

FEMALE SOCIALIZATION AND THE RISK
OF HIV INFECTION
CASE STUDY OF MIANGA TEA ESTATE IN THYOLO DISTRICT,
SOUTHERN MALAWI

M.A (SOCIOLOGY) DISSERTATION

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JULY, 2003

**FEMALE SOCIALIZATION AND THE RISK OF HIV INFECTION:
CASE STUDY OF MIANGA TEA ESTATE IN THYOLO DISTRICT,
SOUTHERN MALAWI**

**A Dissertation Submitted in Partial Fulfillment of the Requirements of
the Degree of Master of Arts in Sociology, University of Malawi, Zomba**

By

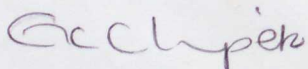
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CANDIDATE'S DECLARATION

**FEMALE SOCIALIZATION AND THE RISK OF HIV INFECTION:
CASE STUDY OF MIANGA TEA ESTATE IN THYOLO DISTRICT,
SOUTHERN MALAWI.**

This dissertation is my own work, based on field research, and has not been submitted for any other awards.



**Effie Kondwani Chipeta
CANDIDATE**

July, 2003

SUPERVISORS' DECLARATION

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This dissertation is submitted with our approval

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DEDICATION

In a special way, I would like to dedicate this work to my late father, Cryton Douglas Nyasulu who has, is and will always, be my source of inspiration. You loved good things on earth and you loved to see me progress. I wish you were around to see the fruits of your determination.

I also wish to thank Dr. Charles Chimwani, my advisor and supervisor. His contributions have made this work presentable and worthwhile.

I am very grateful to the people of Njala, Nkhoma and Soma villages in Malawi for their participation in this study. Their cooperation and acceptance made this study possible.

Finally, I wish to thank my husband, Angelo, and my three lovely children Yandura, Joseph and Aron for being there for me. Thank you for your patience and perseverance.

However, I am solely responsible for all demands submitted in this thesis.

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I am very grateful to the people of Njale, Njobvu and Semu villages at Mianga Tea Estate who participated in this study. Their cooperation and acceptance made this study possible.

Finally, I wish to thank my husband, Anaclet, and my three lovely children Yandura, Joseph and Anne for being there for me. Thank you for your patience and perseverance.

However, I am solely responsible for all demerits contained in this thesis.

ABSTRACT

According to the Malawi Demographic and Health Survey (2000), the HIV/AIDS epidemic in Malawi is one of the most severe in Sub-Saharan Africa. The Malawi AIDS Control Programme estimates that over one million people are infected with HIV in the country. Statistics show that younger women 15-24 years have the highest rates of HIV infection. Young women are especially vulnerable to HIV infection on many counts:

- a) In many societies, the socialization of children emphasize male dominance and female submissiveness in social relations, which extends to sexual relations. This submissiveness results in many young women lacking confidence and bargaining power to negotiate when, how and with whom they have sex, thus increasing their vulnerability to HIV infection.
- b) Young girls are socialized for the roles of wife and mother. Their activities are more closely circumscribed and they are more or less confined to the domestic context. This kind of socialization offers females a much smaller range of role choices and limits their economic opportunities. This results in female dependency on male economic support. This dependency, forces young women to get married early before they are mature enough to become wives and

mothers. In addition, due to poverty, many young women are compelled to offer sexual services in exchange for food, shelter or money. This makes them very vulnerable to HIV infection.

- c) Finally, certain cultural practices which are imparted to young girls and boys during initiation, puts young girls and boys at great risk for HIV infection.

This study was carried out at Mianga Tea Estate in Thyolo district. The aim of the study was to explore how female socialization renders young women vulnerable to the risk of HIV infection.

In order to get as valid and reliable data as possible, a combination of methods was used to collect data for this study. The findings show that the girl child at Mianga is socialized into submissiveness. The girl child is socialized for the roles of wife and mother and these are considered inferior, where as the boy child is socialized into roles that are considered superior by society. The study has demonstrated that socialization into gender roles, which begins early in the child's development, is reinforced through initiation rites. Initiation rites like *chiputu* for girls and *thezo* for boys between 7-10 years marks the beginning of sexual activity. Premarital sexual

activity is encouraged after these rites, thus putting them at risk of HIV infection.

Evidence from this study shows that the gender norms that emphasize male superiority and female submissiveness as well as the cultural practices that encourage early sex for girls and boys accelerate the risk of HIV transmission among young women. Effective HIV prevention strategies must therefore seek to address the gender imbalances that exist between males and females in society.

CHAPTER ONE

INTRODUCTION

The HIV/AIDS Situation

The HIV/AIDS epidemic has now been reported in all countries in the world and is one of the leading causes of morbidity and mortality among adults (Mann, 1992). The United Nations Program on HIV/AIDS (UNAIDS) and World Health Organization (WHO) indicate that by the beginning of 1998 over 30 million people globally were affected by HIV and that 11.7 million people had already lost their lives to AIDS. More than 90% of the 30 million people infected live in the developing countries. The most severely affected region is Sub-Saharan Africa, which, while contributing to about 1% of the global population, contributes over 67% of all people currently living with HIV/AIDS in the world. This represents about 21 million men, women and children (National HIV/AIDS Strategic Framework, 2000-2004).

The HIV/AIDS epidemic in Malawi is one of the most severe in Sub-Saharan Africa (Malawi Demographic Health Survey, 2000). In Malawi and many other countries in Africa about 90% of all cases are attributed to the

heterosexual mode of transmission. The first HIV/AIDS case in Malawi was reported in April 1985 and since then there has been a steady increase in the number of cases reported through the National AIDS Control Program (NACP). By July 1997, more than 45,000 cumulative AIDS cases had been reported by the NACP in Malawi (National HIV/AIDS Strategic Framework, 2000-2004). Although there is limited documentation on the prevalence of HIV in the general population in Malawi, estimates indicate that there has been a rapid increase in HIV prevalence in the country. Among women of childbearing age seeking antenatal care in 1998, the infection rates varied from 10% in rural areas to 30% in urban areas (Malawi and HIV/AIDS Report, 1997). Conservative estimates by the NACP put the HIV infection rates in the 15-49 age group at around 14% nationally. Reports also indicate that HIV infection in people aged 15-49 is concentrated in younger age groups, particularly among women. Data from the NACP show that HIV infection among young women in the 15-24 age group is about 4-6 times higher than men in the same age group.

HIV/AIDS Risk Factors for Young Women

As the AIDS epidemic spreads inexorably, young women are the most affected. According to UNAIDS (1997), 55% of adults infected with

HIV/AIDS in Africa are women. Statistics show that younger women 15 to 24 years show the highest rates of increase. It has been reported that the interplay of certain social, economic and biological factors, including policies that undermine the rights of women make young women particularly vulnerable to the sexual transmission of HIV (UNAIDS, 2000).

Women are especially vulnerable to HIV on many counts. Firstly, in many societies, women have a lower status in society at large and in sexual relationships in particular. In marriage, as well as in pre - and extra - marital relations, women often lack power and control over their bodies and sexual lives. This powerlessness makes it difficult for many young women to be pro-active in negotiating safer sex. It is the men who decide whether to use condoms or not and even when sex takes place (Population Reference Bureau, 2000 a).

Economic dependency on men makes young women vulnerable to HIV infection. Because women are dependent, their choices are often restricted and very few women can negotiate safe sex for fear of risking mistrust or withdrawal of financial support. Hence most young women continue to be passive and non-assertive in their sexual relations. Economic dependency also forces young women to endure forced sex and early marriages all of

which increase their vulnerability to HIV infection (Population Reference Bureau, 2001).

Poverty favours the spread of the virus. With few financial resources, the poor are often politically and socially marginalized and often have limited access to health care information and services (Population Reference Bureau, 2000 a). The lack of information, confidence, or resources to decide on, or negotiate condom use or other sexual matters, make girls particularly vulnerable to the sexual transmission of HIV. In addition, women living in poverty may adopt behaviours that expose them to HIV infection, including the exchange of sexual favours for food, shelter or money to support themselves and their families (Dela Cruz, 2000).

Young women are more likely to become infected than young men if they start having sex early. A woman's biological make-up places her at higher risk of contracting HIV because the female genitalia have a greater exposed and mucosal surface which can suffer lacerations during sex, allowing entry points for the virus.

Finally, cultural factors accelerate the risks of HIV transmission. In many cultures women are regarded as subordinate to men. Most cultural values

regarding sex and sexuality tend to emphasize and strengthen the dominance of males and subordination of females (National HIV/AIDS Strategic Framework, 2000-2004). Across many cultures, women are not expected to discuss or make decisions about sexuality. They are expected to trust their partners unconditionally. This often prevents young women from perceiving real risk, taking preventive measures and seeking safer sexual relations (Population Reference Bureau, 2000b).

HIV/AIDS Strategies for Prevention among Young Women

UNAIDS estimates that half of all new infections around the world occur among youth between the ages 15 to 24 with young women being particularly vulnerable to the sexual transmission of HIV (UNAIDS, 2000).

In order to address the root causes of the rapid spread of HIV among young women, most countries that have programmes on women and AIDS, have emphasized the provision of information, education and communication (IEC) messages which have focused on the reduction of the number of sexual partners, fidelity within relationships and safer sexual practices particularly use of condoms. In Malawi, the NACP in response to the high HIV rates among young people, intensified HIV/AIDS education campaigns

to the general population with special emphasis on the youth of Malawi. A formal programme of HIV/AIDS and sex education was introduced into the Malawi school curriculum in 1992 for students in standards six to eight. Secondly, media campaigns to young married women were intensified. Messages emphasized behavior change by practicing abstinence, mutual faithfulness and condom use.

However, these measures have offered women relatively little or no protection from infection because they provide inadequate means by which women can protect themselves from HIV infection (Mann, 1992). According to the National HIV/AIDS Strategic Framework (2000 -2004) it has been established that despite a high level of awareness, which was up to 90% by 1995, behavioural change among young women is limited and HIV incidence continues to increase unabated. This clearly indicates that awareness does not always translate into behavioural change. The question that needs to be answered is why risky behaviour continues in spite of a high level of awareness.

It has been observed that most of the current HIV prevention strategies have failed to control the rapid spread of HIV infection, particularly for young women who become infected immediately upon commencing sex

(Population Reference Bureau, 2000b). For instance, advocating the reduction of sexual partners as a prevention strategy has proven to be irrelevant to the lives of women who have no sexual partner other than their husband or regular partner. Where women have multiple sexual partners, this may be a choice forced on them by economic necessity. Therefore, as long as the socioeconomic system gives women few opportunities for economic independence, women will not be able to adopt this strategy. Similarly, faithfulness within relationships is not enforceable by women. Whereas women may choose their own behavior with regard to fidelity, their male partner's behavior lies beyond their control. In addition, although condom use could be an important prevention strategy for women at risk, condoms are used by men; women can only ask for their use. Furthermore, in many cultures most women have no power in sexual relations, therefore they will have no power to insist on condom use or to negotiate abstinence.

Statement of the Problem

The socialization of the girl child has been implicated as one of the main causes for the rapid spread of HIV infection among young women (Advocates for Youth, 1995). Through the process of socialization, societies transmit to their young their cultural norms, values and beliefs including those relating to sex and sexuality. In some societies there are formal initiation rites dedicated to the teaching of gender roles and sexuality. What is learned by the young during these rites may influence their behaviour in ways which put them at risk of contracting HIV infection.

Available evidence indicates that informally and formally females are taught to be submissive. Most often young girls have the least power to determine their own behavior. Social influences begin in early childhood to shape the behaviours of the young girls. The socialization of the girl child imparts the "virtue" of female submissiveness, while at the same time permitting the notion of male superiority. This is reinforced through female and male role training as well as females' limited social and economic opportunities later in life. In virtually every culture, females' activities are more closely circumscribed and restricted by society than males. Females are often restricted to domestic roles and child care whereas males have more freedom

and opportunity to perform a variety of activities outside the home which are considered superior by society. Therefore, the girl child who identifies with the mother from early childhood is socialized into a subordinate position. She has a smaller range of role choices and a narrower and generally more conservative set of attitudes and views towards life than males.

Initiation rites reinforce gender roles which are learned in the earlier years of a child's development. The notion of male superiority and female submissiveness in social relations, including sexual relations is emphasized. Females are taught to be submissive and passive in sexual matters, while males are taught to be the active party in sexual relations. Males as a result are expected to determine whether sex takes place and set terms around the sexual encounter. Females on the other hand are expected to be passive recipients of male sexual attention. This passivity renders them vulnerable to contracting sexually transmitted infections.

Mianga Tea Estate in Thyolo district, Southern Malawi, is one area that is experiencing very high female HIV infection rates. This study seeks to understand the socio-economic context in which these high rates of infection occur. An understanding of this context, in which initiation rites play an

important part, would help in designing targeted interventions to control the epidemic.

Objectives of the study

This study seeks to explore how female socialization renders young women vulnerable to the risk of HIV infection.

Specifically, the study will:

- a) Identify the principal agents of socialization at various levels of children's development.
- b) Examine the gender messages given to children at various stages of their development.
- c) Identify traditional norms, values and beliefs in relation to gender and sexuality.
- d) Examine the effect of initiation rites on sexuality.

Conceptual Framework

Every society has a culture. This culture varies from society to society (Haralambos, 1992). Wallace (1986) defines culture as common norms, values, beliefs, traditions and customs held by people about the world around them and these are transferred from generation to generation through the process of socialization. In simple terms, the culture of a society is the way of life of its members that they learn, share and transmit among one another. This means that culture is what determines how members of a society think and feel. It directs their actions and defines their outlook on life (Cargan, 1985).

The process by which individuals learn the culture of their society is known as socialization. Socialization is defined as the process by which a society's values and norms, including those pertaining to gender and sexuality are taught and learnt. Socialization is not confined to childhood: it is a lifelong process (Robertson, 1977). The socialization process involves many different influences that affect the individual throughout life. The most important of these influences are significant individuals, groups and institutions that provide structured situations in which socialization takes

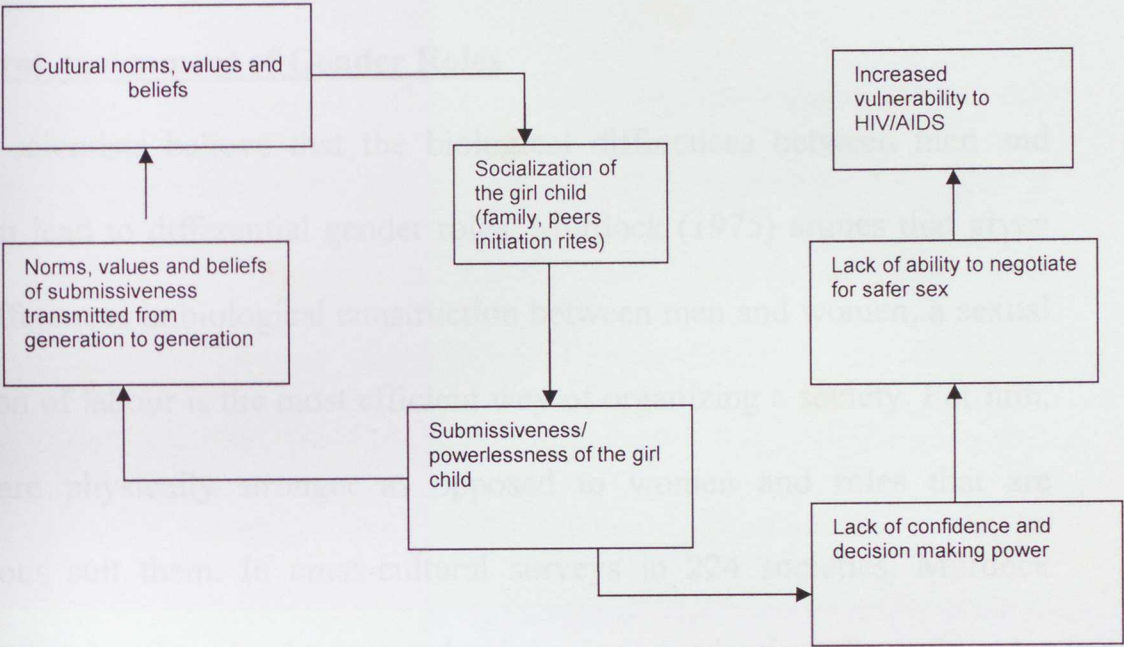
place, like the family, the school, the peer group and the media (Light, 1975).

Through the process of socialization, a social system transmits its norms, beliefs, values and practices. Some of these render the individual vulnerable to HIV/AIDS infection. For example, most Malawian social systems tend to emphasize male dominance and female subservience in social relations, this extends to sexual relations (Newa, 2001). Female submissiveness and dependency on the male puts them at risk of HIV infection in several ways:

- a) They cannot discuss issues relating to sex and sexuality with their partners.
- b) They lack confidence and bargaining power to negotiate for safer sex.
- c) They cannot assure themselves of male fidelity because their male partners' behaviour lies beyond their control.

Consequently, these norms and values that encourage female submissiveness and powerlessness are then shared and transmitted from one generation to another generation. The process is presented diagrammatically below:

Socialization and HIV/AIDS



CHAPTER TWO

LITERATURE REVIEW

Cultural Assignment of Gender Roles

Some scientists believe that the biological differences between men and women lead to differential gender roles. Murdock (1975) argues that given the differences in biological construction between men and women, a sexual division of labour is the most efficient way of organizing a society. For him, men are physically stronger as opposed to women and roles that are laborious suit them. In cross-cultural surveys in 224 societies, Murdock found that hunting, lumbering and mining are predominantly male roles while cooking, water carrying and repairing clothes are largely female roles. Similarly, Haralambos (1990) observed that some scientists believe that differences between men's and women's behaviour and social roles can be explained in terms of hormones and brain differences. Tiger and Fox, as reported by Haralambos (1990), believed that human beings have a genetically based programme which predisposes them to adopt particular roles and behave in certain ways. Another proponent of the biological differences between men and women, Oakley (1974) felt that biological

differences such as greater physical strength and biological construction of men leads to men and women being accorded different statuses in society.

Other scientists have dismissed this argument. Van der Zanden (1990), for example, argues that gender roles are culturally, rather than biologically determined. Boserup (1970) claims that the traditional division of labour is usually considered "natural" in the sense of being obviously and originally imposed by the sex difference itself. Anthropological evidence suggests that the gender roles probably represent the earliest division of labour among human beings and that when one is born he/she finds well established cultural guidelines for the behaviour of men and women. Most traditional societies follow a strict cultural code of division of labour which explicitly distinguishes between male and female responsibilities (Rosen, 1987).

Another proponent of the cultural assignment of gender roles, Chodorow (1971) argued that although a woman has a different body which is functionally different from that of a man, the differences in gender roles are not innate or genetically programmed. They arise from the socialization of children. Almost universally, female children are socialized into subordinate statuses. They have a limited range of role choices and are confined to the

domestic sphere. Among the Sisala in Northern Ghana, for example, girls are socialized for the roles of housewives, while boys are socialized for the roles of farmers and hunters. They learn these skills from adults in the household (Grindel, 1972). Similarly, among the Yoruba of Nigeria, children are taught that girls are the weaker sex and boys the stronger and that the former must not take part in rough sports or activities (Lloyd, 1969).

Since gender roles are culturally defined, they tend to differ from society to society. In some American societies for example, women were restricted from doing work that involved lifting heavy weights because they were regarded as delicate and emotional (Mead, 1959). However, in New Guinea, women were assigned to carry heavy loads because their heads were believed to be harder and stronger than men (Hay and Stichter, 1984). In many cultures however, women are restricted to the roles of housewife and mother which are considered feminine while men engage in masculine activities such as construction, hunting and warfare which are regarded as masculine (Rosaldo and Lamphere, 1974).

Effects of the Cultural Assignment of Gender Roles

Cultural assignment of gender roles is among the major weights behind differential statuses between men and women (Kafumba, 2001). Dressler (1973) argued that the assignment of different jobs to men and women results in men and women being accorded different statuses in society. Women tend to be restricted to the care of children and household maintenance while men are involved in more productive work. This results in men and women having different levels of access to resources as well as decision making authority in their families (CEDPA, 1996).

Socialisation into Female Submissiveness

Gendered expectations are transmitted to children throughout the process of socialization. It is a well-known fact that gender socialization gets underway almost immediately after a child is born. The knowledge of sex implies more than anatomical differences. It implies gender, and with it images of personality and social role expectations (Rheingold and Cook, 1975). Studies done by Woollett et al. (1982) show that immediately after the birth of a child the comments that parents make are gender stereotyped. Boys are described as tall, large and athletic while girls are described as small and

pretty. Parents also associate their child's sex with specific personality and behavioral traits. Boys are expected to be more active than girls. Female infants are perceived as softer and more vulnerable than male infants (Rubin, 1974). Further, parents also assume that their female infants will be more vocal and more interested in social interaction than their infant boys, therefore they engage girls in mutual social interaction and reciprocal emotional expressions more than boys (Goldberg and Lewis, 1969).

It has also been observed that parents act on the belief that daughters are more passive and helpless than sons (Shakin, 1990). In this way, they provide early training for the sons to be independent and their daughters dependent. Several studies by Adams et al.(1995) and Kuebli (1995) have shown that parents often teach their daughters to be more attentive to other people's feelings and valuing interpersonal relationships while boys are taught to be assertive, courageous and to have self-confidence.

Apart from family, it has been shown that clothing, toys and books also strongly reinforce gender stereotypes. Toys not only entertain children, they also teach them particular skills and encourage them to explore through play a variety of roles they may one day occupy as adults. Toys also send a

message to young children that what they may do and what they can do is limited by sex. For example, toys for boys like blocks, trucks, wagons and military toys focus on action and adventure and they encourage exploration, manipulation, invention and competition. In contrast, girls' toys like baby dolls and related items rate highly in attractiveness and nurturance and revolve around the themes of domesticity and motherhood. Similarly, clothing provides a clue for sex labeling and plays a significant part in socialization by encouraging or discouraging particular behaviours or activities. Clothing also sends messages about how the child should be treated along the lines of traditional gender roles (Shakin, 1985). Furthermore, many educational books also portray stereotyped images for women. In a study by Weitzman et al. (1972) it was found that in most books men are depicted as active, adventurous and leaders while females are shown as passive followers and helpers. Books showing adult roles show men doing a wide range of jobs but girls are restricted to domestic roles (Lane, 1995). Similarly, a study done by Unicef (1992) on Moroccan primary school texts revealed that gender bias pervades school texts. The majority of pictures depict women cooking, mothering and cleaning. In 53 texts examined, women appeared dressed traditionally 40 times but in work clothes only 4 times. According to Unicef (1994) the Malawian school text

of *Timve* and *Tsala* encouraged gender stereotypes in schools. *Timve* was depicted as active and bright in class while *Tsala* was always lagging behind as the name implied. For this reason the text has been pulled out from the curriculum.

There is evidence that gender stereotyping is more evident in African societies than in industrialized societies. In most African societies, when a child is born, there is a tendency to value male children more than girls (Mead, 1959). This automatically puts female children in subordinate position. Karl (1995) noted that in most African societies, boys are socialized to become leaders in the public domain while girls are socialized to become mothers and wives. Activities in the home are considered feminine and second rate while those outside the home are considered masculine and the standard. To support these observations, Odetola and Ademola (1994) found that among the Yoruba in Nigeria, as children grow up they are segregated on the basis of sex in the duties assigned them. From early childhood girls are trained in general domestic duties like carrying firewood, cleaning, cooking and caring for infants, while the boy helps his father with the herds of cattle and gains proficiency in farming activities. On the whole, boys have fewer duties than girls and yet they receive a more

consistent training and have a more constructive participation in household decisions than girls (Odetola and Ademola, 1994). This kind of socialisation, confines the girl child to the domestic sphere and limits her opportunities to the performance of roles that are regarded as inferior by society.

In most African societies, young children have a great deal of knowledge about culturally prescribed gender stereotypes. As the children grow up, they are segregated on the basis of sex when they are playing in the field. If a boy strays into a girls group they sing special abusive songs to scare him away (Peil, 1977). Similarly, from early childhood girls play at housekeeping and cooking, while boys play at construction and making toy cars. At the same time the children are actually engaging in the occupations at which they are playing (Mead, 1959). In a study by Hickey (1997) in Mchinji district, she observed that in many villages, different patterns of behavior are prescribed for young unmarried men and women. Women are expected to be good at performing domestic chores while young men are allowed to have access to better education since they are providers for their families.

Meads (1959) study of the Ngoni of Mzimba revealed that male children were taught that they are superior to women who must be respectful and

obedient. Girls were taught to be submissive like kneeling down when in the presence of men. The situation continues at the present time, many years after Mead's study. Similarly, Kishindo (1970) noted that among the Yao of Mangochi, the *nsondo* rites prepare girls for marriage, family chores and subservience to men. These initiation doctrines imparted to girls impede self determination, originality and independent thinking. As a result girls grow up accepting the view that they cannot compete with boys.

Training of Children in Gender Roles

The family plays a vital part in training the young for their adult roles. It is within the family that the basic personality, attitudes, values and moral ideas are laid down. However, in most traditional social systems, the training of children is shared with relatives and other significant individuals (Golombok and Fuvish, 1994). The parent, in conjunction with other socializing agents, has the task of directing the behavioral development of the child toward the desired normative socially valued goals (Otite, 1967). In the attempt to train their children, they act as a feedback mechanism to the child by communicating what is desired behaviour and what is not. It is a general observation that most African parents use reward, punishment and

instruction to shape the child's behaviour in the direction of the desired social norms within the home and the environment. Further, most African societies traditionally make no systematic use of a training situation but teach through real situations (Odetola and Ademola, 1994). The child learns the role of an adult through practical participation in the actual situations of daily life. Usually the parent of the same sex is the model according to which the child regulates its conduct and from which it derives its aspirations and values. Most African parents begin to train their child in general domestic duties at the age of six or seven. As soon as the child is old enough to comprehend instructions, it starts to perform small tasks, to copy the activities of adults and to help in domestic chores to the best of their ability (Fadipe, 1970). Among the Yoruba in Nigeria, at an early age a boy follows his father to the farm or helps with the herds of cattle while a girl fetches water, helps in the running of the household, cleaning, cooking and caring for infants (Lloyd, 1969).

In Malawi, the training of the young is not very different from other parts of the world. Child training begins from about the fifth to sixth years of life. At this early stage parents begin to inculcate in their children certain values, ideas and skills which will help them when they have developed into

adulthood, such as respect for others, obedience to elders and self discipline. In most Malawian societies, a child whose behaviour is below expectation is rebuked or even beaten (Longwe, 1980). In many rural areas children get additional instructions during initiation rites (Chiphwanya, 2001). These initiation rites are very structured and their purpose is to prepare young girls and boys for their adult roles. Girls are prepared for the roles of wife and mother. Initiation rites for boys like *jando* among the Yao and *gule wa mkulu* among the Chewa prepare them for their role as providers of their families. In addition, initiation rites for girls and boys are also used to teach the young on general respect for older people, rules of politeness and manners of addressing others (Mwale, 2001). Although initiation rites teach children the needed skills for adult life, they also have negative consequences since they encourage early marriages for girls. The study by Chiphwanya (2001) showed that in places where initiation rites are prevalent like Mangochi and Machinga, a low percentage of girls continue with their education compared with other areas where initiation ceremonies are not commonly practiced.

The Link Between Socialization of the Girl Child and HIV Infection

According to NACP (2000), the rate of HIV infection has been increasing most rapidly among younger women in the 15-24 age group. This has mainly been attributed to cultural norms, values and practices often imparted to the young girls through the process of socialization.

In many places women are still perceived as subordinate to men. Women have a lower status in society at large and in their sexual relationships. This often stems from tradition (Karl, 1995). In Malawi, many young girls especially from rural areas get information about their cultural norms and expectations during initiation rites. Several studies in Malawi show that initiation rites play a vital role in encouraging cultural norms and values that promote gender disparities which consequently put young women at high risk for HIV infection (Foster, 2001). A study by Mwale (2001) in Blantyre district townships, found that initiation rites simply prepare girls for marriage, family chores and subservience to men. Young girls are advised to be good at performing household chores and to treat men with special regard since men are superior. In a similar study by Kishindo (1970) among the

Yao in Mangochi, it was revealed that sexual instructions take first priority among the instructions given to initiates. A study by the Centre for Social Research (2001) conducted in Zomba made a similar observation. The various studies of female initiation rites reviewed confirm that they emphasize the domesticity of females and their submissiveness to male authority and control. This has several implications on the females' ability to protect themselves from HIV infection.

a) Since females are associated with the structurally subordinate domestic context, they remain in the domestic sphere where they are confined to the performance of childcare activities and household maintenance. They have no freedom or opportunities to perform a variety of economic activities outside the home. This makes them dependent on the males for economic survival.

b) Female submissiveness results in females lacking control and bargaining power in sexual relations. They remain passive and non-assertive in sexual matters.

The National HIV/AIDS Strategic Framework (2000-2004) concurs with these observations and asserts that Malawian cultural values regarding sex and sexuality tend to emphasize and strengthen the dominance of males and subordination of females. This female submissiveness puts females at risk of HIV infection because they lack control and decision making power in sexual relations which often leads to their inability to negotiate when, how, and with whom they have sex, thus increasing their vulnerability to HIV infection (Population Reference Bureau, 2000a). A study by Namate (1997) further noted that even in marriage, discussions of sex show that women are not socialized into the language that verbally discusses their sexual experiences with their partners. Although in the traditional Malawian social systems both spouses rarely discuss sexual experiences and their reproductive health, females are expected to be ignorant about sex and more passive than males in sexual interaction.

Women's reproductive health is strongly affected by unequal sexual relationships. Many young girls are encouraged to have sex and are married off when they are too young, physically and emotionally to be wives and mothers. A study by Kaspin (1990) showed that for Yao girls the initiation rites take place in the early teens and sexual activity and marriage is

expected to follow immediately after initiation. In another study by Chaima (1989) in Lilongwe district, it was found that girls had sexual intercourse as early as 8 years. Parental and peer pressure were given as reasons for girls to start having sex early. Although many cultures consider early marriages and early child bearing a duty, the health of the young girl is often in danger. Young girls are more likely to have obstetric complications and are more vulnerable to HIV infection because their genital tract is still not fully mature (UNAIDS, 2000). Secondly, the social norms that lead to early sexual initiation for young girls often make it difficult for them to insist on contraceptive use or protected sex. This increases their vulnerability to HIV/AIDS (Goddard, 1995).

CHAPTER THREE

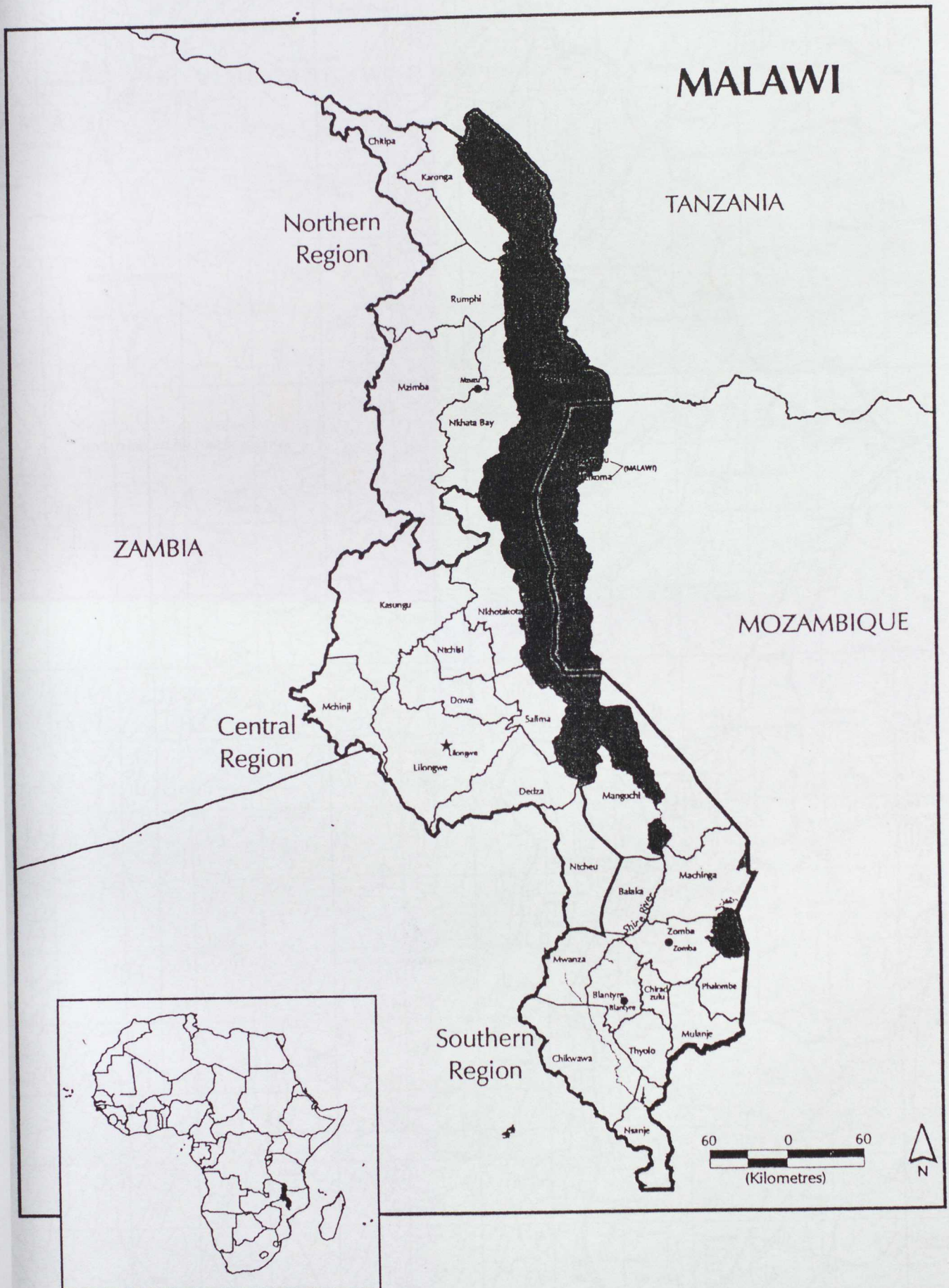
THE STUDY AREA

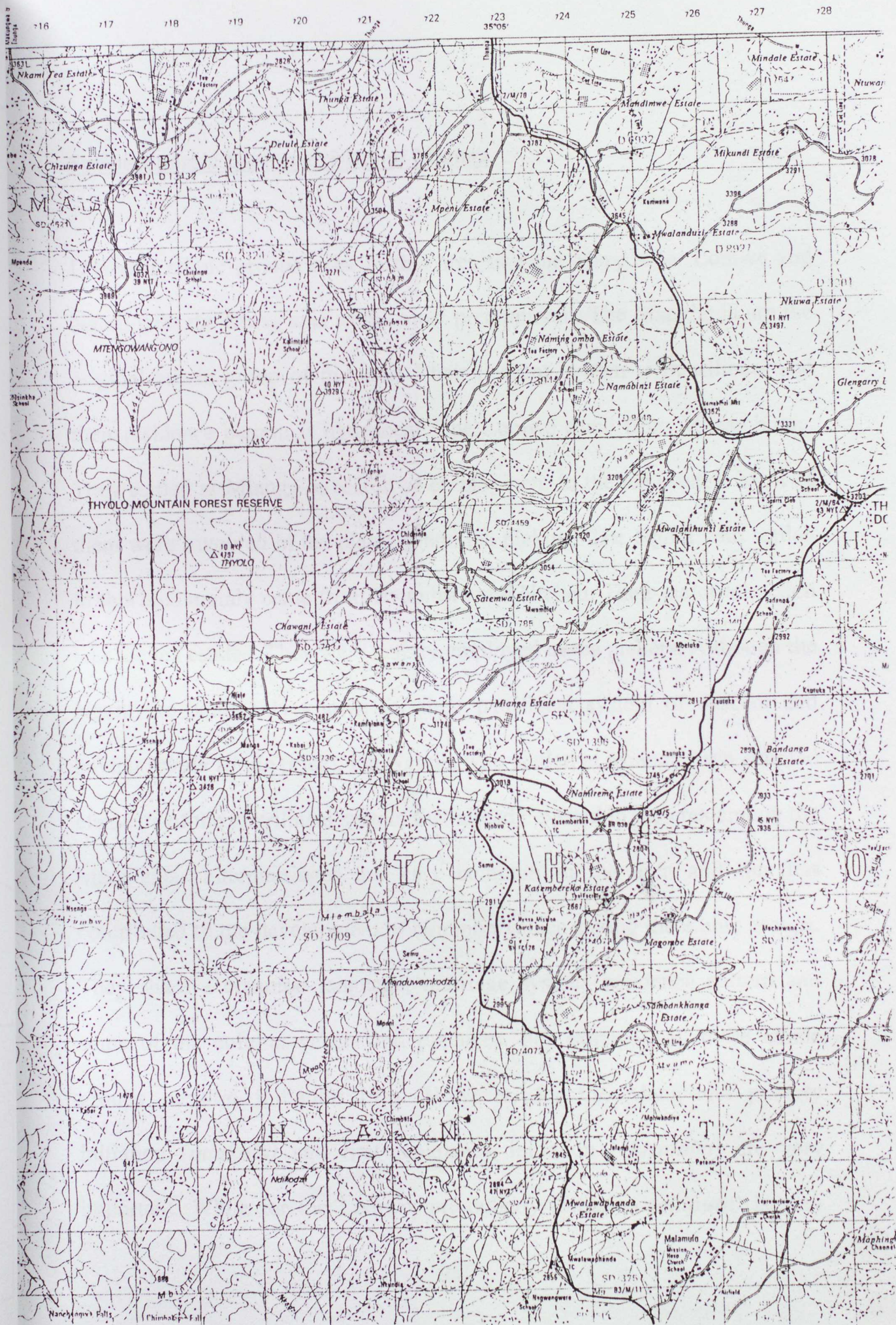
This study was conducted at Mianga Tea Estate which is about 10 kilometres away from Thyolo district headquarters. Thyolo district is located in southern Malawi (See Figure 1: Map of Malawi on page 31). It covers an average area of 1715 square kilometers and has a population of about 606,800 people (Atlas of Malawi). Most of the land is covered by tea estates and plantations. To the west it is bordered by Chikwawa district, Mulanje to the east, Blantyre and Chiradzulu to the north and Nsanje and Mozambique to the south. There are seven Traditional Authorities (TA's): Changata, Nchilamwela, Chimaliro, Bvumbwe, Thomas, Ngamwane and Nsabwe.

Mianga is a rural site located in the tea plantations. The estate lies along the road to Makwasa and is about ten (10) kilometres away from Malamulo Seventh Day Adventist (SDA) Mission. Mianga Tea Estate is located in TA Changata's area. It is the main business centre for workers in the tea estates and the local community. It has retail shops, schools, postal services and entertainment places. The trading centre has a busy market where local farm produce and other products are sold. There is a paying hospital belonging to

the Evangelical Church and one estate clinic which serves estate workers, their families and community members outside the estate. This area was selected because by region, the distribution of HIV prevalence is highest in the Southern Region (27.6%). Data from 1999 sentinel surveys had shown Mianga Health Centre as one of the rural sites with high HIV prevalence rates in the Southern Region at 21.7%. Secondly, the site specific syphilis prevalence rate was 10.4%. This was higher than most sentinel sites. One is therefore interested to find out an explanation for this high prevalence of sexually transmitted infections.

Mianga Estate is surrounded by six villages. These are Njale, Njobvu, Semu, Kabayi, Mlenga and Kasaila. However, this study was undertaken in three villages. These are Njale, Njobvu and Semu. These villages were selected mainly because of their closeness to Mianga trading centre and because a large number of people are concentrated in these areas.





Socioeconomic Characteristics of Mianga

Different ethnic groups exist in this area like the Mang'anja, Lomwe and Ngoni with the Mang'anja as the most predominant. The Mang'anja are the original ethnic group of the area. Their descent system is matrilineal and their residence pattern is uxorilocal. The Lomwe came from Mozambique. They settled at Mianga in search of employment in the tea estates. Most of them were involved in tea planting and tea picking. The Ngoni who settled in this area mainly came from Bvumbwe and Ntcheu. Their major attraction was the tea estates. They were mainly employed as tea pickers. Although the Ngoni are commonly known for their patrilineal system of descent and paying *lobola* (bride price), the Ngonis who settled at Mianga have adopted elements of the matrilineal system that already existed in the area among the Mang'anja. Intermarriages are very common in the area and this has contributed to the development of common values among the ethnic groups. They share a common language, marriage system, residence pattern and some of the cultural values and practices. For example, all these ethnic groups perform initiation rites. However, for the Mang'anja puberty initiation (*ndakula*) and first pregnancy initiation (*chisamba*) are very important. While for the Lomwe, pre-puberty initiation (*chiputu*) is very

important. However, they are forced to perform the other rites as well because they are important for this society. The Ngoni do not have their own initiation rites. They have adopted the Mang'anja initiation rites. For the Ngoni, however, the main initiation is performed at marriage. This is called *kulanga anamwali*.

The major denominations in the area are Seventh Day Adventist (SDA), Roman Catholic and Apostolic Faith. The SDA is the most predominant because the SDA mission at Makwasa came earlier in this place than the others.

Early marriages for girls are the norm. 78.4% of the young women interviewed were married. The age at which they started having children ranged from 11-18 years. By the time they reach 20 years most of them already had one or more children. The highest level of education for most young women is junior primary, that is standard 1 to 5. As a result most of the young women tend to be housewives and subsistence farmers with reported incomes of less than MK500.00 a month.

Parents, especially of the same sex, play the greatest role in socializing their children into adult roles in general. However, grandparents, friends and traditional counselors play the greatest role in sexual matters.

Most children learn about sex and sexuality through initiation rites. Most of these initiation rites are conducted during summer especially between the months of June and August. The initiation rites mark the young girls and boys transition from childhood to adulthood. There are three main initiation rites for girls. These are pre-puberty initiation (*chiputu*) for young girls aged 7-10 years. *Chiputu* is intended to prepare girls for puberty. During this initiation rite girls are given instructions on good behaviour, respect for parents, elders and other people in general. However, apart from these instructions, the young initiates are given sex education. Traditional counselors (*anankungwi*) teach the young initiates sex skills through demonstrations and songs. This ritual is performed near the river bank (*kumadzi*) where they are secluded for a period of two weeks. After initiation, the girls are bathed and then oil is applied all over their bodies. They are advised to remove this excess oil by having sex (*kuchotsa fumbi*) when they return home. It is believed that if they do not remove the oil, they will have a dull and cracked skin like that of a snake (*nalikukuti*). The

young girls are also instructed not to refuse sexual proposals from men. A man called *fisi* (hyena) is hired to initiate the young girls into the sexual act. This man is called *fisi* because he comes at night. This man sleeps with all the girls.

Ndakula is intended to prepare girls for marriage. Emphasis is placed on teaching the girls sex skills and aspects of family life. However at this time, they are also given instructions on menstrual hygiene and care, cultural norms relating to menstruation. These include avoiding putting salt in food during menstruation, abstaining from sex during menstruation and refraining from entering their parents' bedrooms and crossing men from their back when menstruating.

Finally, during *chisamba* the young woman is given instructions on how to manage the pregnancy, what will be expected of her during labour and delivery. Once the baby is born, they are also taught ways of preventing pregnancies. For example, avoiding vaginal sex.

There are two types of initiation rites for boys. These are called *thezo* for young boys (8-10 years) and *gwengwe* for boys who are about to marry (18-

20 years). *Thezo* is performed near the river banks (*kumadzi*) for a period of about one month. During this initiation, boys are advised to avoid entering their parents' bedrooms, to be respectful and to be hard workers since they are expected to be heads of families and therefore responsible for the upkeep of their families. After the initiation, boys are taken into the water to bath and then oil is applied all over their bodies as a symbol that they have been initiated. This oil is called *mafumbi*. At this point they are also advised to remove this oil (*kuchotsa fumbi*) by having sex with girls. If they do not do this they will have a cracked and dull skin (*mbuu ngati nalikukuti*). *Gwengwe* is intended to prepare boys for marriage and it only lasts for a day. Sex education is most emphasized. During this initiation rite, boys are taught the performance of the sexual act and how to determine the appropriate times to have sexual intercourse. For example, they are discouraged to have sex with a woman who is menstruating. They are also taught that they are the heads of their families and have to provide their family needs. They get this advice from elderly men (*anankungwi*) with good reputation and are selected by the community.

Apart from initiation rites, marriage and funeral rites are also practiced in the area. In all the ethnic groups, marriages are confirmed and accepted only

after elderly women and parents assess the fertility of the prospective son-in-law. Before engagement a boy and a girl are advised to have sex. A girl is given a white piece of cloth to use for wiping the male ejaculate after their first intercourse. She is advised to give this piece of cloth to elderly women who will be waiting at the doorstep early in the morning. If they find that the cloth is starchy dry, they begin to ululate to confirm that the man is fertile. If this doesn't happen then the engagement is not confirmed.

When a man dies, the widow is required to have sex with another man usually a relative of the deceased. This is called *kuchotsa kufa*. It is a ritual that is intended to cleanse the family together with their relations from the spirits of death and bad luck.

Women and men have different roles and responsibilities based on gender. Women are mainly involved with domestic work and childrearing while men are involved with wage employment and income earning. Most of the men are employed in the tea estates. They also get their income from small scale businesses like selling bananas and tomatoes. The societal division of labour is based on the criteria of stronger or weaker sex. Men are more involved in laborious and taxing work like construction and farming while women's

domestic work is regarded as 'easier'. This contributes to the belief in this society that men are superior to and more powerful than women.

Men control key decisions in the home; for example, disposal of household income, property and decisions on major activities involving the family fall within the male domain. Decisions regarding the initiation of children are the prerogative of the father. Similarly, the buying of household effects such as clothes, food, groceries; seeking medical care or family planning services and starting income generating activities require a husband's approval. Decisions that women make independently are limited to performing domestic work and making food choices. Joint decisions include farming activities, planning major investments like building a house or buying property.

Male dominance is enhanced by a number of cultural factors:

- a) The socialization of the females into submissiveness. Females are socialized to respect men and to be obedient. Furthermore, the societal division of labour encourages the notion of male superiority and female dependency.

CHAPTER FOUR

METHODOLOGY

This was an exploratory study conducted to understand how female socialization predisposes young women to the risk of HIV infection.

Data Collection

Owing to the sensitivity of the research topic and to get as valid and reliable data as possible, a combination of methods was used. Studies by Poeschke and Chirwa (1998) show that discussion of issues pertaining to sexuality and HIV/AIDS are hampered significantly because they are considered as taboo in most social systems and cannot be discussed in public. Therefore a triangulation method was used which included the survey, in-depth interviews for key informants and traditional counselors, focus group discussions and observation methods.

In the survey, a structured questionnaire was used to collect data on young women aged 15-24 years and parents randomly selected in households on demographic, social and economic factors, traditional norms, beliefs, values

and practices in relation to gender and sexuality. Information was also collected to assess the attitudes of young women towards HIV prevention. However, this data collection method had some limitations because it mainly represented reported rather than actual behavior.

In-depth interviews were conducted on key informants and traditional counselors purposefully selected in the area. A structured guide was used to interview ten (10) key informants and all discussions were recorded on micro-tapes which were later transcribed and summarized. Four men and women found at the trading centre, two religious counselors, one teacher, one Enrolled Nurse and Midwife working at the Evangelical church hospital and two traditional leaders (one female and one male) were interviewed. The researcher interviewed these subjects in their homes at a place that was convenient for them. Similarly, traditional counselors were interviewed using a structured guide. Four traditional counselors were interviewed. Two from Semu village, and the other two from Njobvu and Njale villages.

Considering that sexual behavior and issues of HIV/AIDS are sensitive, focus group discussions enabled us to gain a deeper understanding of the subjects' views or perspectives, experiences or situations as expressed in their own words. Focus group interviews were also used to collect additional

data on norms, beliefs and attitudes pertaining to socialization of children into gender roles, sexuality and sexual practices and HIV/AIDS issues. Two focus group discussions were planned. These took place at Village Headman Njobvu and Njale. Each focus group comprised about eight participants and each group was homogenous in terms of age and sex, with the female group having eight (8) participants aged between 39 – 65 years and the male group having ten (10) participants aged 30 – 70 years. The participants were purposefully selected in the two villages. A structured guide was used to direct the interviews. All discussions were conducted in the main local language, Chichewa. All discussions were recorded on micro tapes and later transcribed and summarized.

This study also employed ethnographic methods especially observation to obtain a wider context of data concerning young women's lives and their socialization to adulthood. This enabled us to understand the social structures, social relations and nature of interactions from the target audience point of view. Observations were made to determine the behaviors of young women within their sociocultural environment, how they relate with males and other relations, their social artifacts and economic activities. However, since ethnographic studies require long periods of time, this study failed to

gather detailed information of the young women in their social and natural environment due to limitations on time and resources.

Sample Size

The sample of young women and parents in households who participated in the survey, was drawn using a systematic random sampling method. A list of young women in the three villages was obtained. This list was used as a sampling frame to identify and select those that were eligible to enroll in the study. One hundred and twenty (120) young women were selected. For parents in the households, all households in the three villages were listed. Every fourth household was identified and included in the family survey. Eighty (80) households were selected. However at the time of interviews, it was difficult to get all subjects that were selected from the list. There were a number of activities going on in the villages like distribution of free maize and seeds for planting as a result not many people were found in the homes. Young women were mostly not available because they were busy attending either antenatal or under-five clinics. The interviewers spent a lot of time going back and forth to try and find the subjects in their homes. Therefore, although 120 young women were initially selected, only 102 were actually interviewed representing a response rate of 85%. Similarly, out of 80 parents

selected only 61 were actually interviewed representing a response rate of 76%.

Data Analysis

Data were analyzed by use of descriptive statistics of frequencies, mean and range. All the information on the same matter from different subjects were grouped together. This information was presented in tables and descriptions.

The field notes compiled during the in-depth interviews, key informant interview and ethnographic observations were carefully scrutinized for completeness. Content analysis of the notes was undertaken and then judgements, interpretations and meaning of the content were done.

To discover and explore further the relationships between variables, inductive analysis was done through the Chi-square (χ^2) tests. During data interpretation, the following questions were answered: How does a particular behavioural act happen? Does it depend on another behaviour for it to happen? Is there a relationship between one behavioural act and another?

Scope and Limitations of the Study

The study focused on the socialization of the girl child and potential risk for HIV infection in a local community. To our knowledge no scholarly study on this topic is currently available. Its findings are potentially significant. The combination of both qualitative and quantitative data collection methods are likely to strengthen the validity of the results. However, the uniqueness of Mianga in terms of geographical location and its culture, may limit the generalizability of the study results to other parts of the country. Furthermore, questions about HIV/AIDS and sexual behaviour are sensitive and this could affect the accuracy of responses. It was also not possible to follow-up those infected with HIV to establish a direct link with socialization, especially initiation rites.

CHAPTER FIVE

FINDINGS AND DISCUSSION

This chapter presents and analyses findings on the study. Comparisons are also made where feasible with findings from previous surveys. This is done under the following headings: the socialization of children, sex and sexuality issues and attitude towards HIV prevention among young women at Mianga.

The Socialization of Children

Any social system has its own norms that dictate the behaviours of its members. Through socialization members of society internalize these norms and expectations and behave accordingly. In order to explore the socialization of children at Mianga, young women and parents in households were asked how children learn adult roles, methods used to teach children and who plays the greatest part to help children learn adult tasks.

Tables 1 and 2 show results on how children learn adult roles and who played the greatest part to help them learn adult roles in general. The findings show that out of the sample of one hundred and two (102) young

women 62.7% indicated that male children learn adult roles through formal coaching by male parents while 54.9% indicated male children imitate male parents. Similarly, out of 102 young women interviewed, 63.7% indicated that female children learn adult roles through formal coaching by female parents while 60.8% indicated that they imitate female parents.

Table 1 How Children Learn Adult Roles

Learning adult roles	Male children		Female children	
	n	Percentage	n	Percentage
Imitating parent of the same sex	56/102	54.9	62/102	60.8
Imitating adults of the same sex	21/102	20.6	22/102	21.6
Formal coaching by parent of the same sex	64/102	62.7	65/102	63.7

Note: Some respondents gave multiple responses. Therefore totals and percentages are based on number of responses.

In general, most young women 93.1% reported that their parents played the greatest part in helping them learn adult roles, more especially parent of the same sex. These findings confirm previous observations by Odetola and Ademola (1994) that parents have a duty to direct the behavioural development of their children towards the desired socially acceptable norms of behaviour. A parent of the same sex is a model according to which a child regulates its conduct and from which it derives its aspirations and values.

Table 2 Who Played Greatest Part In Helping Learn Adult Roles

	n	Percentage
Parents	95	93.1
Teachers	1	0.98
Peers	1	0.98
Relatives	1	0.98
Traditional counselors	4	3.9
Total	102	100.0

On the methods used to teach children, out of the sample of sixty-one (61) parents in households 88.5% indicated that they teach children by giving them practical examples. Parents also expect their children to learn by observing how parents perform certain tasks. In this society, at an early age of about six or seven years, parents teach their children how to perform small tasks. A girl child takes after the roles of the mother. She is taught how to perform household work such as cooking, cleaning the house, caring for infants, fetching water and firewood. Boys are taught activities that are regarded as masculine. At an early age, a small boy follows his father to the garden and is given instructions on how to prepare a piece of land for farming. Boys are also taught how to construct grain storage barns (*nkhokwe*), traditional dish racks (*thandala*), and building permanent

structures. Findings also show that children are taught that women are the weaker sex and boys are stronger. This is reinforced through the societal division of work on the basis of sex. Although women have more tasks, their work is regarded as "easy" while men's work is considered to be heavy, labourious and taxing. In general, these findings show that the early childhood training of children in this society emphasizes the division of labour on the basis of sex. Female children are taught what are regarded as female roles and male children are also taught male tasks. According to Murdock (1975) this is the most effective way of organizing a society. However, Dressler (1973) argues that the sexual division of labour results in men and women being accorded different statuses in a society thereby producing a form of social inequality in terms of access to resources in a society.

Apart from teaching children physical tasks, parents also teach their children cultural norms, values, beliefs and attitudes of their society (Adetola and Ademola, 1992). Table 3 shows results on the lessons that children are taught as they are growing up. The findings show that from childhood, parents teach their children various lessons as they grow into adulthood. These include respect for others, spirit of hard work and obedience to elders.

According to Van der Zanden (1988), learning the culture of a society is important because it enables members of a society to know how to behave in particular circumstances. Tinker and Bromson (1976) also observed that it is culture that shapes people's way of thinking. However, although this is the case cultural norms, values and beliefs can have negative consequences on children as they are growing up.

Table 3 Lessons Children Are Taught As They Are Growing Up

Lessons children are taught	n	Percentage
Self control	43/61	70.5
Obedience	45/61	73.8
Hardworking	48/61	78.7
Respect	54/61	88.5

Note: Some respondents gave multiple responses. Therefore totals and percentages are based on number of responses.

The messages the girl child receives during socialization are different from the messages that are given to the boy child. For the girl child emphasis is on performance of domestic work, respect for men and elders and obedience.

The boy child is taught to be hardworking and resourceful since men are providers. These differences in messages reinforce the traditional stereotypes as regards gender roles. While the boy child receives more constructive training in household activities that are regarded as masculine and is more

involved in household decision making, the girl child is thought to need less formal guidance and training in performing domestic chores. This has helped to keep alive the belief that what males do is the standard and that men are superior to women (Ulin, 1992).

Sexual Norms, Values and Beliefs

Learning About Sexual Matters

When it comes to learning about sexual matters, other agents of socialization play a vital role. Table 4 shows results on the agents of socialization in relation to sexual matters. From the findings, young women reported that the appropriate person to discuss sexual matters with were grandparents and traditional counselors.

Table 4 Agents Of Socialization

Agents of socialization	Appropriate person to discuss sexual matters with		Who they discuss sexual matters with	
	n	Percentage	n	Percentage
Aunt	24/102	20.0	18/102	17.6
Traditional counselor	56/102	54.9	29/102	28.4
Parent	32/102	31.4	21/102	20.6
Friends	20/102	19.6	57/102	55.9
Teacher	23/102	22.5	17/102	16.7
Grandparent	59/102	57.8	42/102	41.2
Sister	19/102	18.6	18/102	17.6

Note: Some respondents gave multiple responses. Therefore totals and percentages are based on number of responses.

Traditionally, in most societies grandparents take an active role in the moral training of boys and girls and on issues of sex and sexuality, marriage and family because of their vast experience in social issues and their ability to offer guidance to young people on sexual matters comfortably. Similarly, traditional counselors are the most important socializing agents especially when it comes to sexual matters. The traditional counselors instruct the young girls during initiation rites. Parents interviewed in households reported that when a child is near or reaches puberty, they send them to initiation ceremonies to learn aspects of their culture like good behaviour and respect and also to receive guidance on sexual matters. When parents

were asked who was the best person to advise their children on sexual matters, out of a total sample of 61 parents in households 62.3% mentioned traditional counselors. The traditional counselors mainly teach young girls sex skills. Girls are taught the culturally acceptable positions for sex and how to give and derive maximum sexual pleasure. Two elderly women demonstrate to the young girls how to perform the sexual act while the other women sing sexually provocative songs. Apart from this, girls are also taught how to test for male fertility and are instructed to never refuse any sexual proposals from males they have a sexual relationship with.

However, although most young women reported that grand parents and traditional counselors were the appropriate persons to discuss sexual matters with, friends were frequently mentioned as persons they actually discuss sexual matters with. Furthermore, when asked where the young women get information about sex, out of 102 young women 54.9% indicated that they got information from friends while 41.2% mentioned traditional counselors. Table 5 presents findings on the sources of information about sex.

Table 5 Sources of Information about Sex

Sources of Information	n	percentage
Peers	56/102	54.9
Traditional counselors	42/102	41.2
Parents	26/102	25.5

These findings are similar to a study by Mc Auliffe and Ntata (1994) where youths indicated that friends were the primary source of information about sex. These findings show that the peer group plays a very important role in socialization. Young people interact and share knowledge and experiences on the basis of equality. They are able to discuss issues that may not be shared with adults or topics that they wish to avoid in the presence of parents such as sex. This situation may result in youths receiving sex-related information from inappropriate sources.

From the findings, it is apparent that peers, traditional counselors and grandparents play a crucial role in the social construction of sexual norms and attitudes among young women.

Age At First Sex

Age at first marriage is often used as a proxy for exposure to sexual intercourse and hence a woman's exposure to the reproductive risks such as pregnancy and sexually transmitted infections including HIV/AIDS (Malawi Demographic Health Survey, 2000). However, for most societies, women are sexually active before marriage. Therefore, the age at which women initiate sexual intercourse marks the beginning of exposure to the reproductive risks mentioned above.

Table 6 presents what young women felt was the appropriate age for sex and the specific ages they started having sex. The findings indicate that 16-20 years was regarded as the appropriate age for beginning sexual activity. The same was also reported as the age young women started sexual activity. From the survey findings, most women initiate sexual activity before their early twenties.

Table 6 Appropriate Age For Sex

Years	Appropriate age		Age at first sex	
	n	Percentage	n	Percentage
6-10	2	2.0	6	5.9
11-15	23	22.6	17	16.7
16-20	62	60.8	68	66.7
21-25	14	13.7	8	7.9
26 above	1	0.98	Missing data	Missing data
Total	102	100.00	102	100

However, data from focus group discussions and key informant interviews show a different picture. It has been established that most girls start having sex as early as 10 years. Mrs Betha (not real name) said this during focus group interviews:

“Some girls start having sex as early as 7 years and by the time they reach 10 years it is obvious that they have been having sex for sometime.”

This was corroborated by a male participant, Mr. Botolo (not real name) who commented on early pregnancies and linked early menarche with early sexual initiation:

“The age of menarche for most girls has fallen to nine years these days. As a result, it is common for girls to get pregnant at the age of nine. This shows that most girls start having sex early”.

These findings show that there's a discrepancy between survey data and focus group discussion reports on age at first sex. Young women reported 16 years as the age at first sex while focus group respondents reported that girls and boys start having sex as early as nine years. The reason for this discrepancy could be that young women felt shy to disclose the age they begin sexual activity to strangers. On the other hand, focus group discussions enabled the participants to freely discuss this sensitive topic in-depth in an atmosphere that was natural and not threatening.

However, the focus group discussion findings are similar to earlier findings of a study conducted in Lilongwe district where it was found that girls start sexual intercourse as early as 8 years (Chaima, 1989). Several reasons were mentioned for starting sexual activity at that time. Table 7 outlines these reasons. From the findings desire to experiment and peer pressure were given as the main reasons young women started having sex at that age. However, although most young women reported the above as the main

reasons they started sex at that time, during focus group discussions and key informant interviews financial constraints was most emphasized. This is confirmed by a study done by Project Hope (October, 2002) in the agricultural estates in Thyolo district, where it was found that poverty was one of the major challenges that youth face in this area. In addition, this is what was said by one of the female participants during focus group discussions:

"The main problem here is poverty. Many young girls are coming from poor families and are easily enticed to offer sex in exchange for money. They have no choice because they need the money."

This is supported by studies done in Mchinji and Mangochi districts where it was found that many young girls engage in early sex because they received school fees and gifts in exchange for sex (Helitzer- Allen, 1993). Therefore, struggle for economic survival coupled by adherence to initiation instructions encourages many young girls to have early sex and to marry when they are too young to be wives and mothers. Effectively, they get married to find someone who can provide for their needs (Ulin, 1992; Population Reference Bureau, 2000).

These findings show that although early sex initiation for most young women is intended to meet their desire to experiment, from the society's perspective most girls engage in early sex in order to meet the need for economic survival.

Table 7 Reason For Engaging in Sex

Reason for starting sex	n	Percentage
Peer pressure	38	37.3
Parental pressure	1	0.98
Desire to experiment	49	48.0
Financial problem	14	13.7
Total	102	100.00

Premarital Sex

Cultural norms regarding premarital sex vary among different cultures.

Among the Ngoni for example, sex is not discussed with children in any way

for fear that they might influence young people to practice it

(Stambuli,1996). However, in some cultures, certain cultural practices

encourage premarital sex. For example, initiation rites among the Yao

encourages many young people to engage in premarital sex (Poeschke and Chirwa, 1998).

Table 8 shows the views of young women on sex before marriage. The findings show that 89.2% of the young women interviewed indicated that premarital sex is unacceptable in this area.

Table 8 Premarital Sex

Premarital sex	n	Percentage
Acceptable	9	8.8
Unacceptable	91	89.2
Do not know	2	2.0
Total	102	100.0

This was confirmed through focus group discussions. Mr. Dzonzi (not real name) had this to say:

“Premarital sex is not acceptable. We do tell our children to avoid sex before marriage but the problem starts when the children go to school and start mixing with friends. That is where they influence each other to start having sex before marriage.”

In general, the findings from this study show that premarital sex is not acceptable. These findings are similar to a study by Namate and Kornfield (1997) where participants did not approve that young people are sexually active before marriage and that they start having sex as soon as they are physically able which could be as young as six years old. However, these findings contradict earlier findings in this study that young initiates are encouraged to engage in early sex (*kuchotsa fumbi*) soon after their initiation. Probably, the respondents in both the survey and focus group discussions were trying to cover up a practice that is not acceptable in this era of HIV/AIDS and especially that communities are being called upon to change or modify the harmful cultural practices that facilitate the spread of HIV/AIDS. However, the question that needs to be answered is why premarital sex is still commonly practised among young unmarried boys and girls despite campaigns to change this practice. Studies by Njovana and Watts (1996) in rural Malawi, reported that 55% of adolescent girls engage in premarital sex. The girls surveyed indicated that they were often forced to have sex not only because of peer pressure but also the existing social norms, values and practices.

To support this observation, data from this study revealed that some initiation rites practiced in this area encourage premarital sex for girls and boys. These rites begin to take place in the early years of a child's development and then sexual activity is expected to follow immediately after initiation. For example, **chiputu** (pre-puberty initiation) for young girls 7-10 years and **thezo** for boys 8-10 years. These initiation rites are intended to prepare young girls and boys for adult life. However, after initiation both girls and boys are encouraged to have sex (**kuchotsa fumbi**). A traditional counselor made this comment on **chiputu** rite:

*"During **chiputu** (pre-puberty) the young initiates are advised to have sex with any man – no matter their age. It is common to find that a small girl has a sexual relationship with an older man. They are also taught how to clean male private parts after sex. Therefore by the time they reach puberty, the young girls will have slept with many men".*

Similarly, during **thezo** boys are given information about the female reproductive anatomy, and performance of the sexual act.

According to Chiphwanya (2001), once girls have undergone initiation, they begin to have men on their minds. Then, they rush into premarital sex and early marriages. It should be noted from the findings that although initiation rites intend to instill cultural norms and values in boys and girls, they are also associated with negative effects like encouraging casual sex among young people (Mwale, 1996; Helitzer-Allen, 1995). These observations are supported by functional analysts who introduced the idea of manifest and latent functions. According to Merton (1957), a given social item can have manifest (intended and recognized by participants in society) or latent (unintended and unrecognized) consequences. In other words, it is not the intention of the people of Mianga to encourage premarital sex through these initiation rites. Premarital sex is unintended and unrecognized consequence.

Furthermore, although elders teach that sex before marriage should not be practised, many boys and girls defy these instructions. Stambuli (1996) observed that in certain cultures sex before marriage is a manifestation of growing up among young people. Many young people believe that they cannot be adults without engaging in sexual intercourse.

Sex Discussion With Children

In many cultures it is still perceived as a taboo for parents to discuss sexual matters with their own children (Poeschke and Chirwa, 1998). A study by Sellix (1996) indicated that most parents feel comfortable to delegate this responsibility to other people mainly traditional counselors and religious counselors.

Table 9 shows results on parental sex discussion with children. The findings show that out of the sample of 61 parents 68.9% indicated that they did not discuss sexual matters with their children. This agrees with Table 4 on page 45. These findings were confirmed during focus group interviews:

"It is difficult to discuss sexual issues with your own children. But I think now we have no choice because of this HIV epidemic. Many young people are dying leaving their parents behind."

When further asked whether they actually talk to their children about sex,

Mrs Jali (not real name) said:

"A few parents talk to their children about sex but most parents are shy."

Table 9 Sex and HIV/AIDS Discussion With Children

Sex and HIV discussion	Sex discussion with children		HIV discussion with children	
	Total	Percentage	Total	Percentage
Yes	18	29.5	58	95.1
No	42	68.9	1	1.6
Missing values	1	1.6	2	3.3
Total	61	100.0	61	100.0

These findings are similar to earlier findings by Mwale (1996) which showed that parents are often shy to discuss sex with their own children. Therefore young people get information about sex from other sources like friends.

The study also related parental age and sex discussion with children. Results show that there's no significant relationship between parental age and sex discussion with children $\chi^2 = 0.12$ at 1 degree of freedom; ($P > .05$). These findings indicate that it is probably the norm of this society that a parent cannot discuss sexual issues with their own children.

However, when it came to HIV/AIDS discussion with children, results were different. Table 9 above shows results on HIV/AIDS discussion with

children. From the findings, out of the sample of 61 parents 95.1% indicated that they discuss HIV/AIDS with their children. These results are interesting. The question that arises is how parents discuss HIV only without reference to sexuality. It has been established by the study that on HIV discussion parents concentrate on the dangers of HIV infection without putting much emphasis on the modes of transmission and prevention. Although parents are more concerned with the gravity of the HIV epidemic and are taking measures to prevent their children from getting infected they are missing an important aspect in the prevention of HIV/AIDS probably because they feel shy to discuss the sexual mode of transmission with their children.

Attitude towards HIV Prevention

HIV/AIDS Awareness And Prevention

The future of the HIV/AIDS epidemic depends on a number of things including the level of public awareness about HIV/AIDS in a population (Mann et al 1992). Table 10 shows that general awareness of AIDS is high among young women at Mianga. Out of the sample of 102 young women interviewed, 98.0% reported that they had heard of AIDS. When asked

whether HIV/AIDS was a serious problem at Mianga, 91.2% of the young women felt that HIV was a serious problem. The seriousness of HIV in this area was well explained during focus group discussions:

On the modes of transmission that young women reported the HIV/AIDS

“Many people practice casual sex in this area, as a result a lot of people are getting infected and are dying from AIDS. Both young and old people are dying from AIDS. These days AIDS is a common disease and even small children are able to identify people who are suffering from AIDS.”

for this to exercise and control (Adams et al. 1997). Sexual practices in

Table 10 Knowledge Of HIV/AIDS

Knowledge of HIV	Ever Heard of HIV	
Yes	100	98.0
No	2	2.0
Total	102	100

primary behavior usually has a secondary sexual

The pattern of these reports show that HIV/AIDS awareness is high among the general population at Mianga. This is in line with NACP reports that awareness of HIV/AIDS amongst the general population in the country is at 90%. However, despite the apparent high awareness, HIV infection rates continue to increase at Mianga (Sentinel Survey, 2000). It is evident from

this study that certain cultural practices promote casual sex, the most common being initiation practices like *kuchotsa fumbi*.

On the modes of transmission most young women reported that HIV/AIDS is transmitted through sexual intercourse. On HIV prevention, sexual abstinence and mutual faithfulness in marriage ranked highest. However, it has been observed that although abstinence and mutual faithfulness are effective HIV prevention strategies, they are options that many women are not able to exercise and control (Mann et al 1992). Sexual abstinence in marriage is not feasible and since most young women are socialized into submissiveness, they have no power to negotiate abstinence. Similarly, mutual faithfulness in relationships is not enforceable by women. Whereas women may choose their own behavior with regard to fidelity, their male partners' behavior usually lies beyond their control.

HIV/AIDS And Condom Use Discussion With Sexual Partner

According to the NACP, Malawian cultural values regarding sex and sexuality tend to inhibit critical discussions of sex and sexuality issues. Although this is the case, it should be noted that prevention programmes will

only be effective if they strengthen communication of sex and sexuality between spouses/partners.

Table 11 shows results on HIV discussion with sexual partners. The findings show that out of the sample of 102 young women 91.2% indicated that they discuss HIV/AIDS with their sexual partners. These findings are similar to the 2000 MDHS survey report which indicated that 72% of women reported to have ever discussed AIDS prevention with their spouse/partner. These results are bringing new insights regarding the attitude of women towards HIV prevention.

Table 11 HIV And Condom Use Discussion With Partner

	HIV discussion		Condom discussion	
	n	%	%	n
Yes	93	91.2	49	48.0
No	8	7.8	53	52.0
Missing data	1	0.98	-	-
Total	102	100	102	100

This study also attempted to relate HIV discussion with sexual partner with the messages of respect for men which young women receive as they are growing up. It was established that there is no significant relationship

between HIV discussion with sexual partner and messages of respect $\chi^2 = 2.23$ at 1 degree of freedom; ($P \geq .05$). This means that HIV discussion does not depend on whether the young women received messages of respect or not.

However, on condom use discussion with sexual partner results are different. The findings show that although women are aware of the dangers of HIV/AIDS, they are not adopting protective strategies against HIV infection. By not talking to their sexual partners about condom use, women are unable to convey messages that will help their partners see the importance of protecting themselves from infection and the consequences for their families of not doing so (Mann, 1992). Out of the sample of 102 young women interviewed only 48.0% indicated to have ever discussed condom use with their partners. Similarly, in a study done in Zomba, 57% of adolescent girls stated that it was easier to risk pregnancy and disease than to ask a boy to use condoms (Helitzer-Allen, 1995). This reflects women's socialization into passive recipients of sexual advances (Namate, 1997).

The study also sought to establish a relationship between condom use discussion and messages of respect given to girls as they are growing up.

The study found that there is a significant relationship between condom use discussion and messages of respect given to girls as they are growing up $\chi^2 = 10.00$ at 1 degree of freedom; ($P = <.05$). This means that condom use discussion depends on whether the young women received messages of respect or not. Young women who received messages of respect for men as they were growing up, were unable to initiate condom use discussions with their sexual partners. This confirms observations made earlier on the socialization of the girl child. Messages that the girl child receives throughout the process of socialization have a bearing on how girls perceive their ability to protect themselves from HIV. Young women who received messages of respect as they were growing up, had no confidence to initiate condom use discussion with their sexual partners.

Use Of Condoms

Effective HIV prevention strategies are the key to reduction and eventual elimination of HIV/AIDS. Since abstinence and mutual faithfulness are beyond women's control, condom use is at present the best alternative for safer sex (National HIV/AIDS Strategic Framework, 2000). However, studies done in Malawi suggest that condoms are used less frequently during

sex with cohabiting partners (within formal and informal marriages). The Malawi Demographic and Health Survey (2000) found that only 3% of women and 6% of men who had sexual intercourse in the 12 months preceding the survey used a condom during last sexual intercourse with their spouse or cohabiting partner. The 1996 Malawi Knowledge, Attitudes and Practices Health Survey (MKAPH) collected similar condom use data. Similarly, a study by Helitzer-Allen (1995) found that of young women surveyed in rural Malawi, only 19% knew that they needed to use condoms each time they had sex to prevent HIV infection.

In this study knowledge of condoms was high. 98.0% of the young women interviewed indicated to have ever heard about condoms. However, actual condom use among young women was low. Out of the sample of 102 young women, only 45.1% reported to have ever used condoms.

This is what Mrs Pananji (not real name) said about condoms during focus group discussions:

"Condoms are not good. And I do not think a condom is a reliable means to prevent HIV. It is made of plastic and it can break. I have used a condom before during sex but I did not like it. I prefer natural sex (body to body)."

Despite high levels of condom awareness among the general population, condom use is still low (NACP, 2000). The reasons that were given for not using condoms were mainly partner refusal and trust. These results are similar to findings by MDHS (2000) that condoms are used less frequently with cohabiting partners because condoms are seen to signify lack of love or trust. A married person who suggests to his/her spouse to use condoms within the marriage may be suspected of accusing the other of sexual infidelity. In addition, at Mianga cultural factors make it impossible for young women to insist on condom use with their sexual partners. The girl child is expected not to discuss or make decisions about sexuality: this makes it difficult for them to be pro-active in negotiating safer sex.

In general, the attitude towards condom use at Mianga is negative. Data from focus groups and key informant interviews show that generally people at Mianga think that condom use encourages promiscuity. It has been observed that the rate of promiscuity is high in the area. A lot of women are involved in beer brewing as an income generating activity. However, this encourages promiscuity as many women come from their homes to drink beer with the men and eventually sell sex for money. Respondents also felt

that condom use encourages the practice of casual sex. This is what a group of men said during focus group discussions:

"Condoms are all over but most men do not use them with their wives but in extramarital affairs. People do not listen to the advice they get on avoiding casual sex because they are constantly getting indirect messages that they can have casual sex so long as they use condoms".

However, condom use is also discouraged for cultural reasons. This is what Mrs Buwa (not real name) said during focus group discussions:

*"To have sex with condoms is not accepted in our society. People believe that sex with condoms would make them unclean. If this happens then they will not be allowed to put salt in relish (**kuthira mchere m'ndiwo**¹). A man has to ejaculate inside the vagina (body to body). This is why HIV will continue to spread in this area."*

¹ "Kuthira mchere m'ndiwo" is a cleansing ritual that is performed on someone who has indulged in unclean practices like casual sex. If this ritual has not been done one is regarded as unclean and is barred from applying salt in relish .

The evidence from the study indicates that female socialization, particularly in its structured form as initiation rites, which emphasizes submissiveness to the male, domestication of female and sexual experimentation creates conditions that make women vulnerable to HIV infection.

CHAPTER SIX

CONCLUSION

The study has shown that roles and responsibilities for men and women are assigned on the basis of sex. As a result the girl child and the boy child are socialized differently. The girl child is socialized for the roles of wife and mother. Her place is in the home where she is confined to the performance of domestic activities. These roles are considered as inferior. On the other hand the boy child is mainly involved in masculine tasks like construction, farming and wage employment which are regarded as superior. This kind of socialization and the differential allotment of jobs results in females and males being accorded different statuses in society.

Initiation rites reinforce the notion of power differential between male and female, with the male as the dominant party in social relations. Male dominance extends to sexual relations. Female submissiveness results in many young women lacking confidence and ability to fend off the risks of contracting HIV infection. Often they have no control and lack bargaining power to negotiate when, and how they are going to have sex. Without adequate formal education, owing to the belief that women's primary roles

are childbearing and childrearing, females have limited employment opportunities and have to depend on male economic support. They are compelled to get married early, or may be forced to offer sexual services for food, shelter or money in order to support themselves and their families. Dependency on the male both in and outside marriage increases female vulnerability to HIV infection.

An HIV/AIDS prevention programme needs to take into account the cultural values and practices which put the population at risk of HIV infection. Since initiation rites play an important role in shaping sexual behaviour in certain culturally defined directions, they constitute a useful starting point for an anti HIV/AIDS programme. The context of messages passed on to initiates could encourage the adoption of safe sex practices where abstinence is not possible. An exercise of this nature will require the involvement of the guardians of custom and tradition in the area, that is Chiefs, Village Headmen and traditional counselors.

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APPENDIX 1 QUESTIONNAIRE FOR YOUNG WOMEN

ID _____

Date: _____

IDENTIFICATION

Village _____ T/A _____ District _____

DEMOGRAPHICS

1. How old are you? (estimate if unsure) _____
2. What is your marital status?

☐ Married	☐ Never married
☐ Separated	☐ Widowed
☐ Divorced	
3. What is your denomination?

☐ Roman Catholic	☐ CCAP
☐ Anglican	☐ SDA
☐ Other (specify)	
4. What is your tribe?

☐ Chewa	☐ Yao
☐ Lomwe	☐ Ngoni
☐ Tumbuka	☐ Other (specify)
5. How many children do you have? _____
(If none Go to 7)
6. How old were you when you had your first child? _____

SOCIOECONOMIC STATUS

7. How far did you go with your education?

☐ Never went to school	☐ junior secondary
☐ lower primary	☐ MSCE
☐ senior primary	☐ University
	☐ other (specify)

8. How far did your parents go with their education?

- a) Mother: ☐ Never went to school ☐ junior secondary
☐ lower primary ☐ MSCE
☐ senior primary ☐ University
☐ Other (specify)

- b) Father: ☐ Never went to school ☐ Junior secondary
☐ Junior primary ☐ MSCE
☐ Senior primary ☐ University
☐ Other (specify)

9. What is your occupation? ☐ Housewife ☐ Cash crop farming
☐ Estate labourer ☐ Subsistence farmer
☐ Small scale business ☐ Other (specify)

10. What is your average monthly income ☐ <500MK ☐ 500-1999MK
☐ 2000-2999 ☐ 3000-3999
☐ 4000 and more

TRADITIONS, BELIEFS AND ATTITUDES IN RELATION TO GENDER

11. Which of the following are regarded as principally women's work in this area?

- | | |
|--|---|
| ☐ Domestic work | ☐ Subsistence farming |
| ☐ Child rearing | ☐ Cash crop farming |
| ☐ Hunting | ☐ Sourcing household income |
| ☐ Wage employment | ☐ Attending social functions |
| | ☐ Other (specify) |

12. Which of the following are regarded as principally men's work in this area? ☐

- | | |
|--|---|
| ☐ Domestic work | ☐ Subsistence farming |
| ☐ Child rearing | ☐ Cash crop farming |
| ☐ Hunting | ☐ Sourcing household income |
| ☐ Wage employment | ☐ Attending social functions |
| | ☐ Other (specify) |

13. How do you distinguish female jobs from male jobs?

14. How do you distinguish male jobs from female jobs?

15. How do people in this area react to a man doing women's work?

- | | | |
|------------------------------------|---|--------------------------------------|
| ☐ Accept it | ☐ Disapprove of it | ☐ Do not know |
|------------------------------------|---|--------------------------------------|

16. How do people in this area react to a woman doing men's work?

- | | | |
|------------------------------------|---|--------------------------------------|
| ☐ Accept it | ☐ Disapprove of it | ☐ Do not know |
|------------------------------------|---|--------------------------------------|

17. Who do you think should do domestic work?

- | |
|---|
| ☐ Males only |
| ☐ Females only |
| ☐ Both women and men |

18. Do you agree with this division of labour?

- | | | |
|--------------------------------|-----------------------------------|--------------------------------------|
| ☐ Agree | ☐ Disagree | ☐ Indifferent |
|--------------------------------|-----------------------------------|--------------------------------------|

19. How do male children learn adult behaviors in this area?

- | |
|---|
| ☐ Imitating male parent |
| ☐ Imitating adult males in general |
| ☐ Formal coaching by male parents |
| ☐ Other (specify) |

20. How do female children learn adult behaviors in this area?

- | | |
|---|--|
| ☐ Imitating female parent | ☐ Other (specify) |
| ☐ Imitating adult females in general | |
| ☐ Formal coaching by female parents | |

21. How did you learn the adult behaviours?

22. Who played the greatest part in helping you learn the adult tasks?

- | | | |
|-----------------------------------|------------------------------------|---|
| ☐ Parents | ☐ Peers | ☐ Traditional counselors |
| ☐ Teachers | ☐ Relatives | ☐ Others (specify) |

HOUSEHOLD DECISION MAKING

23. Who makes most decisions in your family?

- | | | |
|----------------------------------|-------------------------------|-------------------------------|
| ☐ Husband | ☐ Self | ☐ Both |
|----------------------------------|-------------------------------|-------------------------------|

24. What decisions do you make:

a. Independently _____

b. Subject to husband's approval _____

c. Jointly with husband _____

25. Do you think women should be given equal chances to make decisions in the house? ☐ Agree

☐ Disagree

☐ Indifferent

SEX AND SEXUALITY

26 a). In this area who is regarded as the appropriate person for females to discuss sexual matters with ? ☐ Aunts

☐ Parents

☐ Teachers

☐ Sisters

☐ Alangizi

☐ Friends

☐ Grandparents

☐ Other (specify)

b). Who do you discuss sexual matters with ?

☐ Aunts

☐ Parents

☐ Grandparents

☐ Sisters

☐ Alangizi

☐ Friends

☐ Teachers

☐ Other (specify)

27. What age is believed to be appropriate for having sex in this area?
☐ 6-10 years ☐ 11-15 years
☐ 16-20 years ☐ 21-25 years
☐ 26 and above

28. At what age did you start having sex?
☐ 6-10 years ☐ 11-15 years
☐ 16-20 years ☐ 21-25 years
☐ 26 and above

29. Why did you decide to have sex at that time?
☐ Peer pressure
☐ Parental pressure
☐ Desire to experiment
☐ Other (specify)

30. What do elders in this area teach about sex before marriage?
☐ Acceptable ☐ Unacceptable ☐ Do not know

31. From whom did you get information about sex?
☐ Parents ☐ Peers
☐ Traditional counselors ☐ Other (specify)

INITIATION CEREMONIES

32. What kind of initiation rites exist in this area?
☐ Chinamwali ☐ Nyau
☐ Kudula anyamata ☐ Other (specify)

33. Have you undergone any initiation rite yourself? ☐ Yes ☐ No (Go to 36)

34. At what stage did you go through the initiation ceremony?
☐ Pre- puberty (Chiputu)
☐ At puberty (Ndakula)
☐ During first pregnancy (Chisamba)

35. What instructions were you given during that initiation ceremony?
(Probe the following: Respect for elders, respect for men, sex skills, hard work in the home, discipline and HIV/AIDS and STD's prevention).

36. Why didn't you undergo initiation rites?

KNOWLEDGE AND PRACTICES IN RELATION TO HIV/AIDS PREVENTION

37. Have you ever heard about HIV/AIDS? ☐ Yes ☐ No (Go to 43)

38. How is HIV infection transmitted?

39. How can HIV can be prevented?

40. Do you think HIV is a problem at Mianga?
☐ Not at all ☐ Serious problem
☐ Small problem ☐ Don't know

41. In your opinion what traditional practices do you think might encourage the spread of HIV in this area?

42. Do you discuss HIV/AIDS with your sexual partner? ☐ Yes ☐ No

43. Have you ever heard about condoms ☐ Yes ☐ No

44. Have you ever used a condom? ☐ Yes (Go to 48) ☐ No

45. What are the reasons for not using condoms?

- ☐ Partner refusal ☐ Reduces sexual pleasure
☐ Sex becomes unnatural ☐ It is unhygienic
☐ Other (specify)

46. Have you ever discussed condom use with your sexual partner?
☐ Yes (Go to 48) ☐ No

47. If no, Give reasons. _____

48. Do you believe that condoms can help you to prevent getting HIV?
☐ Yes ☐ No

49. What is the general attitude towards condom use among your peers?
☐ Positive ☐ Negative ☐ Indifferent

APPENDIX 2 QUESTIONNAIRE FOR PARENTS IN HOUSEHOLDS

ID: _____

Date: _____

IDENTIFICATION

Village _____

T/A _____

District _____

DEMOGRAPHICS

1. How old are you? (Estimate if unsure) _____

2. What is your marital status? ☐ Married ☐ Divorced
☐ Never married ☐ Widowed
☐ Separated

3. What is your denomination? ☐ Roman Catholic ☐ S.D.A.
☐ C.C.A.P. ☐ Other (specify)
☐ Anglican

4. What is your tribe? ☐ Chewa ☐ Ngoni
☐ Lomwe ☐ Yao ☐ Other (specify)

5. How many children do you have? _____
(If none, Go to 7)

6. Profile of children

Order of child by birth	Sex	Age	Educational level	Marital status

SOCIOECONOMIC STATUS

7. How far did you go with education?

- ☐ Never went to school
☐ junior primary
☐ senior primary

- ☐ Junior secondary
☐ MSCE
☐ University
☐ Other (specify)
☐ Subsistence farmer
☐ Cash crop farming
☐ Other (specify)

8. What is your occupation? ☐ Small scale business

☐ Wage employment

9. What is your spouses' occupation?

☐ Small scale business ☐ Subsistence farmer

☐ Wage employment ☐ Cash crop farming ☐ Other (specify)

CHILD REARING

10. What important lessons do you teach your children as they grow into adulthood?

- ☐ Self control ☐ Obedience to elders
☐ Spirit of hard work ☐ Respect for others ☐ Other (specify)

11. What methods do you use to impart these skills in your children?

- ☐ Practical examples ☐ Story telling
☐ Proverbs ☐ Other (specify)

12. Does the girl child receive the same kind of lessons as the boy child as they are growing up? ☐ Yes ☐ No (Go to 16)

13. What messages do you give the girl child as they grow up?

14. What messages do you give the boy child as they grow up?

15. Which of the following are principally regarded as female roles in this area?

- | | |
|---|--|
| ☐ Child rearing | ☐ Subsistence farming |
| ☐ Domestic work | ☐ Sourcing household income |
| ☐ Attending social functions | ☐ Other (specify) |
| ☐ Wage employment | |

16. Which of the following are principally regarded as male roles in this area?

- | | |
|---|---|
| ☐ Subsistence farming | ☐ Child rearing |
| ☐ Domestic work | ☐ Hunting |
| ☐ Sourcing income for the home | ☐ Attending social functions |
| ☐ Wage employment | ☐ Other (specify) |

17. How would you react if :

a) a male child performed female tasks?

- | | | |
|----------------------------------|-------------------------------------|--------------------------------------|
| ☐ Approve | ☐ Disapprove | ☐ Indifferent |
|----------------------------------|-------------------------------------|--------------------------------------|

b) a female child performed male tasks?

- | | | |
|----------------------------------|-------------------------------------|--------------------------------------|
| ☐ Approve | ☐ Disapprove | ☐ Indifferent |
|----------------------------------|-------------------------------------|--------------------------------------|

18. Do you send your children to initiation ceremonies?

- | | |
|------------------------------|--|
| ☐ Yes | ☐ No(Go to 23) |
|------------------------------|--|

19. If yes, Why? _____

20. What information do the girls receive during initiation ceremonies?

21. What information do the boys receive during initiation ceremonies?

22. Who in the family has the final say on whether a child should attend initiation rites?

- | | |
|--|--|
| ☐ Father of child | ☐ Mother of child |
| ☐ Maternal uncles | ☐ Other (specify) |

23. Which of your children do you prefer to educate?

☐ Boys

☐ Girls

☐ Both of them

24. Please give reasons. _____

HIV/AIDS AND SEX DISCUSSION WITH CHILDREN

25. Do you discuss issues of sexuality with your children?

☐ Yes

☐ No (Go to 27)

26. If yes, what information do you tell them about sex?

27. Do you discuss HIV/AIDS with your children? ☐ Yes ☐ No (Go to 29)

28. If yes, what information do you tell them about HIV/AIDS?

29. Who do you think is the best person to advise your children about sex?

☐ Traditional counselors ☐ Parents

☐ Religious leaders ☐ Other (specify)

30. Who do you think is the best person to advise your children about HIV/AIDS?

☐ Traditional counselors ☐ Parents

☐ Religious leaders ☐ Other (specify)

APPENDIX 3 INTERVIEW GUIDE FOR TRADITIONAL COUNSELLORS

ID _____

Date: _____

IDENTIFICATION

Village _____

District _____

Tribe _____

BACKGROUND DATA

1. Age _____
2. Marital status _____
3. Occupation _____
4. Highest level of education _____
5. Number of children they have _____

INITIATION COUNSELLING HISTORY

6. How long have you been an initiation counselor?
7. How does a person become a counselor?
8. Do you send your children to initiation ceremonies?
9. What is the significance of these initiation rites?
10. What kind of instructions do you give to girls during female initiation rites?
11. Which period of the year do you conduct initiation ceremonies in this community?
12. At what time of the day are initiation ceremonies conducted?
13. Do you think initiation ceremonies interfere with the girls' ability to continue with school? Give reasons.

HIV/AIDS AND INITIATION

14. What cultural practices may increase the spread of HIV/AIDS infection in this area?

15. Do you teach young girls about HIV prevention during initiation ceremonies?

16. Which initiation practices do you think may encourage the spread of HIV in this area?

17. How would you use initiation ceremonies to help control the spread of HIV?

APPENDIX 4 INTERVIEW GUIDE FOR KEY INFORMANTS

ID: _____

Date: _____

IDENTIFICATION

Village _____

District _____

Tribe _____

BACKGROUND DATA

1. Age _____
2. Sex _____
3. Marital status _____
4. Occupation _____
5. Educational level _____

CUSTOMS, BELIEFS RELATING TO SOCIALIZATION INTO GENDER ROLES

6. Socialization into gender roles.
 - What gender messages are given to children from birth until adulthood?
 - How are these messages reinforced?
 - How do they learn the gender roles and responsibilities?
7. The role of initiation ceremonies in gender socialization
 - What kind of initiation practices exist in this community?
 - What kind of information are children given during initiation ceremonies?

CULTURAL VALUES, BELIEFS RELATING TO SEXUALITY

8. Sexual encounters
 - What is the culturally acceptable age for boys to start having sex in this area?
 - What is the culturally acceptable age for girls to start having sex in this area?
 - What is the general view about premarital sex?
 - Are people in this area free to discuss sexual issues in public?

HIV PREVENTION BEHAVIORS

9. What are the people's attitudes towards HIV in this area ?
10. What are the people's attitudes towards condom use?
11. What behaviors put the people of this area at risk to HIV infection
 - Cultural practices and taboos
 - Premarital sex
 - Initiation practices
 - Extramarital affairs

What cultural practices would promote HIV/AIDS spread in this community? (initiation ceremonies).

- **Knowledge and prevention of HIV/AIDS:**

Assess general knowledge of the population on HIV/AIDS

What do you think are the major risk factors for HIV infection in this area?

What are the peoples' attitudes towards condom use?

What is the level of condom use in this area?

What measures do people use to protect themselves from HIV infection?