.1% (n=13)	2.9% (n=18)
11 to 14 years	15.0% (n=46)	12.2% (n=38)	13.6% (n=84)
15 to 19 years	56.8% (n=174)	38.5% (n=122)	47.8% (n=296)
20 to 24 years	15.7% (n=48)	6.7% (n=21)	11.1% (n=69)
25 to 29 years	2.3% (n=7)	0.0% (n=0)	1.1% (n=7)
Before menarche	NA*	16.0% (n=50)	8.0% (n=50)
After menarche	NA*	20.1% (n=63)	10.17% (n=63)
No answer	8.5% (n=26)	1.9% (n=6)	4.84% (n=31)
Total	306	313	100% (n=619)

* NA Not Applicable . **Percentages are of all males. ***Percentages are of all females.

****Percentages are of the total number of respondents.

The median age at first marriage was higher for males than females. The median age for first marriage was 21 years for males and 16 years for females respectively.

The median age at first pregnancy or first child was lower for women than men. The median age reported for having a first child was between 21 and 22 years for males. The median age reported for being pregnant for the first time for females was between 16 and 17 years.

The median age reported for first time pregnancy of women corresponds to that reported for age at first intercourse (16) and age at first marriage (16) For males, the median reported age at having first child (21-22 years) is higher than that for first intercourse (16-17 years) but corresponds to that of first marriage.

High prevalence of pre-marital sexual relations

Many more males, 87.91% (n=269) reported having pre-marital sex than females 53.03% (n=166). The balance, 12.1% (n= 37) of the males and 47% (n= 147) of the females reported never having had pre-marital sex.

The number of people with whom the respondents reported having had pre-marital sex also differed greatly between males and females. For male respondents the reported number of persons with whom they had pre-marital sex ranged from 1 to 30 compared to 1 to 6 for female subjects. Eleven percent (n= 34) of the males did not know how many, 4.2% (n= 13) of the males and 4.2% (n= 13) of the females did not remember the number.

More men (50%) than women (15%) report ever exchanging sexual relations for money

Respondents were asked if they ever had exchanged money for sexual relations. Fifty-one percent (n=155) of the men said they had as compared to fifteen percent (n=46) of the women. It is not clear if this had occurred during married life or not.

Persistence of traditions encouraging sexual intercourse with someone other than their spouse

Kutchotsa milaza

In Phalombe, a custom called *Kutchotsa milaza* was reported to exist which requires that, a certain period after the burial of their spouse, a widow or widower has to have sexual intercourse with some one in order to rid him or her of deceased spouses spirits so that he or she will be free to remarry.

The respondents who were widows were asked if they had followed this custom. Forty-three respondents, 22 men and 21 women had experienced death of a spouse. Of those, 39.53% (n=17) had had sexual intercourse with some one after the spouse's death in adherence with the custom of *kuchotsa milaza*. About the same percentage of males and females had done this.

The subjects were also asked if something harmful would happen if an individual did not go through the process of *kuchotsa milaza*. Twenty-four and one half percent (n= 75) of the males and 44.4% (n= 139) of the females said that something harmful would happen. 7.2% (n= 22) of the males and 8.9% (n= 28) disagreed with the statement. 35.3% (n= 108) of the males and 42.8% (n= 134) of the females did not know.

Custom of substituting the spouse by some one else for sexual intercourse for specific purposes (*fisi*)

Customs have been described in Phalombe whereby someone other than the spouse (*fisi*) is brought to the wife for her to have sexual intercourse with for various reasons. The respondents were asked if they knew of any cases of this. The data suggests that either this custom no longer persists or that it is so secrete that no one knows about it when it happens or would not reveal such knowledge.

Eighty-seven percent (n=536) reported not ever knowing of anyone who had acted as a *fisi* or who had one. Seven percent (n=40) had heard about it at the time of *kutchotsa milaza*. Five percent (n=33) had heard of a *fisi* being used when a husband was impotent. In this case a special arrangement was

made with a man to have sexual intercourse with the wife so that she would become impregnated. Sometimes this was done in full knowledge of the husband, other times not. The ensuing pregnancy would be attributed to the husband in either case.

Texture of semen indicates fertility

The focus group discussions revealed a belief that the texture of semen is indicative of male fertility. The suggestion was also made that this belief could influence trial marriage as at that time, the potential wife would discover the quality of the texture of the semen. The survey indicated that this belief is very prevalent among the population studied. A total of 77.5% (n= 237) of the males and 70.3% (n= 220) of the females believed that watery semen means the man is infertile and thick white semen means he is fertile. Only 5.9% (n= 18) of the males and 11.5% (n=36) of the females did not believe this. The remaining 16.7% (n= 51) of the males and 18.2% (n= 57) of the females did not know.

However, the survey indicated that the step in the marriage process of trial marriage was rarely taken. But, the survey also indicated that there was a high rate of pre-marital sexual relations. It could be that if the woman discovered that her potential husband had watery semen before they were married, she did not accept his initial proposal and looked for another man with thick semen. This needs to be further explored.

Discussion and Conclusions

The findings strongly suggest that many of the cultural practices contributing to sexual relations with multiple partners persist throughout the life cycle of an individual and are within the normative system of behavior. Those which contribute the most to multiple sexual partners may be the high divorce and re-marriage rate along with a general acceptance of unmarried adults to have sexual relations. Every time a person marries and remarries, he or she will necessarily have several sexual partners in their life. and, in addition, in-between marriages will also have other acceptable sexual relations.

It is not clear why the divorce and re-marriage rate is so high. On the one hand, receiving advice from traditional instructors and/or marriage advocates and participation in the marriage process were significantly correlated with marital stability. On the other religiosity, attitude toward sexual pleasure, fidelity and perception of risk of HIV were not significantly correlated with marital stability. It may be that the concept of marriage itself does not necessarily involve a strong notion of life-time commitment and advantages of divorce outweigh the continuation of an unsatisfactory marriage. Or, it is a fluid concept. It is not always clear as to just at what point in the marriage process one is definitely "married". This concept needs to be further understood from the perception of the villagers' themselves before it is clear as to what sorts of change are necessary that would promote less risky behavior.

The data strongly suggests that the importance of sexuality and the way it is interwoven throughout life experiences contributes to the complexity understanding the motivations for practicing risk behavior even when one is aware of its consequences. Sexuality appears to be a theme that runs throughout the life cycle and functions as a guide to much behavior. This is manifested in terms of various customs revolving around rules for abstinence, substituting a sexual partner for ritualistic reasons, as well as devising ways for sexual enhancement between sexual partners.

It is interesting to note that in the Salvation Army Project, when the community task force discussed the study findings and selected the cultural practices to tackle for change, they did not chose those concerning divorce, or remarriage or the general degree of sexual relations that persist among adults and the desire for sexual pleasure. Rather they chose practices which are more precise and have motivations which are more symbolic, like ritual cleansing or telling the children to have sexual intercourse after initiation. These may be easier to address because, as behaviors, they are practiced just once and terminated and another action could replace their symbolic nature. Whereas, divorce, remarriage and the desire for sexual pleasure are an on-going important part of a person's everyday life with very complex motivations for which there are no simple substitutes.

Recommendations

The following are recommendations for HIV/AIDS prevention community education activities . They are categorized according to the subject areas of the findings.

Demographic Data

1. **Age**--Since the age range of the target population of the project is great, from 20 - 34 years, to ensure acceptance of educational messages, this population should be divided up according to age groups and each group should be given messages by people who are of an approximate age as the group members.
2. **Educational level**--Since the educational level of the target population is low, to ensure understanding, most messages should be communicated verbally rather than through written materials. However, leaflets with pictures and some text would be appropriate for describing STD's, and family planning methods. Villagers who can read should be encouraged to read the leaflets to others who cannot. Picture cards, puppetry, drama, dance, group discussions etc. should be used for community educational activities.
3. **Religion**--Since church membership and participation is extremely high, the church can be used as a vehicle for community education. However, local key informants suggested that some animosity exists between churches,. Therefore, it is advised that the project organize the church leaders outside the church and bring them together in a setting conducive

to cooperation. Since the data also suggested that some church leaders may be unpopular causing membership to decline, before targeting specific leaders as influential people the project should ascertain the reputation of that leader in the community. Church musical groups can be effectively used for community education since they are already popular within the area.

4. **Ethnicity and language**--Since the predominantly reported ethnic group was Lomwe, special attention should be paid to those customs specifically practiced by the Lomwe. Also since in the target area both Lomwe and Chichewa are spoken, community education can be conducted in either language. Written material can be in Chichewa and discussions, dramas, songs, etc. can be in Lomwe when the group targeted is more comfortable with that language.
5. **Marital status**--Since at any particular time the majority of the adult population is married, then community education should be directed towards married couples. However, the data also indicated that the divorce rate was very high, that a large percentage of the population had been married several times and that premarital sex is frequent. Therefore, community education should address those sexually active people who are "in between" marriages and not yet married. Since most people who are not yet married tend to be adolescents, they should be targeted separately from adults who are "in between" marriages.
6. **Place of residence (uxorilocality)**--Since the majority of married couples live in the village of the wife, her family, especially her brothers, may have more influence than the husband over decisions which concern the married couple's sexuality and reproduction. The actual lines of communication within families should be identified in order to determine which family member has the most actual influence and this person should be especially targeted.
7. **Occupational status**--Since the population is mainly subsistence farmers, then their seasonal work cycle must be taken into consideration for community activities. They themselves should decide the most appropriate times for activities.

Rites of passage

1. Since participation in the various rites of passage has some positive effects on health seeking behavior, participation should not be discouraged, but rather they should be used as vehicles for HIV/AIDS prevention education as appropriate.
2. The influence of participation in the first initiation on the early age of first sexual intercourse of the respondents was not clearly indicated by the study. There was not a significant difference between age of first intercourse of those who participated and those who did not. However, since the vast majority of children participate, they may exercise much peer pressure over the other children to begin sexual activity early. In addition, when discussing this finding with community members they

indicated that the young initiates were encouraged to have sexual intercourse directly after being initiated and identified this as an important issue to be dealt in the community education. Therefore, it is recommended that the project follow the direction of the community leaders. It also may be useful to carry out a mini-survey to find out the initial motivating factor that was most influential in beginning sexual intercourse.

Marriage

1. Since there is high participation in the traditional steps of the marriage process, HIV/AIDS preventive messages could be given at each step where possible.
2. Marriages are very unstable and this instability contributes directly to multiple sexual partners. Therefore, village level discussion groups of couples of similar ages should be held where the participants reflect on reasons for the instability. They can discuss marriage issues concerning fidelity and infidelity including differences between men and women in order to identify means of changing their behaviors that would result in fewer sexual partners within their own life-time.
3. Since the study suggested that those couples who received advice from traditional marriage counselors, (*anchoswe*) and instructors (*anakungwi*) had a greater tendency toward marriage stability than those who did not, then these counselors and instructors should be targeted as people who could take leadership in the community education.

Sexuality

Since sexual relations for both reproduction and sexual pleasure was reported to be very important by most of the respondents, maintaining sexual pleasure should be included in any education concerning changes in sexual behavior. Since change in such intimate, personal behavior must originate from within the individual, village level discussion groups may be an effective way to begin the process. Subjects could be discussed such as:

- How to use condoms and maintain sexual pleasure at the same time.
- Abstinence during customary designated periods.
- What should be done about the problem of multiple sexual partners.

Tsempho, kanyera, and AIDS

The symptoms and causes attributed to AIDS are confused with those attributed to the two traditionally identified syndromes, *tsempho* and *kanyera*. There is, then, the possibility that a person who suffers from opportunistic illnesses related to HIV are considered to be suffering from *tsempho* or

kanyera. and therefore are not taken to hospital to be treated for the opportunistic illness. To address this problem:

- AIDS symptom recognition should be enhanced.
- All symptoms should be treated as though they were related to AIDS.
- There should be a focus on preventive measures for the care provider of HIV/AIDS patients.
- Villagers should be made aware of the biological basis of the symptoms associated with *tsempho* and *kanyera*.

Risk of HIV/AIDS and STD's

1. **Perception of risk**--Since perception of being at risk does not lead to preventive behavior, a
2. **STD treatment**--Since the respondents sought STD treatment from traditional healer's as frequently as they did from the health center, they are delaying treatment. To avoid this delay :
 - STD patients have to be educated concerning the importance of early treatment with anti-biotic or other appropriate medications.
 - Traditional healers could be encouraged to refer clients to the health center.
 - Since other studies⁴ have shown STD clients are partly motivated to go to healers because they are more satisfied with their communication process, practitioners from the health centers could possibly learn better patient communication from the healers.
 - Further research in Phalombe is necessary to determine why the respondents go to the traditional healers for STD treatment rather than the health clinics.
3. **Condom use**--Since condom use is low more education is needed both on the necessity of use for STD/HIV prevention and on ways to use it that would maintain sexual pleasure. Participatory methods could be used to determine reasons for low use and ways to motivate increased use.
4. **Blood and body fluid contamination**--Community education is needed on the importance of touching possibly contaminated blood and body fluid in the following ways:
 - Since there is a belief that the application of certain traditional medications or hand washing rituals can protect a person from harm, it is necessary to either change this belief or advise people to both perform the ritual as well as use gloves for extra protection.
 - The use of gloves in assisting child birth as well as in the preparation of corpses must be encouraged. Also a means of

providing gloves or a system for saving and washing discarded plastic bags as glove substitutes should be developed.

- Community members must be encouraged to only obtain injections from the health center and refuse them from anyone else. Mobile clinics could be set up for treatments where injections are needed.

5. **Multi-sexual partners**---The occasion for multi-sexual partners is very high resulting and occurs throughout the life of a person,.

- Community education programs must take into account culturally acceptable normative behavior that promotes multiple sexual partners and not only dwell on what individuals consider as "promiscuous" behavior or especially "traditional" cultural practices.
- Since the concept of marriage is fluid since becoming married consists of a process of several steps and it is not always clear at exactly which point one is "pronounced married", the concept needs to be further understood from the point of view of community members, before the issue of frequent divorce and re-marriage can be dealt with in a meaningful way.
- Through participatory discussion groups which promote villagers' self-examination and change from within, community members should identify ways to discourage early sexual activity, and extra-marital sex.
- Target traditional instructors, *anankungwi*, aunts, uncles and grandparents, as those who influence others in areas of risk behavior.
- Since age at first intercourse is very young adolescents must be specifically targeted in educational programs. Participatory methods are highly advised.

Endnotes

¹ *Cultural Practices Related to HIV/AIDS Risk Behaviour: Focus Group Discussion of Village Leaders in Phalombe*. R. Kornfield and D. Namate, Report Series: No. 9. STAFH Project. Lilongwe Malawi. June 1997.

² A.I.D.S. Education Project, The Salvation Army, Malawi Region. Grant proposal, October 6, 1995.

³ Same reference as endnote 1

⁴ See *STD Client Health-Seeking Behavior and Partner Notification: an Ethnographic Approach*. R. Kornfield and D. Chilengozi. JSI-STAFH Report Series: No. 11. STAFH Project. Lilongwe Malawi. December 1997.

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